

4-H CAMP COUNSELOR APPLICATION

Crawford, La Crosse, Monroe, Richland and Vernon Counties

4-H Summer Camp — July 31-Aug 2, 2024

Counselor Training—June 15, 2024

Counselor Applications Due — March 30

Application can be filled out online at: https://go.wisc.edu/580247

| | <u> </u> | County: | | | | |
|---|--|--------------------------|-------------------|---------------------------------|-----------|----------------|
| Address: | | | | | | |
| City, Zip: | y, Zip: | | | | | |
| Phone: | ne: Current C | | | | | Birthdate: |
| Parent(s) or Guardian(s): | | | | | | |
| T-Shirt Size: (Please Circle | e) Adult Sizes: | Small | Medium | Large | X-Large | XX-Large |
| Suggested Camp Theme: | | | | | | |
| | | -2 384b a.e. al | lo vou hone | e to lear | n from th | ne experience? |
| Why do you want to be | a camp counselor | r wnat d | io you nopi | | | |
| Why do you want to be | a camp counselor | r? wnat d | io you nop | | | |
| Why do you want to be | a camp counselor | · wnat d | | | | |
| | | | | | | · |
| | | | | | | |
| Why do you want to be | instruction have | you recei | ved, if any | ? | | · |
| What level of swimming | instruction have | you recei | ved, if any | ? Beginnir | g | Other |
| What level of swimming Advanced | instruction have Intermediate | you recei | ved, if any | ? Beginnir | g | Other |
| What level of swimming Advanced Organization examined b | instruction have Intermediate oy: Red Cross struction have yo | you recei u had, if a | ved, if any? Oth | ? Beginnir er | g | Other |
| What level of swimming Advanced Organization examined by What level of first aid in | instruction have Intermediate oy: Red Cross struction have yo Intermediate | you recei u had, if a | ved, if any | P Beginnir er Beginnir | g | Other |

| Have you ever attende | ed camp as a camper? (Inclu | ide 4-H camp and other camps) | | | |
|------------------------|------------------------------|---|-------------------------------------|--|--|
| <u>Year</u> | Name of Camp | | | | |
| | | | | | |
| If you have been a car | np counselor, please compl | ete the following: | | | |
| <u>Year</u> | Name of Camp | <u>Dutie</u> | s you were responsible for: | | |
| The 4-H camp staff wo | orks as a team at camp. Des | cribe the skills you will bring | to the team: | | |
| | | | | | |
| Describe what parents | s of 4-H campers expect of | 4-H Camp staff when they se | nd their child to 4-H Camp: | | |
| | | | | | |
| | | | | | |
| Many parents have co | ncerns that their children v | vill be safe at 4-H camp. Wha | t will you do to help campers | | |
| | | | | | |
| Which of the following | g are you comfortable lead | ing at camp? (Circle all that a | pply) | | |
| Arts and Crafts | Water Activities/Swimming | Campfire Programs | Music/Singing | | |
| Games and Recreation | | Flag Ceremonies | Science Activities | | |
| Others (describe | | | | | |
| | | | I. (Should describe ability to work | | |
| APPLICATIONS ARE DU | | ecommendation is not required for returning counselors. Richland County Extension Office 1100 Hwy 14 West | | | |

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.

Richland Center, WI 53581