



## GALLIA COUNTY 2020 OPPORTUNITIES

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ Age (as of Jan. 1 2020) \_\_\_\_\_

4-H Club Name \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

*Please print clearly*

### SEND ME MORE INFORMATION ON: (Circle all that apply)

  
  
  
  

4-H Summer Camp Counselor  
Scholarships-State and County  
Cloverbud Day Camp Counselor  
Digital Ambassador  
Cloverbud Investigators Helper

  
  
  
  
  

Project Clinics  
Quality Assurance Helper  
CARTEENS  
4-H State Events (Achievement Records)  
Fair Youth Board  
Other: \_\_\_\_\_

The best way to reach me is: \_\_\_ call me \_\_\_ text me \_\_\_ send me an e-mail \_\_\_ mail

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Phone Number) \_\_\_\_\_ (Cell) \_\_\_\_\_

I understand that all activities and trainings connected are 4-H events and I agree to act in a responsible manner. I will obey all rules set forth by OSU Extension, Adult Volunteers and Staff Personnel. Any violation of these rules including but not limited to: disruptive behavior, lack of respect, possession of alcohol, tobacco products or possession of a weapon will be reason for dismissal from the club.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this Form to the Extension Office by **January 30, 2020** to ensure you are on the contact list for 2020! For your convince you may mail the form to 111 Jackson Pike, Suite 1572 Gallipolis OH 45631, or fax it to 740-441-2038 or down load an e-copy from the web and e-mail it back to [winters.5@osu.edu](mailto:winters.5@osu.edu)*