

**Barnstable County 4-H Program
4-H Advisory Kitchen Director
P.O. Box 367, Barnstable, MA 02630**

Program Information

Program Name: 4-H Advisory Kitchen Director – Temporary/Event Specific Position

Event: _____

Applicant Information *Note: This is an independent, event specific relationship, hired by Barnstable County 4-H Advisory, not an employee relationship with Barnstable County, Cape Cod Cooperative Extension.*

Last Name _____ First Name _____ MI _____

Mailing Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Experience with kitchen operations and safety and regulatory compliance. Please attach resume with application: _____

Special interest or talents _____

☐ I Do ☐ Do Not give 4-H permission to use my photograph with newsletters/publications.

Applicant Signature _____ Date _____
(Required)

References: *Please list three individuals who can be contacted to provide references. Preferred method used by the office to request recommendations is electronic via email. Please contact your references to ensure receipt of request checking Spam if not received. Thank you!!*

Name	Phone Number	Email Address
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3.

Please return to Sandi Shepherd-Gay, Barnstable County 4-H Extension Educator
P.O. Box 367, Barnstable, MA 02630
508-375-6696
Sandi.shepherdgay@capecod.gov