

**RETURNING Clark County 4-H Camp Counselor Application
Due February 1, 2020**

Name: _____	4-H Club: _____
Address: _____	City & Zip: _____
Email: _____	
Home Phone: _____	Cell Phone: _____
Grade: _____	

Please identify the camps that work into your summer schedule.

___ **Extended Camp June 9 to 13** (Campers 6th – 9th grade)

Time: Start 3:00 p.m. Tuesday, June 9 / Departure 10:00 a.m. Saturday, June 13

Location: Kamp Kenwood, 19161 79th Ave, Chippewa Falls, 54729

___ **Overnight Camp July 15, 16, & 17** (Campers 3rd – 5th grade)

Time: Start 9:00 a.m. on Wednesday / Depart at 2:00 p.m. on Friday

Location: Sunset Pines Resort, Willard

Notes: Individuals will be TENT camping, limited shower facilities

___ **Cloverbud Day Camp July 14** (Kindergarten – 3rd grade)

Time: 9:00 a.m. – 3:00 p.m.

Location: Sunset Pines Resort, Willard

**Mandatory
Camp Counselor
Training
June 7, 8, 9
(Sunday to Tuesday)
Kamp Kenwood**

Please check all those you are currently certified in:	
___ First Aid	___ CPR ___ Professional CPR ___ AED
___ Lifeguard	___ Other (please list): _____
Are you willing to obtain lifeguard certification for summer camp if we can find a course? ___ Yes ___ No	

You understand the complexity of being a camp counselor.

As you reflect on your previous year(s) as a counselor answer the following questions:

1. How do you want to challenge yourself at summer 4-H camp in 2020?

2. What is an area you want to gain more confidence in as a returning camp counselor?

3. Share a suggestion on how to give counselors an equitable reprieve away from campers for 10 - 15 minutes to regroup?

YOU TAKE THE LEAD

Identify an activity you will facilitate at camp in 2020?

Use a separate piece of paper to answer the following questions.

- a. Activity:
- b. Which camps will you facilitate this activity with:
- c. Supplies Needed:
- d. Amount of Preparation time:
- e. Amount of Facilitation time:
- f. What is the goal of this activity:
- g. What are the outcomes of this activity (you do want the campers to gain by participating in this activity):
- h. State step by step directions (use another sheet of paper as needed):
- i. Please share as many details as possible to ensure another counselor could pick up this piece of paper and facilitate the activity in your place.

What size t-shirt do you like to wear if we order one for you? _____ Size (adult)

Do you have a creative design for our summer camp shirt?

Please submit your design(s) with this application and recommended color of shirt.

Potential Counselor/Parent Understanding

"I understand that camp counselors are responsible for helping to plan, promote, conduct, and evaluate camp. I also realize that campers will view me as a role model and it is important that I set a positive example with my attitude, words, actions, and appearance. I promise to fulfill my responsibilities as a Clark County Camp Counselor and role model to the best of my abilities, and if I am selected as a Clark County 4-H Camp Counselor, I will attend the required training sessions on the dates identified, follow and support the camp philosophy and rules, and participate fully at camp."

Applicant Signature: _____ Date: _____

"I am aware of my son/daughter's interest in being a Clark County 4-H Camp Counselor and understand that s/he is assuming, with supervision from the UW-Extension 4-H Agent, a serious responsibility for other people's loved ones. I support his/her participation in this activity."

Parent/Guardian Signature: _____ Date: _____

Please complete and return this application to:

Scan and email: lori.hendrickson@co.clark.wi.us
Postal Service: Extension Clark County
Attn: Camp Counselor Application
517 Court Street Room 104
Neillsville, WI 54456
Questions Call: 715-743-5122

A complete application includes

- ___ Completed application with signatures
- ___ Activity you plan to facilitate at camp
- ___ Copies of any certifications you hold