

2019 Camp Kinnissippewa 4-H Camp Counselor Application

All applications are due March 1st, 2019

PERSONAL INFORMATION:			
Name:	County:	Club:	
Phone Number: ()	Email Address:		
Address:			
City:	State:	Zip Code:	
Number of Years in 4-H:	Grade:	Current Age:	Sweatshirt Size:
Attach a photo to this application or email a digital one to annie.lisowski@ces.uwex.edu			

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 ____Adventure Counselor ____Resource/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) Neveerr A little Average Very Well			

AREAS OF TEACHING INTEREST:

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

- Arts and Crafts
- Nature
- Climbing Wall
- Camp Social

- Archery
- Drama
- Group Games
- Canoeing

- Campfire Program
- Teamwork/Leadership
- Waterfront/Swimming
- 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:			
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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 1st, 2019.**

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 _____