**Currituck County 4-H Teen Volunteer Application**

Applicants for Teen volunteer positions must be 13 years of age by January of the current year or accompanied by an adult. Teens who turn 19 years of age before January of current year must apply as adult volunteer leaders.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_ Female \_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day time phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-H Experience:**

Give a brief background of your 4-H experiences, especially leadership roles you have held. (Do not include camp experiences in this section).

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What experiences do you have working with and/or providing leadership for children age 5-12?

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Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ (if yes, describe)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you ever been suspended from school? Yes \_\_\_ No \_\_\_ (if yes, describe)

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References: List three (3) references other than family members (people who know you well and can attest to your character and to your ability to work with and supervise youth). Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H leaders, employers and/or guidance counselors.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone #** | **Relationship** |
|  |  |  |  |
|  |  |  |  |
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**Agreement/Consent**

* If selected as a 4-H Teen Volunteer, I will uphold all 4-H rules and procedures and abide by the 4-H Code of Conduct during the entire event. 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 North Carolina Cooperative Extension.
* I understand that checks will be completed on active social media accounts, and that inappropriate content linked to me may be grounds for dismissal.
* I understand that North Carolina Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. North Carolina Cooperative Extension is an equal opportunity employer.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Teen Name Teen Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Parent/Guardian Name Parent/Guardian Signature Date**

**Currituck County 4-H Camp Mesowannago 2018**

Have you served as a Junior Leader before? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

T-Shirt Size : AS\_\_\_\_\_ AM\_\_\_\_\_ AL\_\_\_\_\_ AXL \_\_\_\_\_

The following weeks of camp will be held at the N.C. Cooperative Extension Currituck County Center from 8:00am-5:00pm Monday-Friday. Please mark which camps you would like to attend.

**Please return for approval to:**

**Sherry Fischlschweiger**

**Extension Agent, 4-H & Youth Development**

**N.C. Cooperative Extension**

**120 Community Way, Barco, NC 27917**

Office Use Only:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sherry Fischlschweiger

Volunteer called: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

June 25-29 \_\_\_\_\_\_

July 09-13 \_\_\_\_\_\_

July 16-20 \_\_\_\_\_\_

July 23-27 \_\_\_\_\_\_

July 30-Aug 3 \_\_\_\_\_\_