HEART OF KANSAS 4-H CAMP COUNSELOR APPLICATION 2020
Return this application to your local extension no later than APRIL 15TH!

Name: ____________________________  4-H Age: ______________  Years in 4-H: ____________
Mailing Address: __________________________________________________________

Email: ____________________________  Youth Cell Phone #: ____________________________
County: ____________________________  Grade just completed: ____________________________

Please answer the following questions completely. If hand written, please write neatly and legibly. If you need additional space, feel free to continue on an additional page.

1. Why do you want to be a 4-H camp counselor?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. Why are counselors important to the camping experience?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. In your opinion, what is the most important trait of a camp counselor and why?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

4. What non-camp experiences have you had working with children?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

5. Have you served as a camp counselor before?
Check: ______ 4-H ______ Non4-H  If non 4-H please explain: ____________________________
Year(s): ______________

6. Have you attended camps before?
Check: ______ 4-H ______ Non4-H  If non 4-H please explain: ____________________________
Year(s): ______________

7. Heart of Kansas Counselor Experience:
Check one:  ____ This will be my first year to serve as a counselor at Heart of Kansas
            ____ This is my second year to serve as a counselor at Heart of Kansas
            ____ I have been a counselor at Heart of Kansas more than 2 years

8. Do you prefer to work with?
   ____ Elementary (1st-2nd grades)  ____ Elementary (3rd-5th grades)  ____ Junior High (6th-8th grades)  or  ____ Either
9. Please mark your t-shirt size:  ____ S  ____ M  ____ L  ____ XL  ____ XXL

10. I would like to serve on the following committee(s): Please rank them 1 through 5, 1 being your favorite.
   ____ Counselor Training Planning Committee
   ____ Talent Show Committee
   ____ Flag Raising/Lowering
   ____ Campfire
   ____ Songs and Energizers

11. Please list two references, not related to you, that can attest to your ability to work with children, follow directions, take initiative, etc.

   Name: ___________________________________  Name: ___________________________________
   Phone: _________________________________    Phone: _________________________________
   How do you know this person?               How do you know this person?
   _________________________________________  ___________________________________________

**AGREEMENT BETWEEN COUNSELOR AND HEART OF KANSAS CAMP GROUP**

This contract contains the responsibilities and duties of the camp counselor while at 4-H camp. By signing the contract, the counselors agree to accept and carry out these responsibilities.

**CAMP COUNSELOR GENERAL RESPONSIBILITY**

Assume responsibility for a group of campers from several counties for 24 hours a day during camp.

**SPECIFIC DUTIES**

- Counselor Job Description, Code of Conduct, and Counselor training material apply.
- Participate in camp counselor training session (June 12th)
- Know where your campers are at all times (including free time) and be present at critical times.
- Promote a helping relationship by interacting with your living group at all times during camp.
- Be aware of health, safety and well-being of your campers. Check for illness or injury.
- Report major health problems to camp health professional. Supervise taking medicine when appropriate.
- See that you, your living group and fellow counselors know and observe camp rules.
- Help your living group follow the daily camp schedule.
- Be sensitive to camper’s personalities, differences and needs.
- Be aware that your living group will copy your behavior.

In the event of a serious rule infraction, those involved will meet with the Heart of KS camp disciplinary committee.

We agree to accept the above responsibilities and support our peers and agents while at camp.

________________________________________________________
Counselor’s Signature:  Date:

________________________________________________________
Agent’s Signature:  Date:

Agent’s Notes to Housing Committee:

________________________________________________________

Agents: Turn this application into Robyn Deines by May 3rd for Camp Counselor Training responsibilities.