



2020 New Castle County 4-H

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

Camp Counselor** Application

APPLICATIONS DUE: Feb. 18, 2020

****For youth ages 13-19 Must**

be 13 by 6/1/20 to apply

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

The following information is for record keeping purposes only.

Birthday: _____ Age: _____ Grade in School: _____

Sex: Female Male Hispanic: Yes No Race: _____

Are you in 4-H? Yes No If Yes, Club Name: _____

Circle Where You Live: Farm Rural Town Suburb City

_____ I authorize the University of Delaware to record and photograph my image and/or voice for use in research, educational & promotional programs.

(Please Circle One)

Adult T-shirt Size: **Small Medium Large XL XXL**

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 possess that will make you an excellent camp counselor?

Briefly describe any experiences you have working with young children.

Describe a leadership or teaching experience that you have had.

Please mark camps you wish to apply for:

_____ Cloverbud 4-H Day Camp (June 22-26)

_____ Newark 4-H Day Camp (June 22-26)

_____ Animal Science 4-H Day Camp (August 10-14)

- First preference will be given to those counselors who attend all training sessions and have flexibility for which camp they work. (This does not mean you must work both camps, but you should be available at least one of the weeks).

APPLICANT:

By signing below and submitting my NCC 4-H Day Camp Counselor application, I agree to the following: I will assist with planning camp activities and be actively involved each day of camp. I agree to abide by the 4-H Code of Conduct and understand that it is a **privilege** not a right to be a camp counselor.

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. 18, 2020

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 18 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**