\*\* Please submit your application to the 4-H Center by Friday, March 29, 2019 \*\*

## **ALABAMA 4-H YOUTH DEVELOPMENT CENTER**

APPLICATION FOR SUMMER CAMP COUNSELOR

All applicants must be 18 years of age or older before May 1st, 2019

## Staff Training will start Saturday, May 22, 2019

Sr. Counselor  $-2^{nd}$  year + as a counselor at 4-H Summer Camp: \$175/wk + Room and Board (\$200/wk with LG certification) Jr. Counselor  $-1^{st}$  year as a counselor at 4-H Summer Camp: \$150/wk + Room and Board (\$175/wk with LG certification)

Personal Information			MILast N	ame			
SSN	Date of Birth		Age on May 1,	Age on May 1, 2017			
Home Address							
City	County	State Zip	Home	Number			
Cell Phone Email Address							
Were you ever a 4-H C	Club member?	Y N	Have you attended 4-H	Camp as a camper?	Y N		
NOTE: All	Counselors mus	t obtain and submit a cur	rent physician's refer	ral upon an offer of e	mployment		
Ethnicity (to be used f	or record-keeping	only)					
American Indian	Asian	African American	Caucasian	Hispanic	Multi-Ethnicity		
Education/Training							
High School	School Name	City, State, Zip			ade/Year Completed		
College							
Other/Vocational							
Special Training or ( Please check the certification of the certificatio	fications that you	have and fill in the expiration					
CPR		Other					
Lifeguard		Would you be able to obta	ain American Red Cross L	ifeguard Certification b	efore camp?		
Areas of Interest, Sk	kills or Qualifica	tions:					
Archery	Survival Skills	Canoeing	Climbing Wall	Swimming			
Field Games	Lifeguard	Hiking	Campfire	A/V Equipm	nent		

Please	<b>Experience</b> list any previous work experience the grand a contact name and number.	at you have had prior to appl	ying to the 4-H Center. Include date of em	ployment, reason for			
Please	write a statement addressing how the	nis previous work experience	has equipped you to work as a Summer C	amp Counselor.			
Please	write a statement addressing why y	ou would like to be a part of t	the Alabama 4-H Center Summer Camp pro	ogram.			
Please list your potential contributions to the program as well as characteristics about yourself that you think will make you a valuable asset to our program.							
	ree references other than immediate						
Name	e (	City, State, Zip	Phone Number	Relationship			
1							
3							
By sign	institution or licensure board, that n	nay serve to verify any repres operative Extension System r	nation within the possession of a third par entation I have made in this employment a equires a criminal background check for al	application.			
-	Applicant's Signature	Date	•				
-	Parent's Signature (if under 18)		-				