Superintendent and Assistant

(Please print or type the following information)

I would like to volunteer for: Open Class _____4-H ____FFA department _____
As a Superintendent _____ Assistant Superintendent _____

| (New Superintendent or Assistant Superintendents must be at least 18 years old). | | | | |
|--|-------|------------------|-----|--|
| Area of Interest: | | | | |
| Name | | | | |
| Address | | | | |
| Phone City Cell | | State Message | Zip | |
| E-mail address | | | | |
| Emergency Contact within Vancouver/Portland | area: | | | |
| Name | | Phone | | |
| Address | | | | |
| Relationship | City | State | Zip | |
| Doctor Name | Phone | | | |
| Address | | | | |
| Hospital Preference | City | State | • | |
| Medical Conditions, allergies, etc.: | | | | |
| | | | | |
| Have you ever been tried on a felony or misder Convicted? | | | | |
| List what, when, and where? | | | | |
| Signature: | Da | ate: | | |
| Current Superintendent signature: | | Date: | | |
| Fair Representative signature: | | Date: | | |