

HEART OF KANSAS 4-H CAMP COUNSELOR APPLICATION 2019



Return this application to your local extension no later than April 15th

Na	Name: 4-H Ag	e: Years in 4-H:			
Ma	Mailing Address:				
Em	Email: Cell Ph	one #:			
Coi	County: Grade	Grade just completed:			
Ple	Please answer the following questions completely. If hand	written, please write neatly and legibly.	. If you need		
ado	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?					
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?					
	A Miles and the second	1112			
4.	1. What non-camp experiences have you had working with children?				
5.	5. Have you served as a camp counselor before?				
	Check:4-HNon4-H If non 4-H please expl	ain:			
	Year(s):				
6.	. Have you attended camps before?				
	Check :4-HNon4-H If non 4-H please expl	ain:			
	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				
0	I have been a counselor at Heart of Kansas more than 2 years				
8.	Do you prefer to work with?				
	Elementary (1 st - 2 nd grades)Elementary (3 rd -5 th grades)	ades)Junior High (6 ^{tn} -8 ^{tn} grades) or	Either		

9. Please mark your t-shirt size:	SM	_LXLXXL	
10. I would like to serve on the formula in the formula in the committee i	ning Committee	Please rank them 1 through 5, 1 being you	ır favorite.
11. Please list two references, no take initiative, etc.	t related to you, that ca	an attest to your ability to work with child	ren, follow directions,
Name:		Name:	
Phone:		Phone:	
How do you know this persor	1?	How do you know this person?	
counselors agree to accept and co CAMP COUNSELOR GENERAL RES Assume responsibility for a group SPECIFIC DUTIES Counselor Job Description, Co Participate in camp counselor Know where your campers ar Promote a helping relationsh Be aware of health, safety an Report major health problem See that you, your living group Help your living group follow Be sensitive to camper's pers Be aware that your living group	sponsible proposition of campers from sever on the conduct, and Contract and the conduct of training session (June is at all times (including ip by interacting with your dealth being of your calls to camp health profest p and fellow counselors the daily camp schedul onalities, differences are up will copy your behaves	ral counties for 24 hours a day during camunselor training material apply. 10th) 5 free time) and be present at critical time our living group at all times during camp. 5 mpers. Check for illness or injury. 6 ssional. Supervise taking medicine when a sknow and observe camp rules. 6 e. 6 nd needs.	p. s. ppropriate.
•		ept the above responsibilities and support	• •
Counselor's Signature:	 Date:	Parent/guardian's Signature:	 Date:
		, 0	
Agent's Signature:	Date:		
Agent's Notes to Housing Commi	ttee:		
			
Agents: Turn this application int	o Robyn Deines by Apr	il 23rd for Camp Counselor Training resp	onsibilities.