To: Potential Camp Counselors  
Re: Camp Counselor Application

Greetings!

Included you will find a 2015 Camp Counselor Application with the dates of the Jackson County overnight camps that will be offered this summer at Canter’s Cave 4-H Camp/Elizabeth L. Evans Outdoor Education Center. Please complete the application and the questions attached if you are interested in becoming a 2015 Camp Counselor! You should also read over the included job description so that you are familiar with the roles and responsibilities of a camp counselor. The application should be returned to the Extension Office by Thursday, January 15th. If you have any questions please give me a call or drop me an email, 740-286-5044, ext. 25 or dailey.108@osu.edu. You can also return your application to me by e-mail at that address with the subject line Camp Counselor Application.

The process used for counselor selections this year will consist of a short orientation along with some activities that you will be asked to participate in regarding camp in which we will be observing you in various situations. We just ask that you try your best and be yourself.

This orientation and selection process will take place on Thursday, January 22nd from 6:30-8:00pm at the Extension Office. Returning Counselors are asked to arrive a half hour early at 6:00pm. If you cannot come on this day, please contact me ASAP! Please complete your application and drop it off at the Extension Office by January 15th or e-mail it to dailey.108@osu.edu with the subject line Camp Counselor Application.

Sincerely,

Erin Deel Dailey
Erin Deel Dailey
Extension Educator, 4-H Youth Development & County Extension Director
Ohio State University Extension, Jackson County
Ohio Valley Extension, Education & Research Area
4-H CAMP COUNSELOR
VOLUNTEER JOB DESCRIPTION

**POSITION TITLE:**
4-H Camp Counselor

**TIME REQUIRED:**
January through June 2015 with a minimum of 24 training hours completed

**LOCATION:**
OSU Extension Office, Jackson County
Canter’s Cave 4-H Camp/Elizabeth L. Evans Outdoor Education Center

**GENERAL PURPOSE:**

- Assist in conducting age appropriate educational camping programs for youth.
- Provide a safe and positive physical and emotional environment for youth development in residential or day camp situation.
- Serve as a liaison among the Extension Professionals, camp personnel, 4-H members, and other volunteers regarding 4-H camping programs.

**SPECIFIC RESPONSIBILITIES:**

- Model positive behavior management techniques and not use any form of physical or emotional abuse.
- Assume the responsibility for one or more assigned areas including: cabin counselor and/or activities coordinator.
- Be directly responsible to the Extension Educator in charge of camp and perform duties as requested.
- Work cooperatively with all other camp personnel whether permanent staff, summer staff, volunteer or teen counselor.
- Know camp rules, abide by them and enforce them with all persons at camp.
- Recognize that counselors are at camp for the campers’ benefit and only secondarily for their own development and enjoyment.
- Participate in camp counselor volunteer development opportunities each year.
- Arrive on time and with the proper materials for assigned responsibilities.
- Exercise mature, good judgement in assuming responsibility for and working with youth.
Jackson County Camp Counselor Application

All applicants must be 14 by January 1st of the current year

Complete this application and return it to the
Jackson County Extension Office by January 15, 2015

Name________________________________________ Age as of Jan. 1st of current year ________

Parent’s (guardian) name (s)________________________________________________________

Address__________________________

City________________________________ State_______ Zip________

Phone________________________ E-mail________________________________________________

Please rank the camp(s) you would like to counsel at, with 1 being your top choice):

___ 3rd, 4th & 5th Grade Camp (June 22nd -25th)
___ 6th, 7th & 8th Grade Camp (June 8th -11th)
___ Teen Camp (June 19th -22nd)

*Junior High Camp Counselors arrive on June 7th
*Teen Camp Counselors arrive on June 18th

REFERENCES (minimum of 2 required)

Name:________________________ Phone #: __________________
Name:________________________ Phone #: __________________
Name:________________________ Phone #: __________________

PAST EXPERIENCE:

Have you been a 4-H Camp counselor before? _____ NO _______ YES…number of years____

Other camp experiences:

PLEASE ANSWER THE FOLLOWING:

Describe at least two main responsibilities of a camp counselor:

What are some personal qualities you feel a good camp counselor should possess?

What is your favorite part of 4-H Camp and why do you think it is important?

Why are you interested in serving as a 4-H Camp Counselor?
Suggest some themes for this year’s camp:

In what areas do you think there is a need for more counselor education? (safety, responsibility, teaching, cabin management, programming, etc.)

List your suggestions for camp programs, activities, events you would like to see changed, improved, dropped, added:

Please rank the following camp activities, with 1 being your top choice.

___ Reflections  ___ Song leader  ___ Candle lighting  ___ Games
___ Nature  ___ Fishing  ___ Canoeing  ___ Crafts
___ Dancing  ___ Skits  ___ Hiking  ___ Other

Explain why you selected your first two choices:

**COMMITMENT STATEMENT**

**Counselor Applicant**

If chosen, I will commit to understanding the requirements and responsibilities of being a good camp counselor. I also recognize the commitment and responsibility involved with being a 4-H Camp Counselor and I believe I am able to accept that challenge. I understand that I am required to pay half of the camp fee and must attend the required meetings and training sessions in order to be a camp counselor. My status as a 4-H Camp Counselor may be terminated by either party at any time for failure to abide by these or other policies and procedures.

Signature____________________________________________ Date____________

**Parent Approval**

As a parent of the youth completing this application, I understand the necessity to only select individuals who will be committed to their duties as counselors. I will, to the best of my ability, support and encourage this youth to uphold their commitment to the camping program if selected.

Signature____________________________________________ Date___________

[OHIO STATE UNIVERSITY EXTENSION]

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