

**PIONEER TRAILS CAMP COUNSELOR APPLICATION
AND CODE OF CONDUCT**

(Completed form due in Extension Office no later than May 19)

NAME _____ Age _____

ADDRESS _____

GRADE _____ PHONE _____

(Completed in Spring)

COUNSELOR OBJECTIVE

Serving as a counselor at 4-H camp is a rewarding experience. The personal growth and sense of accomplishment that counselors gain by providing a positive educational experience for campers is significant.

COUNSELOR AGREEMENT

I realize that as a counselor at Rock Springs 4-H Center for the Pioneer Trails Camp group, I will:

- * Be responsible for a group of nine 4-H members. This group will be of similar age, made up of campers from up to nine different counties. This responsibility will be on a 24 hour per day basis, beginning when each camper arrives and ending when they load up to go home.
- * This responsibility will include, but is not limited to:
 - a. Getting campers to scheduled activities on time.
 - b. Being with my group at all times except when scheduled, such as counselor meetings.
 - c. Being accountable for the group's behavior. Acceptable behavior and discipline policies will be discussed in counselor training and meetings.

PLEASE ANSWER

1. Have you served as a camp counselor before?

CHECK:

_____ 4-H, Year _____
_____ Other, Year _____

Age group preferred - Rank 1, 2, 3, choices -

7-10 years _____
9-11 years _____
11-13 years _____

2. Have you attended camps before?

CHECK:

_____ 4-H, Number of times _____
_____ Other, Number of times _____

Would you consider counseling boys, if female?

___ Yes ___ No If so, what age? _____

-over-

Explain _____

4. If you've been camping before, describe what you liked most about your experiences and why.

5. Describe any experiences you have had in working with small groups of young people.

6. Describe why you think you would be a good counselor.

7. What counselor responsibilities would you like to learn more about in the counselor training session?

I Have read the Camp Counselor Agreement and completed the application to the best of my ability. I also understand that the decision to not behave acceptably or carry out my responsibilities in the accepted format could result in my being sent home with my parents responsible for transportation.

Signature by 4-H'er _____ Date _____

Signature by Parent or Guardian _____
Date _____