

OHIO STATE UNIVERSITY EXTENSION

KELLEYS ISLAND 4-H TEEN CAMP ADULT STAFF APPLICATION FORM

I. GENERAL INFORMATION

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Phone: Day: (____) _____ Best Time to Call: _____
Eve: (____) _____ Best Time to Call: _____

Length of time at this address (years): _____

Date of Birth (MM/DD/YY) _____

Email: _____

II. VOLUNTEER INTEREST

Which role(s) would you be interested in as it relates to Teen Retreat at Kelleys Island 4-H Camp?

_____ Adult Volunteer (must be at least 19 years old)

_____ Camp Nurse (must be an RN, MD, or other approved medical professional)

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Volunteer Experience: (List current or most recent experience first)

<u>Organization</u>	<u>Volunteer Role</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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III. CRIMINAL CONVICTIONS AND PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date, nature, and disposition of offense. _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

Name: _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

Name: _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

I authorize the contact of listed references and understand that I am required to submit to a BCI fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

IV. ADDENDUM FOR TEEN RETREAT APPLICANTS

Please describe any previous experience you have serving as a 4-H camp counselor and/or counselor or adult volunteer/staff for any other youth camps?

Please return the application at your earliest convenience and contact us if you have any questions or wish further information.

Thank you!

OSU Extension, Wayne County
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Wooster, OH 44691
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