



COFFEY COUNTY 4-H CAMP COUNSELOR APPLICATION



Training: June 20th Camp: June 20th thru 22nd

Completed applications are due to your local extension office by May 5th.

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 realize 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

Name: _____

Address: _____

Birth Date: _____ Age (must be 4-H age 14): _____ Gender: _____

Counselor Cell Phone #: _____

_____ I have food/dietary allergies. 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 additional following forms. All forms are available at your local extension office.

_____ Coffey County Extension Insurance Form

_____ Food Allergies 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
- 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 nurses 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, or adult applicant _____ **Date** _____

Signature of Parent/Guardian of 4-H or youth applicant _____ **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

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