

Celebrating the Month of the Military Child



YOUTH CAMP



WHERE
WHEN
WHO
COST



Wahsega 4-H Center in Dahlonega, GA
April 8-10th
Ages 12-15
\$20.00 registration fee

*****Click here to download your application.
Space is limited/first come first serve basis***
GeorgiaGuardFamilyProgram.org**





Celebrating the 'Month of the Military Child'
Georgia National Guard Youth Program & OMK
'Month of the Military Child Camp' WAHSEGA 4-H CENTER

April 8-10, 2011 at Wahsega 4-H Center, Dahlonega, Georgia



VOLUNTEER APPLICATION FORM

DUE DATE – Applications are due by **March 14th, 2011**. 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, 302 Hoke Smith Annex, The University of Georgia, Athens, GA 30602

TRANSPORTATION – Transportation of campers to and from Wahsega 4-H Center, Dahlonega, 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 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 Wahsega 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 Wahsega 4-H Center at 706-864-2050.

Dietary restrictions: _____

Physical disabilities that we need to accommodate: _____

Any other Special Needs: _____

T-shirt size: Small Medium Large XL

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):	

