



## 4-H Dairy Bar Superintendent Application – 2021

Date completing Application: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Dairy Bar hours	Super I A.M.	Super I P.M.	Super II A.M.	Super II P.M.
Monday**	<b>10 am – 4:00 pm</b> <b>(only 1 sup needed)</b>	<b>10 am – 4:00 pm</b> <b>(only 1 sup needed)</b>		
Tues. 11-7	10:30 am – 3:30 pm	3 pm – 7:30 pm		
Wed. 10-10	8 am – 3 pm	2:30 pm – 10:30 pm	8 am – 3 pm	3 pm – 10:30 pm
Thurs. 7-10	6 am – 3 pm	2:30 pm – 10:30 pm	6 am – 3 pm	3 pm – 10:30 pm
Fri. 7-10	6 am – 3 pm	2:30 pm – 11 pm	6 am – 3 pm	3 pm – 11 pm
Sat. 8-10	7 am - 3 pm	2:30 pm – 10:30 pm	7 am – 3 pm	3 pm – 10:30 pm
Sunday 8-6	7 am – 2 pm	1:30 pm – 7:30 pm	7 am – 2 pm	2 pm – 7:30 pm
Monday**	<b>8 am – 2 pm</b> <b>(only 1 sup needed)</b>	<b>8 am – 2 pm</b> <b>(only 1 sup needed)</b>		
<b>TOTAL HOURS</b>	45 hours + 11.5 optional	45.5 hours + 11.5 optional	40 hours	36 hours

\*\*\*\*Applicants must be 18 year of age or older.

Please indicate if you prefer: AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

Write in day and/or times you are NOT able to work: \_\_\_\_\_

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\*\*Please note: Only one Superintendent 1 position will be expected to work the Monday prior and after shifts.

\*\*\*Shift times are flexible, however, we must have a minimum of two Superintendents in Dairy Bar at all times.

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Do you have any certification in the food industry and if so what?

Can you be on your feet working for at least 9 hours? (If no, explain)

Can you lift at least 40 lbs.?

Have you worked in the Outagamie 4-H Dairy Bar? What role(s)? How long? When?

What skills or experiences do you have working with kids and adults?

What qualifications or experience can you bring to the job of Dairy Bar Superintendent?

Have you gone through 4-H Volunteer Orientation? \_\_\_\_\_ \*\*If no – it is required!

\*\*If yes—what club are you affiliated with? \_\_\_\_\_

Please give two references: (Not related to you)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please return this form to the UW-Extension Office, Attn. Vicki, 3365 W. Brewster St., Appleton, WI 54914 by **April 15, 2021**.