

## ASSOCIATE DIRECTOR APPLICATION

## I. GENERAL INFORMATION

Name:				
	(First)	(Middle)		(Last)
Mailing Address	: Street			
City		State		Zip
Length of time a	at this address (years):		Date of Birth:	(MM/DD/YY)
	)		Preferred Method	d of Contact:
	Cell Phone: ( )		:	
	,			
Are you a 4-H/F	FA/Junior Fair Alumnus?	Yes	No	
Where were you	u in 4-H/FFA/Junior Fair?		(County/State)	
Have you ever b	been a 4-H/FFA/Junior Fair	Volunteer?	Yes	No
If yes, how man	y years? Where	?(City	)	(County) (State)
II. VOLUNT	EER INTEREST			
Why are you int	erested in an Associate Dire	ector Positio	n? (use a separate	e sheet if additional
space is necess	sary)			

## III. INTEREST CHECKLIST

What I Like to Do	A Lot	A Little	Not at All
Speaking to Groups			
Organizing Programs/Events (i.e, speaking or judging contests, etc.) Leading a Discussion Group			
Keeping Records and Doing Paperwork			
Camping			
Working on Grounds maintenance projects			
Assisting with set up/teardown of Stage show			
Assisting with Tractor pulls			
Assisting with Combine Derby			
Assisting with Car and pick up derby			
Assisting with Livestock shows			
Assisting with still life shows			
Assisting with off season events			
General help prior to fair			
General help fair week			
Clean up after fair			
Meeting New People			
Junior Fair Work/FFA Work			
Fundraising			
Developing Displays			
Working With Animals			
Set Up and Tear Down of Buildings			

## IV. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date, nature, and disposition of offense:

**Please note:** A criminal record will not necessarily prevent an applicant from being a Junior Fair Advisor/Adult Consultant. A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.

References: List three persons not related to you who have knowledge of your qualification. Please provide complete addresses and phone numbers:

Name:			
	Relationship	Home Phone	Cell Phone
Address:			
(Street)	(City)	(Sta	ate) (Zip)
Name:			
	Relationship	Home Phone	Cell Phone
Address: (Street)	(City)	(Sta	ate) (Zip)
(Sileel)	(City)	(012	
Name:			
	Relationship	Home Phone	Cell Phone
Address:(Street)	(City)	(Sta	ate) (Zip)
and regulations of the Lorain County Agricultural S Extension, and Ohio 4-H Program and to fulfill the			
Applicant Signature:		Date:	
Please contact us at (440) 647-2781 or cr or wish further information. Please return	-	.com if you have	any questions
Lo 23000	e Nikel, Office Manage rain County Fair ) Fairgrounds Road ington, OH 44090	r	
V. REFERENCES AND EXPERIENCE	E		
Do you prefer to work directly with: You	uth Adults _	Both _	
Amount of time you are willing to commit	to:		
1-2 months per year	6-12 months per ye	ar	
3-6 months per year	Ongoing (year-roun	d)	

Previous work experience (list current or most recent experience first):

Employer	Position Title	Year(s)

Previous volunteer experience (list current or most recent experience first):

Volunteer Role	Year(s)
	Volunteer Role

Applicant Signature

Date