



COFFEY COUNTY 4-H CAMP COUNSELOR APPLICATION



Must be 4-H age 14.

Training Date: May (date TBA) Camp: June 4-6th

Fee: \$30.00 Checks payable to Coffey County 4-H Council

Completed applications are due to your local extension office by March 31st.

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 acknowledge 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

Counselor Name: _____ **Club:** _____

Birth Date: ____/____/____ **4-H Age:** _____ (Age as of 1/1/25) **Counselor Phone #:** _____

Parent or Guardian: _____

Phone #: _____ **Email Address:** _____

Shirt Size: (Youth or Adult size) _____

_____ **I have food/dietary allergies. List** _____

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 following forms. All forms are available at your local extension office.

_____ Coffey County Extension Insurance Form

_____ WMC Camp Permission and Release Form

_____ Medication/Food Allergy 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 and give to camp nurse at drop off.
- 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 nurse's 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 _____ **Date** _____

Signature of Parent/Guardian _____ **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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