

# Tolland County 4-H Food Revolution Counselor Application Form

*\*Applicants must be 16 years of age or older as of August 12<sup>th</sup>, 2019 to volunteer as a counselor\**

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

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Availability (circle all that apply): Mon. 8/12    Tues. 8/13    Wed. 8/14    Thurs. 8/15

Partial days may be requested via. email ([kirsten.krause@uconn.edu](mailto:kirsten.krause@uconn.edu)). Counselor participation at Tolland County 4-H Food Revolution is a volunteer experience.

Are you a member of Tolland County 4-H Program? (Circle one)      Yes      No

If you answered "yes" to the above question:

Club Affiliation: \_\_\_\_\_

Years in 4-H: \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

T-Shirt Size (circle one): Child LG    Adult SM    Adult MD    Adult LG    Adult XL    Other \_\_\_\_\_

Where did you hear about 4-H Food Revolution?

\_\_\_\_\_

Please write a short paragraph on the following page telling us a little about yourself, any experience working with children (not required) or 4-H and why you would like volunteer at 4-H Food Revolution.

**Please return this completed application to the Tolland County 4-H office at: 24 Hyde Ave. Vernon, CT, 06066 by Monday August 5<sup>th</sup>, 2019. Upon receiving your application, we will contact you with further information. Counselors over the age of 18 may be subjected to a background check.**

**Please contact Kirsten Krause with any questions at [kirsten.krause@uconn.edu](mailto:kirsten.krause@uconn.edu) or (860)-870-6930**



---

---

---

---

---

---

---

---

---

---