



## Application For a Teen to Volunteer With Extension Youth Programs: Camp Counselor

Teens (14-18) will complete an application to directly with work with youth, on an ongoing basis, or for overnight activities. A parent or guardian is required to sign this application.

Print Name \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and/or P.O Box
City
State / Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

List **work** experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

<b>Employer</b>	<b>Your Position/Title</b>	<b>Town / State</b>	<b>Years</b>
1.			
2.			
3.			

List **volunteer** experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

<b>Organization/Group</b>	<b>Your Role/Title</b>	<b>Town / State</b>	<b>Years</b>
1.			
2.			
3.			

**Volunteer Interest**

**Why are you interested in being a volunteer Camp Counselor with University of Florida Extension programs?**

**Please mark which type of volunteer camp counselor you wish to serve as:**

\_\_\_\_\_ Cabin Counselor (13 by 9/1/2007 and camping experience)

\_\_\_\_\_ Counselor in Training (13 by 9/1/2007)

**Personal References**

List three (3) references, who have knowledge of your qualifications, but are not related to you, and represent various activities in your life.

1. Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Box / Street / Apartment \_\_\_\_\_  
Town State Zip \_\_\_\_\_

2. Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Box / Street / Apartment \_\_\_\_\_  
Town State Zip \_\_\_\_\_

Have you been accused or convicted of a criminal offense in the past seven (7) years?  
\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?  
\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

*Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.*

***I understand that serving as a volunteer and working directly with youth in University of Florida IFAS Extension programs, is a big responsibility. I will accept guidance from adults and experienced volunteers to focus on safety.***

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Teen Volunteer*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Parent / Guardian*

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information.

**Return by March 21, 2008 to:**  
**Hillsborough County 4-H**  
**Attn: Holly Jordan**  
**5339 County Road 579**  
**Seffner, FL 33584**



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