

2024 Williams County 4-H Camp Counselor Application

DUE: DECEMBER 18, 2023

PROGRAM DESCRIPTION:

The 4-H Camp Counselors are a group of 4-H teens selected to assist in being responsible for campers ages 8-14 during 4-H camp. As a result of participation, counselors will develop knowledge, skills, attitudes and aspirations needed for adult success, and the Williams County 4-H program will be strengthened and expanded. Roles and Responsibilities of 4-H Camp Counselors include:

- Attend required trainings prior to camp
- Market and promote camp
- Serve in a leadership and teaching role to other counselors
- Serve on committees or other groups to plan programs at camp
- Conduct self in an appropriate manner before, during, and after camp while serving as a role model to campers and peers
- Assist staff and other counselors with camp activities; work as a team to implement the activities
- Know and understand all safety guidelines, including emergency procedures, associated with the camp and program areas
- Follow and enforce camp rules
- Assure for safety of campers at all times including in cabins, sessions, and large group activities
- Be aware of child protection regulations and report any child abuse, sexual abuse, or neglect in accordance with university policy
- Identify and respond to camper behavior issues
- Ensure campers' health and hygiene, e.g., brushing teeth, eating meals, taking medication, etc.
- Promote camper participation during camp
- Lead and supervise campers in activities at camp including but not limited to songs, teambuilding challenges, group activities, challenges, etc.
- Teach and lead campers at workshops or during other components at camp (table setting, song leading, etc.)
- Mentor and give guidance to campers to encourage positive youth development and enhancement of life skills

REQUIREMENTS:

- Must be at least 14 years old by the start of camp.
- Must be able to get transportation to meetings and events as needed.
- Must complete a minimum of 24 hours of training. (6 of these hours must be on-site for first time counselors).
- Must complete Child Abuse Awareness training.
- Must Sign Standards of Behaviors, complete the Code of Conduct form, and have a current Ohio 4-H Health History form on file.
- First time applicants must provide two references.
- If the individual is 18+ year old at least two months prior to camp, the individual must have their background check conducted.

SELECTION PROCESS:

- Individuals who complete the application and fulfill application requirements will be contacted regarding the selection process

MEETING DATES/TIME/FREQUENCY/TRAINING

- 4-H Camp Counselors will meet frequently throughout the year. Meeting dates will be listed on our website. Counselors are expected to notify the Extension Office if an absence is unavoidable.
- 4-H Camp Counselors will be trained on topics such as the camp counselor core competencies; risk management, including active shooter guidelines, emergency protocols, and child abuse recognition.

TO APPLY:

- Complete the application in its entirety.
- Turn in reference forms from two non-family members. OR provide non-family references with contact information.
- Read and sign the Standards of Behavior and Camp Counselor Code of Conduct forms.
- Return all materials to the Williams County Extension Office by December 18, 2024.

Checklist & Dates

- A. **TIME COMMITMENT!** Start now ... Use the charts below to plan how you will complete your 24 hours of required training.
- B. **BE RESPONSIBLE!** It is expected that camp counselor obligations are at the top of your priority list. Consistent failure to attend training will prohibit you from counseling. Counselors (not parent/friend) must notify us at least 24 hours in advance.

1. Complete, sign & return (4) forms by December 18, 2023

- Camp Counselor Application
- Counselor Contract
- Counselor Standards of Behavior
- Shooting Sports Consent

2. Two (2) Reference Forms due December 18, 2023

New Applicants Only- have TWO adults complete and return reference forms. Your reference cannot be your relative. **Returning counselors-** references not required, unless requested by Camp Director.

- Camp Counselor References

3. BCI Background Check due April 1, 2024

- If you will be age 18+ by April 1, 2024, then you must complete a BCI background check

4. Williams County 2024 Camp Dates You must be available during the entirety of the camp for which you were selected to serve.

- June 2 - June 5 Williams County 4-H Camp
- June 5 Williams County Cloverbud Camp

5. Counselor Training = 24 Hours minimum:

You must complete 24 hours training; at least 16 hours MUST come from “in-county” training sessions (chart A)

Plan ahead! If you have a conflict with dates, you may attend one of the “Counselor Opportunities” events (chart B) and earn credit for counselor ‘make-up’ hours. Counselors must have at least 20 hrs of training completed by May 1.

