

4-H Camp Counselor Application



To apply you must be at least **age 14** as of April 1st of the current year. Camp Counselor training will begin in October.

APPLICATION, THREE REFERENCES AND NON-REFUNDABLE \$50 FEE MUST BE TURNED IN AT THE SAME TIME: September 1st

RETURN TO: OSU Extension, Butler County 1802 Princeton Rd. Hamilton, OH 45011

Name _____ Age (as of 04/01) _____

Address _____
(street) (city) (zip)

Counselor E-Mail _____ 4-H Club _____

Counselor Cell Phone _____ School _____ Grade _____

Parent Cell Phone _____ Parent E-Mail _____

I understand that all activities and trainings connected with camp are 4-H events and I agree to act in a responsible manner. I will obey all rules set forth by OSU Extension, Adult Volunteers and Camp Staff. Any violation of these rules including but not limited to: disruptive behavior, lack of respect for others, possession of alcohol, tobacco products or possession of a weapon will be reason for immediate dismissal from camp.

Member Signature _____ Date _____

I understand that my child's participation in the 4-H Camping program is a privilege, not a right. I understand that my child must abide by the rules and regulations of OSU Extension and 4-H Camp Clifton or I, as parent/guardian, will assume responsibility of my child being sent home from camp and will pick my child up from camp regardless of the hours, if required.

Parent/Guardian Signature _____ Date _____

I am available to be a counselor at:

- Cloverbud Day Camp
 County Camp

Counselor Experience

Years attended 4-H Camp as a CAMPER? _____

Years as Counselor at an OVERNIGHT 4-H Camp? _____ As a Cloverbud Counselor? _____

Experience as a counselor at other camps (i.e. Scouts, Church)

years _____ Where _____

Why do you want to be a 4-H Camp Counselor?

What is the role of a 4-H Counselor?

What is your favorite part of 4-H Camp and why do you think it's important?

What responsibilities/roles did you have while attending camp as a 4-H Counselor?

In what areas of counselor education would you like more information and/or training?

(check all that interest you)

- Safety and Health
- Role of a Counselor
- Cabin Management (getting campers to sleep, Cleaning-up, free time, etc.)
- Programming Responsibilities
- Tribe or Rotation Leader Responsibilities
- Positive Camper Behavior Management
- _____

List 3 <u>specific</u> , positive experiences you have had <u>teaching and/or mentoring youth</u> that show you would be a responsible camp counselor.	
Organization: (4-H, church, school etc)	Experience:
Example: Edgewood High School, 2011	After school I tutor youth at my home elementary school. The kids like having help from an older student.

Camp Programming

Please suggest:

A camp theme for:
 County Camp _____ Cloverbud _____

An idea for Guest Speaker/Special Program

A skill or craft you could teach (i.e. soccer basics, friendship bracelets, etc.)

Are you certified in CPR _____ Year _____ First Aid _____ Year _____

List in order by preference (1 top choice-7 last choice) with the activity you will plan, help with, and teach at camp:

↓	↓	↓
Songs	Canoeing	Tribe Challenges
Flags	Creative Crafts	Campfire
Candle-Lighting	Creative Snacks	Evening Recreation
Vespers	Archery	Team Challenge
Signatures	Sports Games	Dance
Nature	Get Acquainted	Theme Dinner
Other _____	Evening Programming	Sports Games

Are you involved in activities which will conflict with counselor trainings/counselor camp? Yes No
 (Please note counselor trainings are held on the 4 Thursday of the month. There are two mandatory day long Counselor Camp training, one in February and in June. Any missed trainings without prior approval from the Camp Director will prohibit you from being a camp counselor.)

If yes, then how do you propose to fulfill the required hours of training?

Butler County 4-H Camp Counselor Reference Form
Person completing this form cannot be a relative of the applicant!

_____ is applying to serve as a Butler County Camp Counselor.
 (Applicant's name)

In order for the 4-H Camp Staff to evaluate the applicant and identify training areas, you are being asked to complete this reference form. Please be thorough and forthright. All comments are confidential and will not be shared with the applicant. Comment on the following topics and return this form **directly** (please **do not** give to applicant to return) to the Extension office by **SEPTEMBER 1st**.

Reference Provided by:

Name: (Print) _____

Signature: _____

Address: _____

Date: _____

Mail to:

OSU Extension, Butler County

Attn: Erin Simpson-Sloan

1802 Princeton Rd

Hamilton, OH 45011

1. How long have you known the applicant? _____ What capacity? (advisor, teacher, etc.) _____
2. Do you recommend this 4-H'er to be a camp counselor? Yes / No
 Why? _____
3. Would you place your child under the applicant's care? Yes / No
4. How would you rate his/her ability and attitude in working with youth (ages 5-13)?
 Excellent Good Fair Poor
5. How would you rate his/her ability & attitude in working with peers?
 Excellent Good Fair Poor
6. Leadership Roles and Responsibilities
 - A. How do you know/work with applicant? (ex. Committees, offices, sports)

