

# Po-Croix-Bar 4-H Camp

**Camp Counselor Application Due: March 15, 2020**

**(Must currently be in grades 9-12 to apply)**

You will be contacted for an interview.

Name		Current Age		Birth Date		Male		Female		
Address				City				Zip		
County		Club		Grade in School		Years in 4-H				
Cell Phone		<input checked="" type="checkbox"/> T-shirt size		Small		Medium		Large		X-large
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?						Yes		No		
What skills would you bring to this junior director's position?										
List camps (4-H and non 4-H) which you have attended:						<input checked="" type="checkbox"/> camper or counselor				
Camp				Year		Camper		Counselor		

<b>Please hold these dates. Counselor numbers directly impact the number of campers we can host.</b>			
4-H Camp	Grades 3-6	June 15-17, 2020	Camp Counselor Training Dates June 5-6, 2020 at Camp Kiwanis

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

**Describe your experiences with 5 of the camp activities you identified on the front page.**

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**Explain why you want to be a camp counselor.**

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

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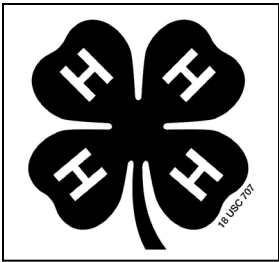
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**If you have special dietary needs, please describe.**

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\_\_\_\_\_ (Applicant signature)

\_\_\_\_\_ (Date completed)

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