

HIGHLAND COUNTY CAMP COUNSELOR APPLICATION

(Return to 4-H Office by Friday, January 22, 2010)

NAME _____ AGE (as of January 1, 2010) _____
(must be at least 14 years of age)

ADDRESS _____
Street City Zip

PHONE _____ CELL NUMBER _____

EMAIL _____

Make your first, second and third choices of 4-H camps you want to serve. Please review your summer commitments first. ***This year's prices include a camp picture (except Teen "Genes").***

		<u>Camper Fee</u>	<u>Counselor Fee</u>
_____	Beginners Camp 3 rd , 4 th & 5 th grades June 14 – 17, 2010	\$ 110.00	\$ 55.00
_____	Junior High Camp 6 th , 7 th & 8 th grades June 29 – July 2, 2010	\$ 110.00	\$ 55.00

I can _____ or cannot _____ attend Counselor College Saturday, March 20 & Sunday, March 21, 2010.

If you cannot – Why? _____

Describe, by years, the leadership responsibilities you have held within local 4-H clubs – only the last 2 years. (Example: 2009 helped 3 first year members with sewing projects.)

Describe, by years, the leadership responsibilities you have held, not related to local 4-H club. (Example: 2009 helped at Style Revue as a speaker describing participants' outfits.)

Have you served as a Camp Counselor before? _____ Yes _____ No

If yes, list camp and years you served: _____

How many years were you a camper? _____

Why do you wish to become a Camp Counselor? (Be specific)

Check one in each of the two areas to indicate the area of responsibility you are willing to serve if selected as a Counselor.

Activities

Classes

___ Campfire

___ Conservation

___ Vespers

___ Recreation

___ Song Leading

___ Flag Raising & Lowering

___ Canoeing

___ Health

___ Fishing

___ Crafts

___ High Ropes

___ Low Impact Challenge Course

Assume yourself in charge of one of the above activities or classes. In outline form, explain what you would do for the program or days activity.

What is the difference between being a Camp Counselor and being a camper?

Signature of Applicant

Date

Signature of Parent

Date

4-H CAMP COUNSELOR CONTRACT

The signing of this agreement by the 4-H Camp Director and Camp Counselor binds them to the following terms:

- 1) _____ agrees to serve as a camp counselor to the best of his or her ability, to sign and abide by the Ohio 4-H Volunteer Standards of Behavior, to perform the specific responsibilities listed in the 4-H Camp Counselor Job Description, and to abide by the rules, procedures, and Ohio 4-H Youth Protection Policy and Guidelines covered in counselor training.
- 2) The dates of the agreed service are from _____ to _____. This job requires full-time (24 hours per day) presence throughout the camp. The 4-H Camp Director may terminate the service of the volunteer at any time. Specific behaviors that will result in immediate termination include: behavior deemed to be abusive to campers or other staff, possession or use of alcohol or controlled substances, inappropriate sexual behaviors, or being absent from assigned duties.
- 3) The counselor agrees to attend local training, and if possible go to Counselor's Camp on March 26 – 27, 2004.
- 4) This is a volunteer position and no salary will be paid.
- 5) By signing this agreement, the volunteer is making a statement that he/she will never be convicted for child or sexual abuse.

ACCEPTANCE ACCORDING TO THE ABOVE TERMS AND CONDISTIONS

SIGNED _____ SIGNED _____
4-H Camp Director Date Counselor Applicant Date

ADDRESS _____ PHONE _____

SIGNED _____
Parent / Guardian of Counselor Date

**Elizabeth L. Evans Outdoor Education Center
Activity Release Form**

Participant's Name: _____ Age _____

Address: _____
(Street City State Zip)

Phone: _____

Statement Of Understanding

By signing this statement for participation in the programs of Elizabeth L. Evans Outdoor Education Center, you acknowledge that certain activities are physically demanding. Therefore, physical fitness will increase an individual's enjoyment and ability to participate in the activity. If for any reason you question your (or your child's) ability to participate in an activity, please consult with the instructors prior to participation.

While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered by participants in our Outdoor Education programs and activities, which includes using the High Ropes Course, Initiatives Course, Climbing Tower, Archery Range, Rappelling Area, Shooting Sports Safety Course, and Hiking Trails include: slipping or falling on the trails, insect bites, poison ivy, bumps, bruises, cuts, sprains, fractures, or other associated injuries and hazards. Most activities are conducted outdoors, in all kinds of weather, so proper dress (rain gear, warm clothing) may be essential to avoid undue exposure to the elements. Course instructors will take every reasonable precaution to minimize exposure to known risks, however, as a participant (or parent/guardian of a participant) you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with these activities can be foreseen.

Participants have the personal responsibility to follow established safety rules and procedures to the extent that they participate in such activities. If at any time a participant has questions about an activity, they have the responsibility to consult with the instructor. Sponsoring agencies have the responsibility to provide participants with a progression of appropriate activities which lead to the experiences at the Elizabeth L. Evans Outdoor Education Center.

“I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.”

“I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family.”

