

Delaware 4-H State Camp One Voice Application

**Return to: Ernie Lopez by
December 13, 2019
16483 County Seat Hwy,
Georgetown, DE 19947
elopez@udel.edu**

Name: _____

Address: _____

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

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

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 One Voice? ___ Yes ___ No
If "Yes", please explain: _____

Education

Years	School	Major/Concentration	Degree Granted

Past Employment

Dates	Employer	Address/Phone	Job Title	Supervisor	Reason for Leaving

Camp Experience

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: _____

Please tell us why you would be a good candidate for the Delaware 4-H State Camp One Voice position: _____

