

Macomb County 4-H Teen Counselor Application



Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Age: _____ School Name: _____

Do you have a current first aid card? Yes No
Do you have reliable transportation? Yes No

Please list three references

- 1. Last Name First Name Phone #
2. Last Name First Name Phone #
3. Last Name First Name Phone #

Please list activities, experiences or events you have participated

Blank lines for listing activities, experiences or events.

Please list other certifications or awards you have received.

Blank lines for listing other certifications or awards.

Please list community service activities you have recently participated in.

Blank lines for listing community service activities.

What other hobbies or interests do you have?

Please list any leadership activities or officer's position in clubs or other organization(s).

What experiences with youth will you bring to the Macomb County 4-H Program?

What do you hope to gain as a result of your Teen Counselor experience?

What are your long term educational or career goals?

Please feel free to use additional pages if necessary!

Please return to Lizz Duran at: MSUE, 11370 Hupp Ave., Warren, MI 48089 Or via email: duraneli@anr.msu.edu