 **HEART OF KANSAS 4-H CAMP COUNSELOR APPLICATION 2019**

**Return this application to your local extension no later than April 15th**

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: Grade just completed:

**Please answer the following questions completely. If hand written, 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?

1. Why are counselors important to the camping experience?

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

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

1. Have you served as a camp counselor before?

Check : 4-H Non4-H If non 4-H please explain:

Year(s):

1. Have you attended camps before?

Check : 4-H Non4-H If non 4-H please explain:

Year(s):

1. 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

1. Do you prefer to work with?

 Elementary (1st- 2nd grades) \_\_\_Elementary (3rd-5th grades ) \_\_\_\_ Junior High (6th-8th grades) *or* \_\_\_\_Either

1. Please mark your t-shirt size: S M L XL XXL
2. 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

1. Please list two references, not related to you, that can attest to your ability to work with children, follow directions, take initiative, etc.

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 10th)
* 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:

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Agent's Signature: Date:

Agent’s Notes to Housing Committee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Agents: Turn this application into Robyn Deines by April 23rd for Camp Counselor Training responsibilities.**