 - B. Comment on applicant's ability to complete and follow through on tasks

7. Please evaluate the applicant using this scale:
 E = Excellent G = Good F = Fair P = Poor NK = Not Known/Unsure

E	G	F	P	NK	Over-all Attitude
E	G	F	P	NK	Dependability
E	G	F	P	NK	Communication Skills
E	G	F	P	NK	Emotional Maturity & Judgment
E	G	F	P	NK	Enthusiasm and Energy
E	G	F	P	NK	Resourcefulness
E	G	F	P	NK	Respect for Authority
E	G	F	P	NK	Respect for Peers
E	G	F	P	NK	Sense of Humor
E	G	F	P	NK	Patience

8. Additional Comments:

Butler County 4-H Camp Counselor Reference Form
Person completing this form cannot be a relative of the applicant!

_____ is applying to serve as a Butler County Camp Counselor.
 (Applicant's name)

In order for the 4-H Camp Staff to evaluate the applicant and identify training areas, you are being asked to complete this reference form. Please be thorough and forthright. All comments are confidential and will not be shared with the applicant. Comment on the following topics and return this form directly (please **do not** give to applicant to return) to the Extension office by **SEPTEMBER 1st**.

Reference Provided by:

Name: (Print) _____

Signature: _____

Address: _____

Date: _____

Mail to:

OSU Extension, Butler County

Attn: Erin Simpson-Sloan

1802 Princeton Rd

Hamilton, OH 45011

3. How long have you known the applicant? _____ What capacity? (advisor, teacher, etc.) _____

4. Do you recommend this 4-H'er to be a camp counselor? Yes / No
 Why? _____

3. Would you place your child under the applicant's care? Yes / No

4. How would you rate his/her ability and attitude in working with youth (ages 5-13)?
 Excellent Good Fair Poor

5. How would you rate his/her ability & attitude in working with peers?
 Excellent Good Fair Poor

8. Leadership Roles and Responsibilities

A. How do you know/work with applicant? (ex. Committees, offices, sports)

B. Comment on applicant's ability to complete and follow through on tasks

9. Please evaluate the applicant using this scale:

E = Excellent G = Good F = Fair P = Poor NK = Not Known/Unsure

- | | | | | | |
|---|---|---|---|----|-------------------------------|
| E | G | F | P | NK | Over-all Attitude |
| E | G | F | P | NK | Dependability |
| E | G | F | P | NK | Communication Skills |
| E | G | F | P | NK | Emotional Maturity & Judgment |
| E | G | F | P | NK | Enthusiasm and Energy |
| E | G | F | P | NK | Resourcefulness |
| E | G | F | P | NK | Respect for Authority |
| E | G | F | P | NK | Respect for Peers |
| E | G | F | P | NK | Sense of Humor |
| E | G | F | P | NK | Patience |

8. Additional Comments:

Butler County 4-H Camp Counselor Reference Form
Person completing this form cannot be a relative of the applicant!

_____ is applying to serve as a Butler County Camp Counselor.
 (Applicant's name)

In order for the 4-H Camp Staff to evaluate the applicant and identify training areas, you are being asked to complete this reference form. Please be thorough and forthright. All comments are confidential and will not be shared with the applicant. Comment on the following topics and return this form directly (please **do not** give to applicant to return) to the Extension office by **SEPTEMBER 1st**.

Reference Provided by:

Name: (Print) _____

Signature: _____

Address: _____

Date: _____

Mail to:

OSU Extension, Butler County

Attn: Erin Simpson-Sloan

1802 Princeton Rd

Hamilton, OH 45011

5. How long have you known the applicant? _____ What capacity? (advisor, teacher, etc.) _____

6. Do you recommend this 4-H'er to be a camp counselor? Yes / No
 Why? _____

3. Would you place your child under the applicant's care? Yes / No

4. How would you rate his/her ability and attitude in working with youth (ages 5-13)?
 Excellent Good Fair Poor

5. How would you rate his/her ability & attitude in working with peers?
 Excellent Good Fair Poor

10. Leadership Roles and Responsibilities

A. How do you know/work with applicant? (ex. Committees, offices, sports)

B. Comment on applicant's ability to complete and follow through on tasks

11. Please evaluate the applicant using this scale:

E = Excellent G = Good F = Fair P = Poor NK = Not Known/Unsure

- | | | | | | |
|---|---|---|---|----|-------------------------------|
| E | G | F | P | NK | Over-all Attitude |
| E | G | F | P | NK | Dependability |
| E | G | F | P | NK | Communication Skills |
| E | G | F | P | NK | Emotional Maturity & Judgment |
| E | G | F | P | NK | Enthusiasm and Energy |
| E | G | F | P | NK | Resourcefulness |
| E | G | F | P | NK | Respect for Authority |
| E | G | F | P | NK | Respect for Peers |
| E | G | F | P | NK | Sense of Humor |
| E | G | F | P | NK | Patience |

8. Additional Comments:

