4-H CAMP COUNSELOR APPLICATION 2020
Return this application to your local extension no later than May 1st!

Name: __________________________ 4-H Age: ___________  Years in 4-H: ___________

Mailing Address: ________________________________________________________________

Email: __________________________ Cell Phone #: ________________________________

County: __________________________ Grade __________________________ just

completed: _______________________

Please answer the following questions completely. If handwritten, please write neatly and legibly. If you need
additional space, feel free to continue on an additional page.

1. Why do you want to be a 4-H camp counselor?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2. Why are counselors important to the camping experience?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. In your opinion, what is the most important trait of a camp counselor and why?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. What non-camp experiences have you had working with children?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. Have you served as a camp counselor before?
   Check: _______4-H ______Non4-H If non 4-H please explain:________________________
   Year(s): ________________________________________________________________

6. Have you attended camps before?
   Check: _______4-H ______Non4-H If non 4-H please explain:________________________
   Year(s): ________________________________________________________________

7. Heart of Kansas Counselor Experience:
   Check one:  ____ This will be my first year to serve as a counselor at Heart of Kansas
   ____ This is my second year to serve as a counselor at Heart of Kansas
   ____ I have been a counselor at Heart of Kansas more than 2 years

8. Do you prefer to work with?
Elementary (1st-2nd grades) ___ Elementary (3rd-5th grades) ___ Junior High (6th-8th grades) or ___ Either

9. Please mark your t-shirt size: ___ S ___ M ___ L ___ XL ___ XXL

10. I would like to serve on the following committee(s): Please rank them 1 through 5, 1 being your favorite.
   ___ Counselor Training Planning Committee
   ___ Talent Show Committee
   ___ Flag Raising/Lowering
   ___ Campfire
   ___ Songs and Energizers

11. 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? ___________________________

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**AGREEMENT BETWEEN COUNSELOR AND HEART OF KANSAS CAMP GROUP**

*This contract contains the responsibilities and duties of the camp counselor while at 4-H camp. By signing the contract, the counselors agree to accept and carry out these responsibilities.*

**CAMP COUNSELOR GENERAL RESPONSIBILITY**

Assume responsibility for a group of campers from several counties for 24 hours a day during camp.

**SPECIFIC DUTIES**

- Counselor Job Description, Code of Conduct, and Counselor training material apply.
- Participate in camp counselor training session (June 12th)
- 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.

*In the event of a serious rule infraction, those involved will meet with the Heart of KS camp disciplinary committee.*

We have read the Code of Conduct and we agree to accept the above responsibilities and support our peers and agents while at camp.

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Counselor’s Signature: ___________________________ Date: ___________________________

Parent/guardian’s Signature: ___________________________ Date: ___________________________

Agent’s Signature: ___________________________ Date: ___________________________

Agent’s Notes to Housing Committee:

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Agents: Turn this application into Robyn Deines by May 7th for Camp Counselor Training responsibilities.