

# 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.

### Applicant Information

Week Attending (circle one):    June 24-29            July 8-13                            July 15-20

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