



**Celebrating the 'Month of the Military Child'  
Georgia National Guard Youth Program & OMK  
'Month of the Military Child Camp' Fortson 4-H Center**

April 20 – 22, 2012 at Fortson 4-H Center

**VOLUNTEER APPLICATION FORM**

**DUE DATE** – Applications are due by **March 23<sup>rd</sup>, 2012**. Space is limited and will be filled on a first come, first served basis.

**ADDRESS** – Complete this form and send it to: Marcus Eason, State 4-H Office, 303 Hoke Smith Annex, The University of Georgia, Athens, GA 30602

**TRANSPORTATION** – Transportation of campers to and from Fortson 4-H Center, Hampton, Georgia is the responsibility of the camper's parent or guardian.

**QUESTIONS** – If you have questions concerning the application, please contact Marcus Eason at [oper4h@uga.edu](mailto:oper4h@uga.edu) or call the State 4-H Office at 706-542-4444.

**ACCEPTANCE** – Upon acceptance, a letter with camp information will be emailed to the volunteer. Additionally, the University of Georgia will conduct a background investigation to determine eligibility. Overnight Chaperone Training will take place at Fortson 4-H Center.

**SECTION 1. VOLUNTEER APPLICANT INFORMATION**

**Name (Please Print)**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Enter the name the applicant prefers to go by  
for name tag: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Gender**       Male    Female

**Additional information needed**

*Under "Dietary restrictions," list all observed, if any, including vegetarian diet or food allergies. To describe complex allergies or ask questions, contact Fortson 4-H Center at 770-946-3280*

Dietary restrictions: \_\_\_\_\_

Physical disabilities that we need to accommodate: \_\_\_\_\_

Any other Special Needs: \_\_\_\_\_

**T-shirt size:**       Small    Medium       Large       XL       XXL

**SECTION 2. EMERGENCY CONTACT INFORMATION**

**Contact 1 –**

Relationship to applicant: \_\_\_\_\_ Title/Salutation: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work/Other phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Contact 2 –**

Relationship to applicant: \_\_\_\_\_ Title/Salutation: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work/Other phone: \_\_\_\_\_  
Email address: \_\_\_\_\_



THE UNIVERSITY OF GEORGIA  
**COOPERATIVE EXTENSION**  
 Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

Application for Volunteers and Non UGA Employees

First Name:		Middle Name:		Last Name:	
Address:			City:		State: Zip:
Primary Phone No.			Alternate Phone No.		
Social Security No. (required for background check)			Email Address:		
Date of Birth: (required for background check)					
Have you ever been convicted of a felony or are any felony charges now pending against you?			Please explain any pending felony convictions:		
Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance:			If yes, please explain:		
Are you now, or have you been within the last ten (10) years, been a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives been the overthrow of the government of the United States or the government of the State of Georgia by force or violence?			If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.		
Have you ever been discharged or forced to resign from employment?		If yes, give name of employers and reasons:		Are you 16 years of age or older?	
Do you currently have a valid driver's license?			Do you currently have a valid GA Commercial driver's license?		
Current Licenses/Certificates Held:		Issued By:		Expiration Date:	

Educational Institutions

Name of School:		City:		State:	
Level HS, College, etc:		Major if applicable:		Did you graduate?	
Degree (if applicable):		If no degree received, number of years completed:		Last Date Attended (blank if still attending):	

References (Who is familiar with your character as it relates to working with youth.)

Name of Reference:	Title:	Company:	Phone No:
How do you know this reference?			

Name of Reference:	Title:	Company:	Phone No:
How do you know this reference?			

Name of Reference:	Title:	Company:	Phone No:
How do you know this reference?			

Skills, Knowledge & Abilities

Do you have supervisory experience?	If yes, please give details.
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Agreement

In connection with your application to volunteer with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

**For California, Minnesota, or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

**For California applicants only**, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_

Applicant's Name                      Applicant's Signature                      Date

Fax both completed pages to UGA HR at 706-542-3284

Sent by: \_\_\_\_\_  
 Name    Office/Unit/Dept.(COUNTY)                      Email Address