



# PIONEER TRAILS 4-H CAMP COUNSELOR APPLICATION



**Training: June 3, 2020      Camp: June 4 -7, 2020**

**Completed applications are due to your local extension office by Wednesday, April 15, 2020.**

**Counselor Objectives:**

- To provide a safe and fun learning environment and rewarding camp experience for all campers
- For the opportunity for personal growth, development of leadership skills and realize a sense of accomplishment by providing a positive experience for campers.

**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 7 to 9 4-H members and youth. This group will be of similar age, made up of campers from different counties/districts. My responsibility will be on a 24-hour 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:
  - Getting campers to scheduled activities on time
  - Being with my group at all times, except for scheduled counselor meetings
  - Being accountable for the group’s behavior. Acceptable behavior and discipline policies will be discussed during counselor training and meetings.
  - Following the 4-H Code of Conduct

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_      **Age (must be 16 by camp dates):** \_\_\_\_\_      **Gender:** \_\_\_\_\_

**Counselor Cell Phone #:** \_\_\_\_\_

\_\_\_\_\_ **I have food/dietary allergies.** Additional information will need to be submitted to Rock Springs 4-H Center. Contact your local extension office for instructions.

\_\_\_\_\_ **I DO NOT give permission to be photographed at Pioneer Trails 4-H Camp.** Photographs may include, but are not limited to, camp group photos, county/district photos, etc., and may be used on Facebook, the Camp Slideshow, etc.

**1. Have you served as a Camp Counselor before?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

- **If yes:**      \_\_\_\_\_ 4-H Camp      Year(s) \_\_\_\_\_  
                   \_\_\_\_\_ Other Camps      Year(s) \_\_\_\_\_

**2. Have you attended overnight camps before?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

- **If yes:**      \_\_\_\_\_ 4-H Camp      # of Times \_\_\_\_\_  
                   \_\_\_\_\_ Other Camps      # of Times \_\_\_\_\_

**3. I would prefer to work with any of the following ages of campers: (check all that apply)**

\_\_\_\_\_ 7      \_\_\_\_\_ 8      \_\_\_\_\_ 9      \_\_\_\_\_ 10      \_\_\_\_\_ 11      \_\_\_\_\_ 12      \_\_\_\_\_ 13

4. Complete this sentence. "I want to be a Camp Counselor because..."
  
5. If you have been camping before, describe what you liked most about your experiences and why.
  
6. Describe any experience(s) you have had working with small groups of youth.
  
7. Describe why you think you will be a good counselor.
  
8. What counselor responsibilities would you like to learn more about in the counselor training session?

**Please complete the additional following forms. All forms are available at your local extension office.**

\_\_\_\_\_ 4-H Participation Form for youth not enrolled in 4-H through 4-H Online – Due with Application

\_\_\_\_\_ 4-H Camp Medication Policy for all youth – Due with Application

\_\_\_\_\_ 4-H Camp Medication Form for youth taking prescription and over the counter medications

- A form must be filled out for EACH medication and brought to camp with each medication and form in a separate, resealable plastic bag
- All medications will be kept at the nurse's station during camp. *Exception:* emergency meds such as inhalers, epi pens, etc. may be kept with camper. A second set of emergency meds must be sent to camp to be held at the nurses station.

**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 me being sent home with my parents (4-H'er) or myself (adult counselor) responsible for transportation.**

**Signature of 4-H, youth, or adult applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian of 4-H or youth applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Kansas State University is committed to making its services, activities and programs accessible to all participants. If you have special requirements due to a physical, vision, or hearing disability, contact Jill Barnhardt, Coffey County 4-H Youth Development, 110 S. 6<sup>th</sup>, Burlington, KS 66839 at 620.364.5313 or jbarndt@ksu.edu.

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