



Oregon State
University

Jackson County
Adult Volunteer 4-H Camp Application

Name: _____
First
Last
Middle

Address: _____
Street & Number
City
State
Zip

Phone #: _____ Cell#: _____
Area Code & Number
Area Code & Number

E-mail: _____

Male Female Gender Identity Not shown Prefer not to respond

Age: 18-20 21+

Are you a current 4-H volunteer? Yes No

Have you been through 4-H Volunteer Orientation?: Yes No

How would you prefer to receive camp information? Mail E-mail

Camp: Please mark the camp week you are applying for:

- Summer Camp, Grades 3-8, last week of July
- Cloverbud Camp, TBD
- Gardening & the Outdoors Camp, TBD
- Lego Robotics or Science Camp, TBD

Please list camps (4-H and non-4-H) which you've attended and any leadership roles you've held.

Name of Camp	Year(s)	Leadership Roles

Position(s): Please mark positions you are applying for by ranking in order of preference with "1" being first choice.

- | | | |
|-----------------------------|-------------------------|----------------------------|
| _____ Dining Hall Assistant | _____ Recreation Leader | _____ Waterfront Assistant |
| _____ First Aid/Nurse | _____ Nature Leader | _____ Art Leader |
| _____ Campfire Coordinator | _____ Archery Leader | _____ Photographer |
| _____ Bus Coordinator | _____ Cabin Advisor | _____ General Assistant |

Certification and Camp Staff Skills: Indicate if you currently hold any of these skills. A copy of your Certification card(s) will need to be presented to us for your record.

I have been certified first aid and CPR in the past, but currently do not have a current certification.

- | | | | | |
|---------------------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> Wilderness First Aid | <input type="checkbox"/> First Aid | <input type="checkbox"/> Life Guard | <input type="checkbox"/> Water Craft | <input type="checkbox"/> CPR |
| <input type="checkbox"/> Certified Archery Leader | <input type="checkbox"/> Other: _____ | | | |

Skills: For each of the following, place a "T" in the blank if you could teach and organize activities for the subject, an "A" for activities you could assist in teaching, or leave blank.

Arts/Crafts

- _____ Ceramics/Pottery
- _____ Drawing/Painting
- _____ Leather Working/Craft
- _____ Metal Working
- _____ Wood Working
- _____ Scrapbooking
- _____ _____
- _____ _____

Outdoor Living Skills

- _____ Hiking
- _____ Orienteering
- _____ Outdoor Cooking
- _____ _____
- _____ _____

Dance

- _____ Circle Dances
- _____ Hip Hop Group Dances
- _____ _____
- _____ _____
- _____ _____
- _____ Clowning
- _____ Skits
- _____ Theatre
- _____ _____

Music

- _____ Singing
- _____ Instruments
- _____ _____

Nature

- _____ Animals/Animal Care
- _____ Astronomy
- _____ Birds
- _____ Environmental Studies
- _____ Flowers
- _____ Forestry
- _____ Insects
- _____ Rocks/Minerals
- _____ Weather
- _____ _____

Waterfront

- _____ Canoeing
- _____ Diving
- _____ Swimming
- _____ Boat
- _____ Water Survival
- _____ _____

Recreation

- _____ Archery
- _____ Badminton
- _____ Basketball
- _____ Cycling
- _____ Fishing
- _____ Football
- _____ Softball/Baseball
- _____ Frisbee or Frisbee Golf
- _____ Floor or Field Hockey
- _____ Kickball
- _____ Large Group Games
- _____ Small Group Games
- _____ Soccer
- _____ Volleyball
- _____ _____
- _____ _____

Miscellaneous

- _____ Team Building
- _____ Community Service
- _____ Story Telling
- _____ Foreign Language
- _____ Leadership
- _____ _____

