

Georgia FFA-FCCLA Center FFA Horse Camp Volunteer Application

Thank you for your interest in volunteering in the FFA Horse Camp Program. Due to the number of people expressing interest in volunteering, not all applicants will be chosen. Once you have submitted your application, you may be contacted for an interview as part of the selection process. Please note that applicants are subject to criminal background checks and must abide by the Center's Drug-Free Workplace Policy. If you are selected, then you will receive one student scholarship.

Applicant Information

Week Attending (circle one): June 27-July 2 July 11-16

Date of Application: _____ Social Security No: _____ - _____ - _____

Full Name: _____

Gender: M / F Marital Status: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: _____ Work Phone: _____

Cell Phone / Pager / Other: _____ Email: _____

Are you currently employed? YES / NO

 Current / Most Recent Employer: _____

 Job Title: _____ Dates Employed: _____

 Job Description: _____

Please list any skills and qualifications you have that relate to the Horse Camp Program

Are you able to stay on site during the entire week? YES / NO

 If not, then what time frame are you available? _____

List any restrictions (physical disability, medical restrictions, etc.) _____

Have you ever been convicted of a crime other than traffic violations? YES / NO

 If Yes, Explain _____

References:

Name	Occupation/Title	Relationship to Applicant	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I hereby certify that the above information is correct. I also authorize the Georgia FFA-FCCLA Center to perform a criminal history check on me for the purpose of certifying that I have not been convicted of a crime.

Applicant Signature

Date of Application