

# Horse Camp Counselor Application 2020

June 22-26 2020

Youth 7<sup>th</sup> Grade and older may apply

*ALL APPLICANTS MUST BE ENROLLED IN THE 4H HORSE PROJECT*

*As a counselor it is critical that you commit to be present for the entire camp*

Name: \_\_\_\_\_ PREMISE ID#: \_\_\_\_\_  
First Last

Age (As of 1/1/2020): \_\_\_\_\_ Grade Level for 2019/2020: \_\_\_\_\_ Male Female (Circle One)

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_ City State ZIP Code

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

Cell # \_\_\_\_\_

Years in Horse Youth Leadership Project \_\_\_\_\_

Shirt Size (Adult)

\_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

**Why do you want to be a Horse Camp Counselor/group leader?** \_\_\_\_\_  
\_\_\_\_\_

**Any Additional Horse Project Leadership Roles/Volunteer Positions (Food Booth, Clinics, etc.) that you have helped with?** \_\_\_\_\_  
\_\_\_\_\_

**Leadership Training** (Describe/list any leadership training in which you have participated. Either 4H or other.) \_\_\_\_\_  
\_\_\_\_\_

\* By my signature, I attest that the information contained in this application is true to the best of my knowledge.  
\* Applications will be accepted for both Junior and Senior Counselors. Positions will be determined based on Age, Experience, Need and Space by the Horse Camp Planning Team.  
\* Camp Counselor Training Retreat / ABC Clinic is Tentatively Scheduled for April 19 2020  
**. Accepted Counselors will be expected to attend the Retreat training's.**  
I understand that this is an **application only** and that I will be contacted upon acceptance as a 2020 Camp Counselor.  
Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mail by March 15th,2020 to: Tomi Eley – Polk County Horse Project  
2401 Otter slide Ave  
St Croix Falls WI 54024

4H Club: \_\_\_\_\_

Name of Horse that will be used for Camp: \_\_\_\_\_

How long have you been riding this horse? \_\_\_\_\_

***All horses attending camp must have a current Negative Coggins. Coggins must be submitted prior to camp and the original will be verified upon check in.***

Parent(s) Guardian \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

In Case of  
Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

***Parents & Guardians are welcome to visit during camp, but all adults intending to stay on fair park grounds overnight MUST attend the 4H Adult Volunteer Training and have a background check. For more information please contact the Extension Office***

**Per 4H Policy, boys and girls that are not in the same family are NOT allowed to stay in the same accommodation without direct onsite parent/guardian supervision**

Where will the 4H Camper be staying? (Choose One)

Tent City

Travel Trailer

Undecided

Whom will 4H Camper be staying with? \_\_\_\_\_

*(Please see note above concerning adults on Fair Park Grounds after hours)*

Counselor Registration Fee \$75.00 = \_\_\_\_\_

Electric (for Travel Trailers and Campers only, \$5 per night x 4nights = \$20)

Each Parent/Non-Camper Staying on-site (\$15.00 includes all meals)

- Volunteer Card Required for Overnight Stay # Adults \_\_\_\_\_ x \$25.00 = \_\_\_\_\_

Total Amount Due \_\_\_\_\_

**Make Checks Payable to Polk County 4H Federation**

(Checks will not be cashed prior to March 15th.)

**OFFICE USE ONLY:**

4H Medical Release: \_\_\_\_\_ Payment: Check # \_\_\_\_\_ Amt: \_\_\_\_\_

You may bring all your forms to the kickoff meeting and hand into Tomi Eley. Thank You