

## WILD HORSE 4-H CAMP COUNSELOR APPLICATION



## Return this application to your local extension no later than April 25, 2025

Na	me:	4-H Age:	Years in 4-H:			
Ma	iling Address:					
Em	ail:	Cell Phone #: _		_		
County:		Grade just completed:				
Ple	ase answer the following questions completely.	If handwritter	n, please write neatly and legibly.	If you need		
ado	ditional space, feel free to continue on an additiona	al page.				
1.	Why do you want to be a 4-H camp counselor?					
2.	Why are counselors important to the camping experience?					
۷.	with are counscions important to the camping experience:					
3.	In your opinion, what is the most important trait of	f a camp counse	lor and why?			
4	What was assessed as a second	2 مرمولو انظم طفنیدر				
4.	What non-camp experiences have you had working	g with children?				
	-					
5.	Have you served as a camp counselor before?					
	Check:4-HNon4-H If non 4-H ple	ase explain:				
	Year(s):					
6.	Have you attended camps before?					
	Check:4-HNon4-H If non 4-H ple	•				
	Year(s):					
7.	Wild Horse 4-H Camp Counselor Experience:	Ī				
	Check one: This will be my first year to serve		·			
	This is my second year to serve as		·			
0	I have been a counselor at Wild H	iorse 4-H Camp	more than 2 years			
ο.	Do you prefer to work with?	ord Ethernell	Innian High Joth Oth and Just	<b>F</b> (#1		
	Elementary (1 <sup>st</sup> - 2 <sup>nd</sup> grades)Elementary (3	5'''-5''' grades)	Junior High (6"'-8"' grades) or _	tither		

	take initiative, etc.  Name: Name:						
	Name: Phone: How do you know this person?		Phone:  How do you know this person?				
	AGREEMENT BETWEEN COUNSELOR AND WILD HORSE 4-H CAMP GROUP						
COL CA ASS SPI ** ** ** ** ** ** ** ** ** ** ** ** **	MP COUNSELOR GENERAL RESPO sume responsibility for a group of ECIFIC DUTIES  Counselor Job Description, Code Participate in camp counselor to Know where your campers are a Promote a helping relationship to Be aware of the health, safety, a Report major health problems to See that you, your living group, Help your living group follow the Be sensitive to camper's person Be aware that your living group	y out these responsibilities  ONSIBILITY  f campers from several contents  e of Conduct, and Counse  raining on June 16 & 17, 2  at all times (including free  by interacting with your le  and well-being of your ca  to the camp health profes  and your fellow counsel  e daily camp schedule.  alities, differences, and r  will copy your behavior.	counties for 24 hours a day during camp elor training material apply. 2025 e time) and be present at critical times iving group at all times during camp. mpers. Check for illness or injury. ssional. ors know and observe camp rules.	isciplinary committee.			
Co	unselor's Signature:	Date:	Parent/guardian's Signature:	Date:			
Age	ent's Signature:	Date:					
Age	ent's Notes to Housing Committe	e:					
Ag	ents: Bring this application with	you to the spring camp	planning meeting.				