

COUNSELOR APPLICATION FOR COUNTY 4-H CAMPS (ALL)

NAME _____ DATE _____

ADDRESS _____

City _____ State _____ Zip _____

AGE _____ (as of 1/1/2017) GRADE IN SCHOOL _____ PHONE # _____

E-MAIL _____ Are You a 4-H Member? ___ Yes ___ No

CLUB _____

Have you been a counselor before? ___ Yes ___ No

If yes, Where? _____

LIST LEADERSHIP POSITIONS YOU HAVE HELD PREVIOUSLY:

Club: _____

County/State: _____

School/Church/Other: _____

BRIEFLY DESCRIBE WHY YOU WISH TO BE A CAMP COUNSELOR:

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WHAT SPECIAL TALENTS COULD YOU BRING TO CAMP? (Song leader, photographer, work well with handicapped children, have ideas to improve camp)

COULD YOU TEACH A CLASS? IF SO, WHAT: _____

REFERENCE: (Signature of 4-H leader or teacher who can verify leadership potential)

Signature: _____

Address: _____

Phone: (____) _____

E-mail: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

RETURN TO: SUSSEX COUNTY 4-H OFFICE
16483 County Seat Highway
Georgetown, Delaware 19947
Tele: 302-856-7303 Fax: 302-856-1845