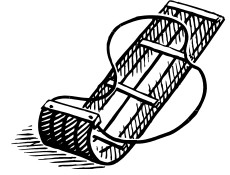




2016 4-H Winter Leadership Camp Adult Application



Name: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ E-mail address: _____

Gender: _____ Female _____ Male Years as a 4-H Volunteer: _____

*If not in 4-H, please list the Extension Program you are involved in and for how many years.

Adults are expected to help guide and encourage the youth during all the activities and training. Adults will also have responsibilities throughout the weekend that will add to the effectiveness and overall experience.

Do you require any special accommodations to participate in 4-H Winter Leadership Camp? (Any food allergies, special diet, medical concerns, etc.): _____

*If you require a special accommodation, we will contact you regarding your needs prior to camp.

Indicate if you currently hold either of these certifications: First Aid CPR
(These are not required to be an adult camp volunteer.)

Adults who chaperone 4-H events must be a Certified 4-H Volunteer Leader. Are you a Certified 4-H Volunteer Leader who has gone through Youth Protection Certification? Yes (Date _____) No

If you have not gone through Youth Protection, you will need to complete it prior to attending Winter Leadership Camp.

*Return this form to your County Extension Office by January 12, 2016.