



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 3rd – Application Due

Friday, before 4:00

Please return this completed application to:

Polk County Extension Center

110 E. Jefferson

Bolivar, MO 65613

417.326.4916

July 15th – Counselor Camp

Monday, 1:00 pm

ATTENDANCE REQUIRED

July 16-18, 2019 – 4-H Camp

Tuesday, July 16 until Thursday, July 18

June 25th – Camp Counselor Training

Tuesday, 10am- 3pm

ATTENDANCE REQUIRED

Polk County Fairgrounds

Counselor Cost - \$100

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 2019. 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, 2019, and that my 4-H Staff Member has verified that I am event eligible (formerly "member in good standing") with their signature below.

Signatures:

4-H Counselor Candidate Date

Parent Date

Youth Specialist/Youth Program Associate Date



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