(A) Training Dates: Held at Williams Co. Extension Office, unless otherwise noted.

| | DATE | TIME | HOURS | |
|--|--------------------|----------|-------|---|
| | January 15 Monday | 10am-2pm | 4 | Training Kickoff. Lunch provided |
| | February 19 Monday | 10am-2pm | 4 | Training |
| | February 27 Sunday | 2pm-4pm | 2 | Training |
| | *March 1-2 Fri-Sat | 6pm-3pm | (10) | *Overnight Site Training @Camp Palmer (Mandatory) |
| | March 28 Thursday | 6pm-8pm | 2 | Training |
| | April 14 Sunday | 2pm-5pm | 3 | Training |
| | April 25 Thursday | 6pm-8pm | 2 | Training |
| | May 5 Tuesday | 3pm-5pm | 2 | Training |
| | May 29 Wednesday | 10am-2pm | 4 | Training |
| | May 30 Thursday | 10am-2pm | 4 | Work Day |
| | *June 2-5 Sun-Wed | | --- | 4-H Camp @ Camp Palmer!!! |

(B) Counselor Opportunities: (‘make-up’ hours. Registration & Fees are counselor’s responsibility)

| | DATE | HOURS | EVENT | FORMS DUE |
|--|----------|-------|--|-----------|
| | March 2 | 3 | 4-H Endowment Fundraiser @ Gillette Building | |
| | March 9 | 6 | Ohio 4-H Conference @ Columbus (approx.. \$40) | Feb. 1 |
| | March 23 | 2-4 | Maple Syrup Festival @Fairgrounds | |

4-H CAMP COUNSELOR APPLICATION

Name _____

Age (January 1) _____

Date of Birth _____ (00/00/0000)

Home Address _____
(Street) (City) (State) (Zip)

Email _____ Home Phone _____

Cell Phone _____ Is texting an option? (circle) Yes No

In case of injury or accident, notify:

Name _____ Relationship _____ Phone _____

Why do you want to be a camp counselor? _____

What traits, skills, or special experiences do you have that would benefit you in this position? (Please include experiences working with children and youth.) _____

What skills or contributions will you add to the counselor team in making sure camp is successful? (such as First Aid, Babysitter's Course, Recreation, etc.) _____

What hobbies and/or special interests do you have that you would like to share? _____

Please list 2 of your strengths. _____



Standards of Behavior for Employees and Volunteers Working in Youth Activities and Programs

This Standards of Behavior is an agreement accepted by employees/volunteers who work in a youth activity or program. The primary purpose of these standards is to promote the safety and wellbeing of all activity/program participants. Employees/volunteers are expected to function within these standards.

I will:

- Accept supervision and support from professional staff while involved in the activity/program.
Accept the responsibility to professionally represent the activity/program and The Ohio State University.
Conduct myself in a courteous and respectful manner, exhibit good sportsmanship and be a positive role model for youth.
Respect, adhere to and enforce the rules, policies and guidelines established by the activity or program and the university.
Refrain from engaging in any criminal conduct.
Comply with all applicable civil rights laws and policies, including and not limited to Ohio State equal opportunity and nondiscrimination policies.
Perform duties in a responsible and timely manner as outlined in the position description.
Report any child abuse or neglect in accordance with university policy.
Self-disclose felony or misdemeanor convictions that occur within three days of pleading guilty or being convicted.
Not intentionally or purposefully place myself in a situation where I am alone with a youth unless authorized by the dean/vice president (or designee).
Not, under any circumstances, physically, sexually, verbally, or emotionally abuse or fail to provide the basic necessities of care applicable to the activity/program, such as food or shelter, to participants.
Endeavor to provide a safe and healthy experience for all participants.
Report red-flag behaviors to the activity or program administrator of the youth activity or program that I am working or volunteering in.
Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I have read and understand the standards of behavior outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards may be grounds for immediate suspension and/or termination of my employee/volunteer status with The Ohio State University.

Employee/volunteer printed name Date
Employee/volunteer signature Date
Parent/guardian signature if employee/volunteer under 18 Date

4-H CAMP COUNSELOR CODE OF CONDUCT

I, _____ agree that if selected, I will participate in the 4-H Camp Counselor Training Program. I understand that this is a training period and only once I complete my certification am I permitted to be a counselor at 4-H Camp.

I understand that I am taking on a different role at camp. I am applying to serve others, not to go purely for my own enjoyment. By signing below, I acknowledge that I have read and agree to abide by the above responsibilities if selected as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I conduct myself in an irresponsible manner, which includes being out of my cabin after hours and/or the possession or use of tobacco, alcohol, illegal drugs or fireworks.

