



Camp Cloverleaf Adult Volunteer Application June 22– 26, 2009



Adult Volunteer applications are due on Wednesday, May 28, 2009.

* Please mail to: 4-H International Mall Office, 1455 NW 107th Ave., Suite 906, Miami, FL 33172

(PLEASE CALL THE 4-H OFFICE A.S.A.P. SO WE CAN MAIL YOU A VOLUNTEER SCREENING FORM)

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

4-H Club Name: _____ 4-H Leader's Name: _____

Camp T-shirt Size \$8.00 (Optional and additional): S ___ M ___ L ___ XL ___ XXL ___

How many years have you volunteered with the Miami-Dade County 4-H Program? _____

What leadership roles have you held in the Miami-Dade County 4-H program?

Have you attended camp before as an adult volunteer? _____ If YES, how many times? _____

If you have been camping before, describe what you like most about the experience and why?

List the qualification that you have for being a camp leader?

List hobbies, skills and specialized training which might be utilized at camp?

Check which adult volunteer responsibilities you wish to help teach and/or coordinate, if chosen to attend 4-H camp:

- _____ Waterfront (swimming and canoeing)
- _____ Recreation (inside rainy day and outside activities)
- _____ Crafts (either evening or afternoon sessions)
- _____ Snack and Water Helper (evening snacks and water coolers during the day)
- _____ Daily Cabin/Bathroom Inspector
- _____ Nurse (must be current First-Aid and CPR certified)

I understand that there is a camp counselor and adult volunteer training held on June 16, 2009 at the 4-H mall office, from 10:00 am – 2:00 pm.

- _____ Yes, I will be able to attend the camp training.
- _____ No, I will not be able to attend the camp training.