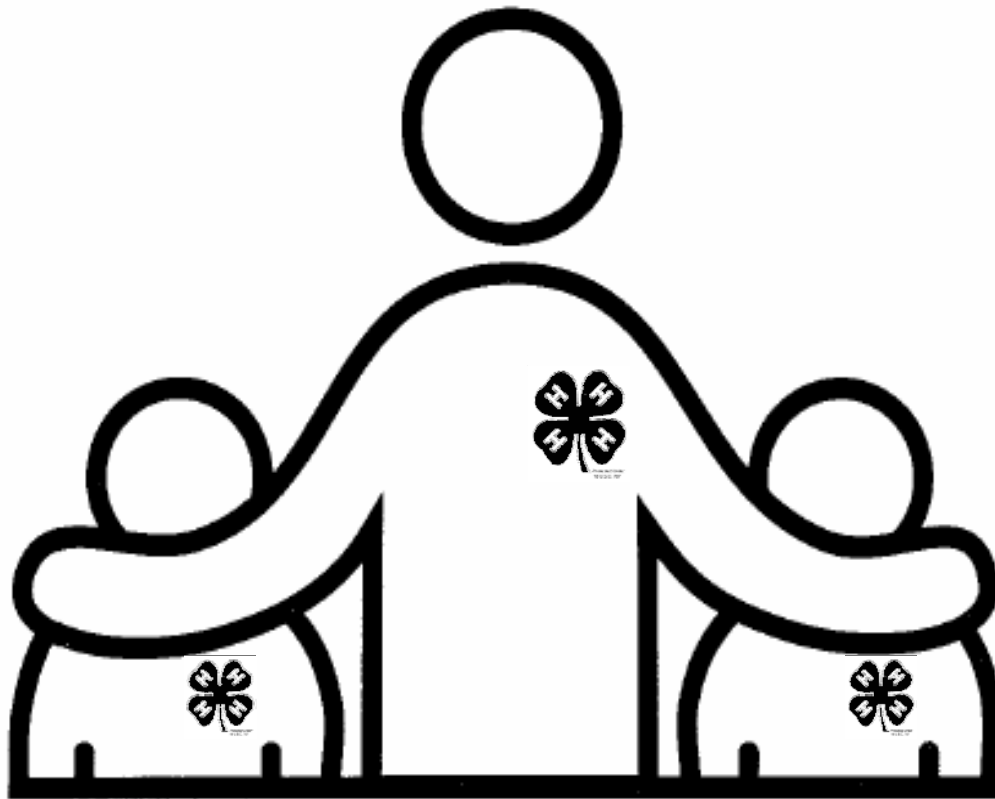


Clallam County 4-H Camp WSU Extension

Your Name: _____ Age: _____

Position: _____

Date: _____



Camp Staff Application

Cooperating agencies: Washington State University, U.S. Department of Agriculture, and Clallam County. WSU Extension programs are available to all without discrimination.

Evidence of noncompliance may be reported through your local WSU Extension office.

Special accommodations may be requested:

Gena Royal, 4-H Program Coordinator 360-417-2398

<http://clallam.wsu.edu/4-h/>

Positions at Camp:

Senior Counselor: 16 years of age minimum

Counselor in Training: 14 years of age minimum

Kitchen Helper: 13 years of age minimum

Assistant Director: 20 years of age minimum

Recreation Director: 18 years of age minimum

Craft Director: 18 years of age minimum

Activities Director (special speakers, campfire programs): 18 years of age minimum

Lifeguard/Waterfront Director: 18 years of age minimum

Cook: 21 years of age minimum

Assistant Cook: 18 years of age minimum

Kitchen Helper Director: 18 years of age minimum

POSITION APPLYING FOR: _____

DATES OF CAMP FOR CAMP STAFF: _____

Personal Information

e-mail: _____

_____ *Date of Birth* _____
Last name First name Initial

_____ Telephone Number
Address City State ZIP

_____ Alt. Telephone Number
Permanent Address (if different than above)

Best time to reach you: _____ **T-Shirt Size** _____

Employment History

Present or last employer: _____

_____ Reason for leaving
Name of Supervisor

_____ Telephone Number
Address

Dates of Employment From: _____ To: _____

_____ Description of Duties:

Education

	Schools Attended	Graduate	Course of Study	Degree
HIGH SCHOOL OR GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				
Vocational Or other				

Certifications/Teaching Experience

	Exp. Date		State	Lic. #	Exp.
<input type="checkbox"/> Lifeguard					
American Red Cross	_____				
YMCA	_____				
BSA	_____				
Other _____	_____				
<input type="checkbox"/> Canoeing, Sailing, Kayaking					
American Canoe Assn.	_____				
Canadian Canoe Assn.	_____				
Other _____	_____				
<input type="checkbox"/> Archery					
4-H Shooting Sports	_____				
Other _____	_____				
<input type="checkbox"/> Health Care					
Physicians Asst.	_____	_____	_____	_____	_____
Nurse Prac.	_____	_____	_____	_____	_____
Registered Nurse	_____	_____	_____	_____	_____
Paramedic	_____	_____	_____	_____	_____
EMT	_____	_____	_____	_____	_____
First Aid	_____	_____	_____	_____	_____
CPR	_____	_____	_____	_____	_____
<input type="checkbox"/> Food Service					
Dietician	_____	_____	_____	_____	_____
Food Hdlr. Pmt.	_____	_____	_____	_____	_____
<input type="checkbox"/> Driver's License					

Please check all that apply:

- Day Camping
 Resident Camping
 Family Camping
 District Camp/Retreat

Have you completed a "Counselor-In-Training" program? ___ Yes ___ No

If so, where and when? _____

Camping/Leadership Experience

Are you currently enrolled in 4-H? ___ Yes ___ No

If so, as an: ___ Adult or ___ Youth? County _____

Please describe your leadership experience: (you may attach additional pages, if necessary)



World Class. Face to Face.

WASHINGTON STATE UNIVERSITY
COOPERATIVE EXTENSION
CAMP STAFF APPLICATION FORM
PART C

The information on Part C is to be completed by all camp staff applicants.
It is for screening purposes only and is protected by the "Rights to Privacy Act."

Legal Name:

Form with three columns: First, Middle, Last

Former Name (s) Preferred Name

Valid Driver's License Yes No License #

Date of Birth (MM/DD/YY)

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons. ANSWER
IF YES, EXPLAIN BELOW:

Blank lines for explanation

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult. ANSWER
IF YES, EXPLAIN BELOW:

Blank lines for explanation

3. Convicted of crimes related to drugs as defined in RCW 43.43.830. ANSWER
IF YES, EXPLAIN BELOW:

Blank lines for explanation

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor. ANSWER
IF YES, EXPLAIN BELOW:

Blank lines for explanation

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor. ANSWER _____
IF YES, EXPLAIN BELOW:

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult. ANSWER _____
IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult. ANSWER _____
IF YES, EXPLAIN BELOW:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(PO Box or Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(PO Box or Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(PO Box or Street) (City) (State) (Zip)

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension. I will fulfill the volunteer responsibilities to the best of my ability. I understand that should my application be accepted, training may be required for specific volunteer roles.

Applicant Signature: _____ *Date:* _____