

## 2017 Camp Kinnissippewa 4-H Camp Counselor Application

All applications are due March 6, 2017

| PERSONAL INFORMATION:  |                |              |                |
|--|----------------|--------------|----------------|
| Name:  | County:        | Club:        |                |
| Phone Number: (     )  | Email Address: |              |                |
| Address:   |                |              |                |
| City:  | State:         | Zip Code:    |                |
| Number of Years in 4-H:  | Grade:         | Current Age: | Date of Birth: |
| <i>Attach a photo to this application or email a digital one to <a href="mailto:marie.ritscher@ces.uwex.edu">marie.ritscher@ces.uwex.edu</a></i> |                |              |                |

| CAMP EXPERIENCES:   |         |            |               |
|---|---------|------------|---------------|
| List camps (4-H and non 4-H) which you have attended: (Please "X" camper or counselor)                  |         |            |               |
| Camp  | Year(s) | Camper (X) | Counselor (X) |
|   |         |            |               |
|   |         |            |               |
|   |         |            |               |
| I would prefer to be a counselor for: (Circle)     Grades 3-4     Grades 5-6     Grades 7-8             |         |            |               |
| ___ Junior Director ___ Lead Counselor ___ Outpost Counselor ___ Resource Counselor ___ Cabin Counselor |         |            |               |

| TRAINING EXPERIENCES:  |
|--|
| Have you previously attended a camp counselor training workshop? (Circle)    YES            NO |
| If yes, when and where:  |
| List other leadership courses/workshops you have attended:                                     |
|  |

| SAFETY CERTIFICATIONS:   |       |               |  |
|--|-------|---------------|--|
|  | Date: | Organization: |  |
| Standard First Aid Training  |       |               |  |
| CPR Training   |       |               |  |
| Lifeguard Certificate  |       |               |  |
| How well do you swim? (circle one)    Not at all            A little            Average            Very Well |       |               |  |
| Are you willing to help with waterfront (swimming or canoeing) activities?    YES    NO                      |       |               |  |
| Please rate your experience with canoeing: (circle one)    Never    A little    Average    Very Well         |       |               |  |

**AREAS OF TEACHING INTEREST:**

Check all the following that you would like to teach or provide leadership for.

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Archery     | <input type="checkbox"/> Campfire Program    |
| <input type="checkbox"/> Nature          | <input type="checkbox"/> Drama       | <input type="checkbox"/> Teamwork/Leadership |
| <input type="checkbox"/> Climbing Wall   | <input type="checkbox"/> Group Games | <input type="checkbox"/> Waterfront/Swimming |
| <input type="checkbox"/> Camp Social     | <input type="checkbox"/> Canoeing    | <input type="checkbox"/> Science             |

**CAMP RELATED WORK, SCHOOL OR VOLUNTEER EXPERIENCES:**

|                                     |             |                                |
|-------------------------------------|-------------|--------------------------------|
| Organization:                       |             | (Circle) Work School Volunteer |
| Position:                           | Supervisor: | Dates Worked: From: To:        |
| Camp related skills or experiences: |             |                                |
| Organization:                       |             | (Circle) Work School Volunteer |
| Position:                           | Supervisor: | Dates Worked: From: To:        |
| Camp related skills or experiences: |             |                                |
| Organization:                       |             | (Circle) Work School Volunteer |
| Position:                           | Supervisor: | Dates Worked: From: To:        |
| Camp related skills or experiences: |             |                                |

**REFERENCES:**

|          |                       |               |              |
|----------|-----------------------|---------------|--------------|
| Name:    | Phone: (            ) | Relationship: | Years Known: |
| Address: | City:                 | State:        | Zip:         |
| Name:    | Phone: (            ) | Relationship: | Years Known: |
| Address: | City:                 | State:        | Zip:         |
| Name:    | Phone: (            ) | Relationship: | Years Known: |
| Address: | City:                 | State:        | Zip:         |

**COVER LETTER:**

Please submit with application a one page cover letter that describes the following: camp counselor leadership goals, what you plan to accomplish as a camp counselor, the unique qualifications and characteristics you can offer as a camp counselor, and why you are interested in being a camp counselor. Send by March 6, 2017.

As a 4-H Camp Kinnissippewa Counselor, I agree to fulfill the responsibilities, comply with all 4-H behavior expectations and participate in mandatory counselor training and planning events:

Signature \_\_\_\_\_ Date \_\_\_\_\_