

## Tolland County 4-H Food Revolution Counselor-in-training Application Form

*\*Applicants must be 13-15 years of age as of July 20, 2025 to volunteer as a counselor-in-training\**

***Please note that ALL participants will be required to follow University safety guidelines for the duration of the program. These guidelines are subject to change.***

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Availability (circle all that apply):    Mon. 7/21    Tues. 7/22    Wed. 7/23    Thurs. 7/24    Fri. 7/25

Partial days may be requested via. email ([tolland@uconn.edu](mailto:tolland@uconn.edu)). Counselor-in-training participation at Tolland County 4-H Program is a career and workforce readiness volunteer experience.

Are you a member of the Tolland County 4-H Program? (Check one)            Yes            No

If you answered "yes" to the above question:

Club Affiliation: \_\_\_\_\_

Years in 4-H: \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

T-Shirt Size (circle one): Adult SM    Adult MD    Adult LG    Adult XL    Other \_\_\_\_\_

Where did you hear about 4-H Counselor-in-training Program?

\_\_\_\_\_

Please write a short paragraph on the following page telling us a little about yourself, any experience working with children (not required) or 4-H and why you would like to volunteer as 4-H Counselor-in-training.

**Please return this completed application to the Tolland County 4-H office at: 24 Hyde Ave. Vernon, CT, 06066 by Friday June 6, 2025 OR to Tolland 4-H at [tolland@uconn.edu](mailto:tolland@uconn.edu). Upon receiving your application, we will contact you with further information. Counselors over the age of 18 are subjected to a background check. Please contact Maryann Fusco-Rollins with any questions at [tolland@uconn.edu](mailto:tolland@uconn.edu) or (860)-875-3331.**



Please type or write clearly, a short paragraph telling us a little about yourself, any experience working with children (not required) or 4-H and why you would like to volunteer as a CIT at 4-H Camp Food Revolution.

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We have reviewed this application and believe it to be correct:

Date \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_ Signed: \_\_\_\_\_  
(UConn 4-H Youth Applicant)