



# COFFEY COUNTY 4-H CAMP ADULT VOLUNTEER REGISTRATION



**Camp: June 1-3rd**

**Completed registrations are due to your local extension office by March 31st**

**Background**

\_\_\_ I am a Coffey County 4-H certified volunteer.

\_\_\_ I am not a certified 4-H volunteer, but I am in the process of completing my 4-H online submission as well as completing a Criminal Background Check.

**Volunteer Availability**

\_\_\_ I am available for the full duration of 4-H camp. Including transportation pick up/drop off, day activities, meals, and overnight.

\_\_\_ I am available to volunteer during these specific times of camp (Mark (X) all that apply)

| <u>Volunteer Times</u>                   | <u>June 1st</u> | <u>June 2nd</u> | <u>June 3rd</u> |
|--|-----------------|-----------------|-----------------|
| <b>Transportation (Pick up/Drop Off)</b> |                 | NA              |                 |
| <b>Morning (7a-12p)</b>                  |                 |                 |                 |
| <b>Afternoon (12p-5p)</b>                |                 |                 |                 |
| <b>Evening (5p-9p)</b>                   |                 |                 | NA              |
| <b>Overnight (9p-7a)</b>                 |                 |                 | NA              |

*Volunteers staying overnight will be accommodated to an assigned cabin... Volunteers will not stay with 4-H members.*

**Name:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Please complete the additional following forms. All forms are available at the extension office or on our website.**

\_\_\_ Coffey County Extension Insurance Form Completed

\_\_\_ WMC Camp Permission and Release Form Completed

\_\_\_ Medication/Food Allergy Form Completed

**I have read the 4-H Volunteer Code of Conduct and agree to its terms.**

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact Coffey County Extension, Jill Barnhardt, 225 Cross St, Burlington, KS 66839, jbarhardt@ksu.edu

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