



# Camp Counselor Application



4-H members 13 and Over (4-H Age)

*Gain valuable leadership skills, build friendships, make lifetime memories.*

## ***Be a Camp Counselor!***

### Important Dates:

**May 4th – Application Due**

Friday, before 4:00

Please return this completed application to:

Laclede County Extension Center

186-D N. Adams Ave

Lebanon, MO 65536

417-532-7126

**July 16th – Counselor Camp**

Monday, 1:00 pm

**ATTENDANCE REQUIRED**

**July 17-19, 2018 – 4-H Camp**

Tuesday, July 17 until Thursday, July 19

**Counselor Cost - \$120.00**

**June 25<sup>th</sup> – Camp Counselor Training**

Tuesday, 10am- 3pm

**ATTENDANCE REQUIRED**

Polk County Fairgrounds

Name: \_\_\_\_\_ County: \_\_\_\_\_ Age: \_\_\_\_\_

4-H Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

- 1) **Have you attended 4-H Camp before?**  Yes  No List Years attended: \_\_\_\_\_
- 2) **Have you been a 4-H Camp Counselor before?**  Yes  No List Years attended: \_\_\_\_\_
- 3) **What age children do you prefer to work with?**  8-9  10-11  12-13
- 4) **What camp duties would you prefer to work with?**  Crafts  Flags  Outdoor Sports  
 Camp Workshops  Get Acquainted Activities  Campfires  Photography  
 PowerPoint presentation
- 5) Describe previous experiences you've had successfully working with children:

*(Application continued on back of this page...)*

6) Describe previous experiences that have helped you develop your leadership skills:

7) Describe the qualities that make you a strong Camp Counselor candidate and how you would use them:

8) List the names and phone numbers of two non-family adult references.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

**9) Statement of Understanding:**

I understand that completing this form does NOT guarantee that I will be selected as a 4-H Camp Counselor in 2018. I further understand that candidates that best fit the volunteer counselor staffing needs of 4-H Camp, as determined by 4-H staff, will be selected. I verify that I was age 13 or older by January 1, 2018 and that my 4-H Club leader has verified that I am a member in good standing with their signature below.

**Signatures:**

_____	_____
4-H Counselor Candidate	Date
_____	_____
Parent	Date
_____	_____
Club Leader	Date