

DOUGLAS COUNTY 4-H CAMP COUNSELOR APPLICATION

Name _____ Phone _____

Mailing Address _____ City _____ Zip _____

E-mail: _____ T-Shirt Size _____ Grade _____ Age _____ Male _____ Female _____

Have you ever been a camp counselor before? _____ If "yes", when? (Please explain)

Are you willing to participate in monthly counselor training and camp planning sessions? () Yes () No

Would you be able to attend the following counselor meetings?

March 21 st --	Orientation / Training	() Yes	() No
April 18 th --	Interviews	() Yes	() No
May 16 th --	Training	() Yes	() No
June 13 th --	Camp Prep Workday	() Yes	() No

Are you certified in any of the following?

First Aid	() Yes	() No
CPR/Defibulator	() Yes	() No
Other? Please Specify	_____ _____	

If you do not already have a first aid card, would you be willing to attend the 4-H Certification Program?
() Yes () No

Please specify your skill and leadership ability in the following activities:
Use "M" to specify MUCH: Use "S" to specify SOME: Use "N" to specify NONE.

<p>CRAFTS</p> <p>DRAMATICS</p> <p>Skits _____</p> <p>Stories _____</p> <p>Stunts _____</p> <p>Magic _____</p> <p>Other _____</p> <p>MUSIC</p> <p>Bugler _____</p> <p>Harmonica _____</p> <p>Singing _____</p> <p>Piano _____</p> <p>Lead Songs _____</p> <p>Dance _____</p> <p>Other _____</p>	<p>ACTIVITIES</p> <p>Hiking _____</p> <p>Fishing _____</p> <p>Cook-outs _____</p> <p>Sleep-outs _____</p> <p>Backpacking _____</p> <p>SOCIAL & SPECIAL EVENTS</p> <p>Campfire Programs _____</p> <p>Parties _____</p> <p>Game Nights _____</p> <p>Tournaments _____</p> <p>Rainy Day Activities _____</p> <p>SPORTS</p> <p>Swimming _____</p> <p>Volleyball _____</p> <p>Other _____</p>
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Do you have any other skills or hobbies that would be appropriate for camp? If you do, please describe:

Application for Douglas County 4-H Camp Counselor

Terms of Camp Counselor Position

1. Applicant must be currently enrolled in 7th-12th grade. (7th-8th graders will serve as Junior Counselors)
2. Application will consist of:
 - a. A **completed application form** and **current picture of applicant** (**ALL APPLICANTS**)
 - b. One letter of recommendation (not from parent)-**New Applicants Only**
 - c. Short essay which includes the following (**ALL APPLICANTS**):
 - 1) reasons you want to be a counselor
 - 2) previous experience which will contribute to your success as a counselor
 - 3) what contributions you can make to the 4th-6th grade 4-H camp
 - 4) goals you have for yourself and the campers (If you are a returning counselor – please expand on what you previously achieved and how you intend to improve in these areas.)
3. Counselors chosen must agree to attend training and planning sessions prior to camp.
4. Parental consent is required.
5. An interview will be conducted prior to final selection – ***required for ALL counselor applicants.***
6. Camp counselors will be chosen to serve based upon the needs of the camp, their performance during the scheduled trainings, and the number of campers who enroll. If more counselors apply than are needed, 7th & 8th graders receive lowest priority for selection.

COMPLETED APPLICATION DUE FRIDAY, JANUARY 30th, by 5 p.m. in the Extension Office.

If you understand and accept the conditions of Camp Counselorship, then please sign and return your application to the Douglas County Extension Office, PO Box 1165, Roseburg, OR 97470.

Your signature _____

Date _____

PARENTS PLEASE NOTE:

Please indicate that you have reviewed this application, that you understand what your teen would be assuming and that you approve of this application.

(Parent or Guardian Signature)

(Date)