



HEART OF KANSAS 4-H CAMP COUNSELOR APPLICATION 2022 Return this application to the Cottonwood – Hays Extension no later than April 1st

| Na | ame: | Birthdate (mm/dd/yyyy) | Food Allergies | Yes | No | | |
|-----|---|-------------------------------------|----------------------------|----------|------|--|--|
| M | ailing Address: | Submit a Pho | oto (selfie) with your app | plicatio | n | | |
| En | nail: | Cell Phone #: | | | | | |
| Сс | ounty: | Grade just completed: | Grade just completed: | | | | |
| Ple | ease answer the following questions complet | ely. If hand written, please w | rite neatly and legibly. | If you | need | | |
| ad | lditional space, feel free to continue on an addi | itional page. | | | | | |
| 1. | What are some of the reasons for having 4-H (| Camp, besides fun? | o, besides fun? | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2. | Why are counselors important to the camping | ; experience? | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 | What would you do if one of your compare rot | fused to do an activity with the re | set of the group? | | | | |
| э. | What would you do if one of your campers ref | rused to do an activity with the re | st of the group? | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | What topics about counselor responsibilities v | vould you like to learn more abou | ıt in training? | | | | |
| | | | | | | | |
| _ | What other counselor and non-camp experien | aces have you had working with s | hildran? | | | | |
| Э. | what other counselor and non-camp experier | ices have you had working with c | midrent | | | | |
| | | | | | | | |
| | | | | | | | |
| 6. | Have you served as a camp counselor before? | | | | | | |
| | Check:4-HNon4-H If non 4- | | | | _ | | |
| 7 | Year(s): | | | | | | |
| 7. | Check:4-HNon4-H If non 4- | H please explain: | | | | | |
| | Year(s): | | | | | | |
| 8. | Heart of Kansas Counselor Experience: | | | | | | |
| | Check one: This will be my first year to s | erve as a counselor at Heart of Ka | ansas | | | | |
| | This is my second year to ser | rve as a counselor at Heart of Kan | sas | | | | |
| | I have been a counselor at H | eart of Kansas more than 2 years | | | | | |
| | | | | | | | |

| 9. | Do you prefer to work with? | | | | | | | |
|-----|--|-------------------------------|--|----------------------|--|--|--|--|
| | Elementary (1 st - 2 nd grades) | Elementary (3 rd - | 5 th grades) Junior High (6 th -8 th grade | es) <i>or</i> Either | | | | |
| 10. | Please mark your t-shirt size: | SM | LXLXXL | | | | | |
| 11. | I would like to serve on the follows: Counselor Training Plannin Talent Show Flag Raising/Lowering Campfire Spirit (Songs and Energizer | g | lease rank them 1 through 5, 1 being you | r favorite. | | | | |
| 12. | 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 | | | | | | | |
| | Participate in camp counselor training session (June 20 th & 21 st) 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. | | | | | | | |
| We | - | | vill meet with the Heart of KS camp discipt the above responsibilities and support | • | | | | |
| Cou | unselor's Signature: | Date: | Parent/Guardian's Signature: | Date: | | | | |
| _ | ent's Signature: ent's Notes to Housing Committe | Date: e: | | | | | | |
| Age | ents: Turn this application into E | Elly Sneath by April 1 | 5th for Camp Counselor Training respons | ibilities. | | | | |