

Delaware 4-H State Camp Assistant Coordinator Application

**Return to: Ernie Lopez by
March 23, 2018
4-H Volunteer Specialist
Carvel Research and
Education Center
16483 County Seat Hwy.
Georgetown, DE 19947
elopez@udel.edu**

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ * e-mail: _____
(*using now and then during camp, if different)

School/Work Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ T-shirt size: ___ small ___ medium ___ large ___ Xlarge ___ XXlarge

Have you ever been convicted of a crime? ___ Yes ___ NO If "Yes" please explain:

Are there any reasons you may have difficulty in performing any of the essential functions of Camp Assistant Coordinator?
___ Yes ___ No If "Yes", please explain: _____

Past Employment (List previous two years)

Dates	Employer	Address/Phone	Job Title	Supervisor	Reason for Leaving

Camp Experience (If any)

Dates	Camp	Director	Address	Camper or Staff

Please list all specialized training in camping (including day camp), experience or training in supervising or teaching youth, and any other applicable training: _____

Why do you think you would be a good asset to the State Camp team?

Dates available: ___ June 10-16, State 4-H Camp Week 1 ___ June 17-23, State 4-H Camp Week 2
TMS 02/20/18