## **<u>Camp Counselor Application</u> <u>Due: January 20</u>**

Must currently be in grades 8-12 to apply

\*8th graders will be considered for Counselors in Training if space allows Send completed application to:

Or E-Mail (or google forms: https://go.wisc.edu/xrr3u3)

| Name  | Current Age                       | Birth Date     | Male                     | Female    |  |  |  |  |
|---|-----------------------------------|----------------|--------------------------|-----------|--|--|--|--|
| Address   | City                              |                | Zip                      |           |  |  |  |  |
| County  | Club                              | Grade in Schoo | Grade in School Years in |           |  |  |  |  |
| Cell Phone  | <b>T-shirt size</b> (adult sizes) |                |                          |           |  |  |  |  |
| Email   |                                   |                |                          |           |  |  |  |  |
| Have you previously attended a Camp Counselor Training Workshop?    |                                   |                |                          |           |  |  |  |  |
| If so, when and where?  |                                   |                |                          |           |  |  |  |  |
| Do you want to be considered for a junior director's position?YesNo |                                   |                |                          |           |  |  |  |  |
| What skills would you bring to this junior director's position?     |                                   |                |                          |           |  |  |  |  |
| List camps (4-H and non 4-H) which you have attended:               |                                   |                | camper or counselor      |           |  |  |  |  |
|   | Camp                              | Year           | Camper                   | Counselor |  |  |  |  |
|   |                                   |                |                          |           |  |  |  |  |
|   |                                   |                |                          |           |  |  |  |  |
|   |                                   |                |                          |           |  |  |  |  |

| Training Dates: We have 4 scheduled training for camp counselors, do you have any conflicts for the following |   |  |  |  |  |
|---|---|--|--|--|--|
| dates, please X any dates you have a conflict (leave blank if you can attend)                                 |   |  |  |  |  |
|   | Training Session 1 (Zoom): Connection and Planning:Sunday, February 12 at 6:30-7:30pm   |  |  |  |  |
|   | Training Session 2 (Zoom): Policies and Planning: Sunday, March 5 at 6:30-7:30pm  |  |  |  |  |
|   | In-person training day: Final planning, skits, songs, follow-up to policies, camp rules, letters, etc. (1-5): Sunday, April 30 from 1-5 in St. Croix Falls 4-H Building |  |  |  |  |
|   | Final Date: Tuesday, June 13 at Camp Kiwanis (10AM-2PM)   |  |  |  |  |

| Camp Activities  |                                      |  |  |  |  |  |
|--|--------------------------------------|--|--|--|--|--|
| Which of the following are you comfortable leading at camp? (Please check all that apply.) |                                      |  |  |  |  |  |
| archery  | games & recreation                   |  |  |  |  |  |
| arts & crafts  | music                                |  |  |  |  |  |
| backpacking  | nature                               |  |  |  |  |  |
| campfire programs  | nature activities (other than water) |  |  |  |  |  |
| canoeing   | relay games                          |  |  |  |  |  |
| drama activities   | science discovery activities         |  |  |  |  |  |
| fishing  | singing                              |  |  |  |  |  |
| flag ceremonies  | swimming                             |  |  |  |  |  |
| foods & nutrition  | other (describe)                     |  |  |  |  |  |

| <b>Describe vour</b> | experiences v   | with 5 of | f the camp | activities vou | identified on | the front page.                       |
|----------------------|-----------------|-----------|------------|----------------|---------------|---------------------------------------|
|                      | · · · · · · · · |           | · · · · ·  |                |               | · · · · · · · · · · · · · · · · · · · |

Explain why you want to be a camp counselor.

What do you want to learn from your experiences as a camp counselor?

Please list the names, phone number, and e-mail of 2 references (one 4-H adult, and one non 4-H adult). These individuals may be contacted about your leadership potential as a camp counselor.

(Applicant signature)

(Date completed)

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