



4-H CAMP COUNSELOR APPLICATION

Crawford, La Crosse, Monroe, Richland and Vernon Counties

4-H Summer Camp — July 23-25, 2020

Counselor Training—July 6, 2020

Counselor Applications Due — March 15

Name: _____ County: _____

Address: _____

City, Zip: _____ Email: _____

Phone: _____ Current Grade: _____ Birthdate: _____

Parent(s) or Guardian(s): _____

T-Shirt Size: (Please Circle) Adult Sizes: Small Medium Large X-Large XX-Large

Suggested Camp Theme: _____

Why do you want to be a camp counselor? What do you hope to learn from the experience?

What level of swimming instruction have you received, if any?

Advanced _____ Intermediate _____ Beginning _____ Other _____

Organization examined by: Red Cross _____ Other _____

What level of first aid instruction have you had, if any?

Advanced _____ Intermediate _____ Beginning _____ Other _____

I prefer to work with this age group: Grades 3-4 _____ Grades 5-6 _____ Grades 7-8 _____

Describe leadership experiences you have had, especially those involving younger youth:

Have you ever attended camp as a camper? *(Include 4-H camp and other camps)*

Year

Name of Camp

If you have been a camp counselor, please complete the following:

Year

Name of Camp

Duties you were responsible for:

The 4-H camp staff works as a team at camp. Describe the skills you will bring to the team:

Describe what parents of 4-H campers expect of 4-H Camp staff when they send their child to 4-H Camp:

Many parents have concerns that their children will be safe at 4-H camp. What will you do to help campers feel safe?

Which of the following are you comfortable leading at camp? (Circle all that apply)

Arts and Crafts Water Activities/Swimming Campfire Programs Music/Singing

Games and Recreation Nature Activities Flag Ceremonies Science Activities

Others (describe _____)

NEW CAMP COUNSELORS MUST INCLUDE ONE LETTER OF RECOMMENDATION. (Should describe ability to work as a team, Work with younger youth, etc.) A letter of recommendation is not required for returning counselors.

APPLICATIONS ARE DUE BY March 15 TO:

Richland County Extension Office
1000 Hwy 14 West
Richland Center, WI 53581

Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential.