

CAMP COUNSELOR APPLICATION FOR

Day Camps _____ 4-H Summer Camp plus Pre-Camp Counselor Training _____ (check one)

Name: _____

Age: _____ (must be at least 14) Year in School: _____

Address: _____

City: _____ ZIP: _____ Phone: _____ Email: _____

Club Name: _____ CPR/First Aid Certified: _____
(Attach copy of Card)

List 4-H Experiences: _____

Hobbies/Interests/Extracurricular Activities/Special Skills:

Workshops/Special Trainings: _____

What age group do you enjoy being with: 7-9 10-11 12-13 (circle one)

What kinds of activities do you like to do with the above age group?: _____

Why do you want to be a Camp Counselor?:

(Please see reverse side)

Rate your ability for the following 10 camp-related roles according to the following number system:

1= Could lead myself

2= Could assist with this activity

3= No knowledge

4= No interest

___ Song Leader

___ Campfire

___ Table/fun education

___ Large group activity

___ Flag ceremonies

___ Recreation

___ Certified lifeguard

___ Lead small group discussions

___ Food Services Asst.

List two non-related references (receive permission to use their names):

Name: _____ Phone: _____

Name: _____ Phone: _____

As a Counselor, I commit myself to:

1. Be a good model or example at all times. Be interested in all activities.
2. Get to know the members of my group the best I can. Help them get acquainted with one another. Treat all campers the same. Respect differences.
3. See that all members of my group become involved, or have a part in each activity.
4. Be willing to assist those in charge of the camp in any way I can. Be prompt for all meetings, meals and activities.
5. Give up my personal interests, so that the needs and interests of the campers can be met, realizing that the campers come first. Be available to the campers at all times.
6. No to hesitate to ask an adult for advice if I have a situation I do not understand.
7. Try my best to create an atmosphere of fun and fellowship so strong that everyone in my group will want to attend camp again next year. Keep a good spirit; a cheerful and positive attitude.

(Signature)

Please return completed application at lease one week ahead of event to:

Houghton-Keweenaw County MSU Extension
Attention: Carol Kreher, 4-H Program Associate
1500 Birch St.
Hancock, MI 49930

PARENT/GUARDIAN PERMISSION AUTHORIZATION

I give my permission for my son/daughter to attend the event(s) checked on the front of the application form. If the Staff deem it necessary, I will promptly pick up my child.

Date: _____ Parent/Guardian _____

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