



# COFFEY COUNTY 4-H CAMP COUNSELOR APPLICATION



Must be 4-H age 14.

**Training Date: May (date TBA) Camp: June 1-3<sup>rd</sup>**

**Fee: \$30.00** Checks payable to Coffey County 4-H Council

**Completed applications are due to your local extension office by March 31st.**

## Counselor Objectives:

- To provide a safe and fun learning environment and rewarding camp experience for all campers
- For the opportunity for personal growth, development of leadership skills and realize a sense of accomplishment by providing a positive experience for campers.

## Counselor Agreement

I acknowledge that as a counselor I will:

- Be responsible for a group of 7- to 13-year-old 4-H members. My responsibility and focus will be on the activities, care, and welfare of each 4-Her, beginning when each camper arrives and ending when they load up to go home.
- This responsibility will include, but is not limited to:
  - Getting campers to scheduled activities on time
  - Being with my group at all times, except for scheduled counselor meetings
  - Being accountable for the group's behavior. Acceptable behavior and discipline policies will be discussed during counselor training and meetings.
  - Following the 4-H Code of Conduct

**Counselor Name:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **4-H Age:** \_\_\_\_\_ (Age as of 1/1/26) **Counselor Phone #:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Shirt Size: (Youth or Adult size)** \_\_\_\_\_

\_\_\_\_\_ **I have food/dietary allergies. List** \_\_\_\_\_

Additional information will need to be submitted.

**1. Have you served as a Camp Counselor before?** \_\_\_\_\_ Yes \_\_\_\_\_ No

- **If yes:**            \_\_\_\_\_ 4-H Camp            Year(s) \_\_\_\_\_  
                          \_\_\_\_\_ Other Camps            Year(s) \_\_\_\_\_

**2. Have you attended overnight camps before?**        \_\_\_\_\_ Yes        \_\_\_\_\_ No

- **If yes:**            \_\_\_\_\_ 4-H Camp            # of Times \_\_\_\_\_  
                          \_\_\_\_\_ Other Camps            # of Times \_\_\_\_\_

**3. I would prefer to work with any of the following ages of campers: (check all that apply, preferences not guaranteed)**

\_\_\_\_\_ 7        \_\_\_\_\_ 8        \_\_\_\_\_ 9        \_\_\_\_\_ 10        \_\_\_\_\_ 11        \_\_\_\_\_ 12        \_\_\_\_\_ 13

**4. Complete this sentence. "I want to be a Camp Counselor because..."**

**5. If you have been camping before, describe what you liked most about your experiences and why.**

**6. Describe any experience(s) you have had working with small groups of youth.**

**7. Describe why you think you will be a good counselor.**

**8. What counselor responsibilities would you like to learn more about in the counselor training session?**

**Please complete the following forms. All forms are available at your local extension office.**

\_\_\_\_\_ Coffey County Extension Insurance Form

\_\_\_\_\_ WMC Camp Permission and Release Form

\_\_\_\_\_ Medication/Food Allergy Form

4-H Camp Medication Form for youth taking prescription and over the counter medications

- A form must be filled out for EACH medication and brought to camp with each medication and form in a separate, resealable plastic bag and give to camp nurse at drop off.
- All medications will be kept at the nurse's station during camp. Exception: emergency meds such as inhalers, epi pens, etc. may be kept with camper. A second set of emergency meds must be sent to camp to be held at the nurse's station.

**I have read the Camp Counselor Agreement and completed the application to the best of my ability. I also understand that the decision to not behave acceptably or carry out my responsibilities in the accepted format could result in me being sent home with my parents (4-H'er) or myself (adult counselor) responsible for transportation.**

**Signature of 4-H youth** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact Coffey County Extension, Jill Barnhardt, 225 Cross St, Burlington, KS 66839, [jbarnhardt@ksu.edu](mailto:jbarnhardt@ksu.edu)

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