Camp Counselor Application Due: January 19 Must currently be in grades 9-12 to apply

Send completed application for Barron, Pierce, Polk, and St. Croix County applicants to: e-mail: lindsay.spindler@wisc.edu or mail to Polk County Extension Office, 100 Polk Plaza, Suite G600, Balsam Lake, WI 54810

or google forms: <u>https://go.wisc.edu/xrr3u3) *Preferred</u>

Name		Current Age	Birth Date	Ν	Iale	Female	
Address		City			Zip		
County	Club		Grade in Sch	ool	Years	in 4-H	
Cell Phone	T-sh	nirt size (adult sizes)					
Email							
Have you previously attended	d a Camp Co	ounselor Training V	Vorkshop?				
If so, when and where?							
Do you want to be considered	l for a junio	r director's position	?		Yes	No	
What skills would you bring t	to this junio	r director's positior	1?	·			
List camps (4-H and non 4-H) which you	have attended:		Ca	amper or	counselor	
	Camp		Year	Ca	mper	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, March 3 at 6:30-7:30pmIn-person training weekend: Final planning, skits, songs, follow-up to policies, camp rules, letters,
etc.: Friday, April 5, 6:00 pm - Saturday, April 6, 6:00 pm at Camp Kiwanis

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)			

Describe vour	experiences v	with 5	of the camp	activities vou	identified on	the front page.
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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)

University of Wisconsin, United States Department of Agriculture and Wisconsin Counties Cooperating. UW-Extension provides equal opportunities in employment and programming, including Title IX requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential. TTY Phone Relay 711

PO-CROIX-BAR-PIER 4-H CAMP ADULT RECOMMENDATION

**Counselors, Please have 1 4-H adult, and 1 non 4-H adult reference complete this form (online preferred) -- Must not be related to you). Please use back if more space is needed.

The following applicant______is applying to be a 4-H Camp Counselor. You have been identified as a person who could speak to their qualifications.

Please complete the following recommendation and return as directed below (If possible, please complete the form online at https://go.wisc.edu/28zjst

Name:

Phone:

E-mail:

In what capacity do you know this applicant?

How long have you known them?

Evaluate the Member	Excellent	Good	Growth Area	Unable to Evaluate
Ability to follow instructions				
Strong communication skills - makes others feel welcome/comfortable				
Demonstrates dependability				
Demonstrates enthusiasm and energy				
Responsible				
Demonstrates honesty and integrity				
Can take over and manage a situation if other leaders are not available				
Has worked with a wide range of youth				
Is able to lead a group of people				
Able to work with others				

Is there any reason why this individual should not be responsible for youth at summer camp (overnight)?

What is this individual's greatest strength?

What are some areas for growth that this individual could work on?

Signature of Adult Recommending 4-H Youth: _____