I will be expected to:

- ✓ Attend the required number of counselor training sessions. I understand I will be dismissed if I am not able to complete the required training.
- ✓ Abide by the No Cell Phones at Camp Policy (note: unless otherwise authorized by Extension staff)
- ✓ Treat other peers with respect.
- ✓ Not bully fellow counselors or participate in roughhousing, horse-play, or hazing.
- ✓ Conduct myself as a positive role model and be responsible.
- ✓ Set a good example by not using profanity or telling off-color jokes, and stories.
- ✓ As a 4-H member, not have in my possession tobacco, alcohol or illegal drugs.
- ✓ Not have possession of harmful objects without specific authorization from the camp director, including but not limited to: knives of any kind (pocket, utility, etc.), lighters, matches, fireworks, explosives, firearms, weapons, etc.
- ✓ No pornography or other sexually oriented materials including nudity in visual or written materials including similar content.
- ✓ Be a responsible cabin counselor and ensure campers are provided guidance towards a safe and fun week.
- ✓ Ensure that all campers are supervised by counselor staff at all times. Be sure that all campers know that they must remain on the camp grounds at all times and are responsible for their behavior at all times.
 - Get to know each of the campers personally and by name.
 - Have all campers, including myself check in any of their medications with the nurse.
 - Make sure each camper uses personal hygiene.
 - Make sure that all of my campers are familiar with camp facilities and camp rules
 - See that all campers are involved in all activities. Make sure no one is excluded.
- ✓ Check for illness or injury, but don't make much of a "fuss" about minor things. Go with hurt or sick campers to the nurse no matter how minor the ailment.
- ✓ Follow guidelines for lights out, and cabin supervision. Be in my cabin with my campers at all times between the hours of "Lights Out" and "Rise and Shine."
- ✓ Never discipline a camper by ridicule or physical punishment; patience and understanding works best.
- ✓ Urge safety at all time. Take time to explain how and why to do something safely.
- ✓ Work as a team to plan, organize and conduct all camp activities.
- ✓ Be flexible with counseling and adult staff.
- ✓ Participate in camp promotion.
- ✓ Follow leadership of camping program through adult advisors/volunteers/staff.

I certify that the all the information being submitted is correct, and understand that failure to comply with these rules could result in probation, or loss of counseling position for the year.

Applicant's Signature _____

Date ____/____/____

Parent/ Guardian Signature _____

Date ____/____/____

Informed Consent 4-H Camp Palmer Shooting Sports Program

I understand that my child/charge----- will be participating in the 4-H Shooting Sports Program at 4-H Camp Palmer. Related activities while participating in the Shooting Sports Program may include but is not limited to firearms safety and shooting firearms. Involvement in this activity may lead to contact with individuals who have experience in shooting sports and individuals who are inexperienced with shooting sports activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

I am aware and have discussed with my child/charge that:

1. All participants will be required to follow instructions of certified shooting sports instructors and other adult and teen counselors while at camp.
2. Participants are not to bring firearms, archery equipment, and ammunition as they will all be provided.
3. Other participants may act in a negligent manner which otherwise may result in harm to my child.
4. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs.
5. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls.
6. Handling and discharging firearms or archery equipment may lead to injury, death, or loss to participants.

I recognize that the above outlined activities and potential resulting risks may cause injury, death, or loss to participants or other persons in the immediate vicinity.

I have discussed with my child/charge the importance of following directions and safety procedures, which will be outlined by 4-H volunteers prior to activities.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Participant Name

Participant Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

REFERENCE FORM

_____ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the qualities and ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

Please mark how you would evaluate the applicant's qualities, using this scale:

| | Excellent | Good | Fair | Poor | Not Known |
|--|------------------|-------------|-------------|-------------|------------------|
| Responsibility | | | | | |
| Communication skills | | | | | |
| Respect for others | | | | | |
| Dependability | | | | | |
| Enthusiasm | | | | | |
| Flexibility | | | | | |
| Patience | | | | | |
| Initiative | | | | | |
| Resourcefulness | | | | | |
| Ability to work with children (age 5-10) | | | | | |
| Ability to work with children (ages 11-14) | | | | | |
| Ability to work with other teens | | | | | |
| Ability to work with adults | | | | | |

Please write any additional comments here:

Signed: _____ Date: _____

Printed Name: _____

Relationship to Applicant: _____

Address: _____

Email: _____ Phone: _____

Please return no later than December 28th

OSU Extension, Williams County

Address: 1425 E High St Bryan, OH 43506

Email: Schulte.182@osu.edu or runkel.8@osu.edu

Please note: Please submit in a sealed envelope. For questions contact the OSU Extension Office.

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| Flexibility | | | | | |
| Patience | | | | | |
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| Resourcefulness | | | | | |
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| Ability to work with children (ages 11-14) | | | | | |
| Ability to work with other teens | | | | | |
| Ability to work with adults | | | | | |

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