

Shelby County 4-H Summer Day Camp

Counselor Application

Deadline to Submit: March 29, 2024

Return completed application along with two references to the Shelby County Extension Office

Name _____

Age (as of January 1, 2024) _____

Date of Birth(Month/Day/Year) _____

Home Address _____
(street) (city) (state) (zip)

Email _____

Home Phone _____

Cell Phone _____

Is texting an option? **Yes** **No**

School Attending _____

Current Grade _____

T-Shirt Size (circle one): **S** **M** **L** **XL** **2X** **3X**

What is your main motivation for applying to be a Day Camp Counselor?

What skills or contributions will you add to the counselor team in making sure Day Camp is successful?

If I talked to a good friend of yours, what are three words they would use to describe you?

List or describe any talents, skills, (including certifications such as CPR, First Aid, etc.) or interest you have that may be of benefit as a counselor:

EXPERIENCES

CAMP List camps you have attended and any leadership experiences you had at them.
4-H Give a brief background of your 4-H experiences, especially leadership roles you have held.
OTHER Describe other leadership experiences you have had with youth (church, school, etc.).

Being a Camp Counselors takes a lot of time, commitment, and responsibility. If selected, Counselors will be required to meet on the following days at the Shelby County Extension Office to plan and prepare for camp. These meetings are mandatory however, each counselor will be *allotted one excused absence*. **If you miss more than one meeting you will no longer be eligible to serve as a counselor.**

Thursday, April 11, 5-6 p.m.

Teen Training July 11 (9am-4pm)

Thursday, May 2, 5-6 p.m.

Day Camp Setup July 22

Thursday, June 6, 5-6 p.m.

Day Camp July 23, 24 & 25

I understand and agree to the time commitment and that I will be able to attend camp planning meetings.

Applicant's Signature _____

Date ____ / ____ / ____

Parent/ Guardian Signature _____

Date ____ / ____ / ____

4-H CAMP COUNSELOR CODE OF CONDUCT

I, _____ agree that if selected, I will participate in the 4-H Camp Counselor Program. I understand that this is a training period and only once I meet all the requirements am I permitted to be a Counselor at 4-H Summer Day Camp.

I understand that I am taking on a different role at camp. I am applying to serve other, not to go purely for my own enjoyment. By signing below, I acknowledge that I have read and agree to abide by the above responsibilities if selected as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I conduct myself in an irresponsible manner, which includes being out of my cabin after hours and/or the possession or use of tobacco, alcohol, illegal drugs or fireworks.

I will be expected to:

- ✓ Attend the required number of counselor training sessions. I understand I will be dismissed if I am not able to complete the required training.
- ✓ Abide by the No Cell Phones at Camp Policy (note: unless otherwise authorized by Extension staff)
- ✓ Treat other peers with respect.
- ✓ Not bully fellow counselors or participate in goat-play or hazing.
- ✓ Conduct myself as a positive role model and be responsible.
- ✓ Set a good example by not using profanity or telling off-color jokes, and stories.
- ✓ As a 4-H member, not have in my possession tobacco, alcohol or illegal drugs.
- ✓ Not have possession of harmful objects without specific authorization from the camp director, including but not limited to: knives of any kind (pocket, utility, etc.), lighters, matches, fireworks, explosives, firearms, weapons, etc.
- ✓ No sexually oriented materials including nudity in visual or written materials.
- ✓ Be a responsible table counselor and ensure campers are provided guidance towards a safe and fun week.
- ✓ Ensure that all campers are supervised by counselor staff at all times. Be sure that all campers know that they must remain on the camp grounds at all times and are responsible for their behavior at all times.
 - Get to know each of the campers personally and by name.
 - Have all campers, including myself check in any of their medications with the nurse.
 - Make sure each camper uses personal hygiene.
 - Make sure that all of my campers are familiar with camp facilities and camp rules
 - See that all campers are involved in all activities. Make sure no one is excluded.
- ✓ Check for illness or injury, but don't make much of a "fuss" about minor things. Go with hurt or sick campers to the nurse no matter how minor the ailment.
- ✓ Never discipline a camper by ridicule or physical punishment; patience and understanding works best.
- ✓ Urge safety at all time. Take time to explain how and why to do something safely.
- ✓ Work as a team to plan, organize and conduct all camp activities.
- ✓ Be flexible with counseling and adult staff.
- ✓ Participate in camp promotion.
- ✓ Follow leadership of camping adult advisors/volunteers/staff.

I certify that the all the information being submitted is correct, and understand that failure to comply with these rules could result in probation, or loss of counseling position for the year.

Applicant's Signature _____ Date ____ / ____ / ____

Parent/ Guardian Signature _____ Date ____ / ____ / ____

REFERENCE FORM #1 - 4-H DAY CAMP COUNSELOR POSITION

_____ is applying as a camp counselor at 4-H Day Camp this summer. The camp counselor selection committee would like your input about the applicant's ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication skills					
Respect for others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children (age 5-10)					
Ability to work with children (ages 11-14)					
Ability to work with other teens					
Ability to work with adults					

2. Please write any additional comments here:

Signed: _____ Date: _____

Printed Name: _____

Relationship to Applicant: _____

Email: _____ Phone: _____

Please return no later than March 29, 2024

Shelby County Extension Office
 1117 Frankfort Road Shelbyville, KY 40065
 FAX: 502-633-6713
 E-mail: candice.hollingsworth@uky.edu

REFERENCE FORM #2 - 4-H DAY CAMP COUNSELOR POSITION

_____ is applying as a camp counselor at 4-H Day Camp this summer. The camp counselor selection committee would like your input about the applicant's qualities and ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication skills					
Respect for others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children (age 5-10)					
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Ability to work with other teens					
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2. Please write any additional comments here:

Signed: _____ Date: _____

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