FOR OFFICE USE ONLY				
Received: Health Form:				
On Time:	Yes	No		

2019 New Castle County 4-H

Camp Counselor** Application

APPLICATIONS DUE: Feb. 19, 2019

**For youth ages 13-19

Must be 13 by 6/1/19 to apply

Jame:		Date:		
Address:				
				Zip:
Phone:		E-mail:		
The following	information is fo	or record	keeping	purposes only.
Birthday:	Ag	e:	Grade in	School:
Sex: FemaleN	Male Hispanic:	_ Yes	_No Ra	ce:
Are you in 4-H?Yes _	No If Yes,	Club Name	e:	
Circle Where You Live: F	arm Rural	Town	Suburb	City
I authorize the University for use in research, e	_			graph my image and/or voice
(<u>Please Circle One</u>) Adult T-shirt Size: Sm a	II Medium	Large	XL XX	(L
Please list and describe any leadership positions previously held:				

Please answer the following questions as thoroughly as possible:

(Feel free to use additional paper if necessary)

Why are you interested in being a 4-H day camp counselor?

What qualities do you	u possess that will r	make you an excellent	camp counselor?
Briefly describe any	experiences you hav	ve working with young	children.
Describe a leadership	o or teaching experi	ence that you have had	d.
Please mark camp	os you wish to ap	ply for:	
CloverI	bud 4-H Day Camp (Ju	ine 24-28)	
Newar	k 4-H Day Camp (June	e 24-28)	
Animal	Science 4-H Day Cam	ıp (August 5-9)	
First preference \(\)	will be given to those	counselors who attend all	training sessions and
have flexibility fo	r which camp they wo	rk. (This does not mean y	ou must work both
camps, but you s	should be available at	east one of the weeks).	
APPLICANT:			
following: I will assist w	rith planning camp act	Day Camp Counselor app ivities and be actively involuded in the conditions and understand that it is a	lved each day of camp.
Applicant Signature:			Date:

PARENT:

By signing below, I understand that my child is applying for a NCC Day Camp Counselor position. I am aware that this position is a commitment is 40 hours per camp, in addition to the counselor trainings that he/she must attend. I agree that my child will be dropped off and picked up **ON TIME** each day.

Parent/Guardian Signature:	Date:

Please complete and return by Feb. 19, 2019!!

Applicants that do not submit their applications on or before the due date will be placed on a waiting list and be placed in camps on an as-needed basis!

You may bring your application to the February 19 training, fax, or mail to:

New Castle County 4-H Office Attention: Betsy Morris 461 Wyoming Road, Room 135 Newark, DE 19716-1303

Fax: (302) 831-8934 Email: betsym@udel.edu Phone: (302) 831-8965