## **WASHINGTON 4-H CAMP MANAGEMENT GROUP APPLICATION**

Return to: Michael Jensen, mike.jensen@wsu.edu
WSU Pend Oreille County Extension

PO Box 5045, 418 S. Scott Newport, WA 99156

| NAME:                                      |               |                 |
|--|---------------|-----------------|
| OCCUPATION:                                |               |                 |
| ADDRESS:                                   |               |                 |
| CITY:                                      | STATE:        | ZIP:            |
| HOME #:                                    | WORK #:       |                 |
| EMAIL ADDRESS:                             |               |                 |
| COUNTY:                                    |               |                 |
| I am (circle one): 4-H Voluntee            | r 4-H Teen    | Extension Agent |
| County 4-H Program Assistant               |               |                 |
| Experience in the 4-H Camping Program:     |               |                 |
| Service within other groups or committees: |               |                 |
|  |               |                 |
| Why do you wish to serve on th             | is committee? |                 |
|  |               |                 |

What do you feel you can contribute to the Washington State 4-H Camping

Program?

\*\*Extension Educator, Staff, or Chair Signature

\*\*Volunteer or youth: Extension Educator or Staff Signature Extension Educator or Staff: Extension Chair Signature