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