

# OHIO STATE UNIVERSITY EXTENSION

## KELLEYS ISLAND 4-H TEEN CAMP COUNSELOR / ADULT VOLUNTEER 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 Camp at Kelleys Island 4-H Camp?

\_\_\_\_\_ Counselor (must be between ages of 19 and 25 and willing to stay in a cabin with teens)

\_\_\_\_\_ Adult Volunteer (must be at least 25 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

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity).

**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)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*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 CAMP COUNSELOR APPLICANTS**

Please describe any previous experience you have serving as a 4-H camp counselor and/or counselor 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  
Attn: Doug Foxx  
428 W. Liberty Street  
Wooster, OH 44691  
Phone: 330-264-8722 ♦ Fax: 330-263-7696  
[wayne.osu.edu](http://wayne.osu.edu)