



You **MUST** complete this application in ALL AREAS in order to be considered for this position. Parents and applicants must review this application and sign the Agreement & Parental consent section on pg. 4.

A. General Information

TEEN COUNSELOR INFORMATION

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____
Street Name & Number or P.O. Box City Zip Code

Birth Date: _____ Age: _____ Male Female

Grade _____ School: _____

What is the best way to contact you? Facebook Cell Phone Home Phone

Email Mail Other if "other" is checked please list _____

PARENT / GUARDIAN INFORMATION

Name: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

B. Experience

4-H EXPERIENCE OUTSIDE OF CAMP

This would include 4-H Clubs, Summer Workshops, Weekend Camps etc. Give a brief description of your experiences, especially any leadership roles you have held. DO NOT INCLUDE SUMMER CAMP EXPERIENCES IN THIS SECTION.

Camp Experience

List any overnight camps you have attended. Also list any leadership roles you held at any of these camps. Be sure to include CIT experience.

Name of Camp	Leadership Experience	Calendar Year

Name _____ Date Received in Extension Office _____

Mail Person

Virginia Cooperative Extension

Greensville/Emporia Junior 4-H Camp

July 27 - 31, 2020



**APPLICATION FOR VOLUNTEER
4-H CAMP TEEN COUNSELOR**

This application is due: **November 1, 2019**

Send to: Hannah D. Parker
Greensville/Emporia Extension Office
105 Oak Street
Emporia, VA 23847

Hannah D. Parker

Hannah D. Parker
Virginia 4-H Youth Development

Virginia Cooperative Extension
Virginia Tech • Virginia State University

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