

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

A. General Information

TEEN COUNSELO	OR INFORMATION				
Name:		Home Pho	one:		
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	k □ Cell Phone	□ Hom	e Phone 🗆	
Email 🗆 Mail 🗆	Other if "other" is checked p	lease list			
PARENT / GUARL	DIAN INFORMATION				
Name:		Daytime	Phone:		
Cell Phone:		Email:			
This would include your experiences, e	OUTSIDE OF CAMP 4-H Clubs, Summer Workshops, especially any leadership roles yo ICES IN THIS SECTION.				
	camps you have attended. Also l include CIT experience.	ist any leadership	roles you	u held at any d	of these
Name of Camp	Leadership	Experience		Calenda	
Traine or comp				Calcilla	r Year
Hame or camp		•		Calcina	r Year
Traine or earny				Colorida	r Year

Name	Date Receiv	ved 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*

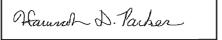
This application is due:	November 1, 2019
ins application is due.	

Send to: Hannah D. Parker

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Greensville/Emporia Extension Office

105 Oak Street Emporia, VA 23847



Hannah D. Parker Virginia 4-H Youth Development



www.ext.vt.e

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What experiences do you	ou have working with and/or provi	iding leadership fo	or children ages 9 –
Why would you like to a	attend camp as a Teen Counselor?	?	
Have you ever been cor	nvicted of a crime? No □ Yes □] If you answered	yes, please describe.
Have you ever been sus	spended from school? No □ Yes	s 🛘 If you answer	ed yes, please describe.
attest to your character as a reference are teachers,	rences other than family members. Co and to your ability to work with and su coaches, ministers, 4-H leaders, emp te and return the enclosed reference Address	upervise youth. Sug ployers, and/or guid forms. Phone	ngested people to ask for dance counselors. Relationship
		Number	(teacher, coach, etc.)

AA



D. Skills and Interests

4-H camp provides campers ages 9-13 with the opportunity to participate in a variety of classes.	Many of the
classes listed below will be offered at camp.	

Which of the following classes do you have experience, or an interest in, and would like to help with? Please check all that apply but indicate <u>your top 8 choices</u> by numbering them 1-8. Number 1 should be the class you would like to help with the most, continue ranking until you pick 8.

Swimming	F	un with Foods (cooking)		Leather Crafts		Robotics
Animal Science	M	Marine Science		Riflery		Sports & Games
Archery	F	ishing		Shotgun		Challenge Course
C.I.T. Prep	c	SI (Mystery Detectives)		Outdoor Living Skills		Performing Arts
Canoeing	M	Multimedia		High Ropes		Healthy Living (Yoga)
Other: Suggest a c	lass to add.					
outer, buggest a t	_					
List your experiences, train			ny of the	classes that you	selected	above.
			ny of the	classes that you s	selected	above.
	ing, and/or o	ertification in ar	5? NO	O 🗆 Yes 🗆	selected	above.

E. Teen Counselor Agreement & Parental Consent

- I have read and understand the 4-H Camp Teen Counselor Job Description. I understand that all
 Teen Counselor applicants <u>must successfully complete</u> a screening, selection, and training process
 <u>before</u> being allowed to attend 4-H Camp as a Teen Counselor. This process includes: (a) submission
 of a completed application, (b) reference checks (3 references), (c) participation in a face-to-face
 interview, and (d) completion of a minimum of 24 hours of training.
- If selected as a 4-H Camp Teen Counselor, I will uphold the camp rules and procedures and abide by the 4-H Standards of Behavior during the entire camp week. I will conduct myself as a responsible young adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that
 any falsification of information herein constitutes cause for dismissal. I also understand that records
 and criminal background or reference checks may be conducted on me at any time during the
 application process or during volunteer service to Virginia Cooperative Extension.

Printed Teen Name Teen Signature	Date
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