Signature: _____ Date: _____

(Parent or legal guardian must sign for all persons under 18 years of age)

**CANTER'S CAVE 4-H CAMP
CODE OF BEHAVIOR
HIGHLAND COUNTY**

1. The use, consumption, or possession of alcoholic beverages (liquor & beer, including non-intoxicating beer) and unlawful items, such as illegal non-prescription drugs, are not permitted during the event. Anyone arriving for the event while under the influence of any of the above substances will not be permitted to register for Camp.
2. Participants are not to leave the Canter's Cave grounds for any reason without the prior approval of the Extension Agent in charge of the event and permission form signed by a parent or guardian.
3. Males are not permitted in the female sleeping quarters nor are the females allowed in the male sleeping quarters for any reason.
4. Campers will respect the rights of others. Participants may not invade the personal property of others nor speak to others in a foul or offensive matter.
5. Participants will attend all events that are planned in the program. Campers should be where they are supposed to be when they are supposed to be there.
6. Prescription drugs must be left with the Camp Nurse. All illegal drugs or alcohol are prohibited on the grounds of Canter's Cave 4-H Camp.
7. Campers will be held responsible (financially) for any willful damage done to Canter's Cave 4-H Camp or camp property.
8. No one is to go into the swimming pool or around the lake except when a lifeguard is present. Failure to obey directions of the lifeguards will result in the loss of swimming privileges.
9. A leader in each cabin will organize the cabin for evacuation in case of fire or other emergency.
10. It is illegal to sell tobacco products to minors. Therefore, we discourage use of tobacco by all 4-H members. The use of any type of tobacco product is prohibited at 4-H Camp.
11. No pets of any size, shape, or form will be permitted in camp.
12. Outside visitors are not allowed in camp. If a Parent or Guardian finds it necessary to visit, they are asked to register with the Camp Director immediately upon arrival.
13. THIS EVENT HAS BEEN PLANNED WITH THE 4-H MEMBERS IN MIND. WE EXPECT THAT PARTICIPANTS FOLLOW THE SET RULES AND BEHAVE IN A RESPONSIBLE MANNER. STAFF OF THE OHIO STATE UNIVERSITY EXTENSION RESERVE THE RIGHT TO INFORM THE PARENTS AND SEND ANY INDIVIDUAL HOME AT ANY TIME IF HE / SHE DOES NOT FOLLOW THE SET RULES OF BEHAVIOR.

I have provided information on this form to the best of my knowledge and have read and understand the set rules and guidelines for this event. I agree to be an active participant in this event and to represent my county as a responsible 4-H member.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF PARENT / GUARDIAN _____

DATE _____

4-H Member Early Release Form

If it is necessary for your child to leave camp early, this authorization for must be competed in full, and turned in at check-in. Full-time participation is encouraged.

I, _____, hereby authorize the person(s) listed below to pick up
(Name)
child _____ at the _____.
(Name) (Name of Event)

We expect to pick up this child at _____ on _____
(Time) (Date)
and return at _____ on _____.
(Time) (Date).

Name(s) of person(s) who are authorized to pick up my child:

4-H Member Restricted Release

We understand that there are situations where parents have a right to restrict who will pick up their child at the end of camp. If you need to restrict who picks up your child, you must complete this section.

I, _____, hereby authorize the person(s) listed below to pick
(Name)
up my child, _____, following the _____.
(Child's Name) (Name of Event)

Names of person(s) who are authorized to pick up my child:

Signed _____
(Parent or Guardian)

County Highland

Elizabeth L. Evans Outdoor Education Center
CANTER'S CAVE 4-H CAMP, INC.

Lodging _____

Tribe/Group _____

HEALTH HISTORY

Must be completed for each participant and handed to the nurse upon arrival at camp. This form to be completed by parents/guardian of minors or by adult campers themselves. This information will be kept confidential and used only for the welfare of the participant.
PLEASE PRINT!

Camping Dates: _____

Please Circle: Male Female Age _____ Date of Birth _____

Name: _____
(Last) (First) (Middle)

Address: _____
(P.O. Box Or Street) (City) (State) (Zip)

Phone (home) _____ Parent/Guardian Work Phone: _____

In Case of Emergency, contact:

Parent Name _____ Phone _____

Other Person _____ Phone _____

Physician's Name _____ Phone _____

INSTRUCTIONS FOR MEDICATION

1. All prescription drugs MUST be brought to camp in the container in which they were issued with medical orders and physician's name intact. Others will not be accepted.
2. Only exact amount of medication is to be brought to camp.
3. Pills must be counted upon arrival in camp and upon termination from camp by parent and nurse. No medications other than those prescribed by a physician should be brought to camp. Do not pack medication in suitcase. It must be given to the camp nurse at registration.

Check medications below that participant may receive if deemed necessary, and administered by the camp nurse and/or attending physician:

___ Advil ___ Acetaminophen/Tylenol ___ Laxatives ___ Antacids ___ Adrenalin ___ Antiseptics ___ Decongestant ___ Cough suppressant ___ Diarrhea medication

PARENT / GUARDIAN OR ADULT CAMPER RELEASE

Are there any specific activities that this child cannot do at camp due to some health problem? Yes ___ No ___
If Yes, what are they? (For example: swimming, rappelling, canoeing, etc.)

Are there any specific activities at camp that should be especially encouraged with this child? Yes ___ No ___
If Yes, please explain

(Camper's Name) _____ Has my permission to attend Canter's Cave 4-H Camp and to participate in rules and regulations of the camp or I, as parent/guardian, will assume responsibility of the child being sent home. I understand participants will be supervised. I understand that the staff and employees of Canter's Cave 4-H Camp, Ohio state University Extension and Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above.

Parent/Guardian Signature _____ Date _____

HEALTH FORM

Name _____

Has this child been exposed to any contagious disease within 3 weeks before attending camp? Yes ___ No ___

If Yes, please explain:

Check below if participant is subject to:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Epileptic seizures | <input type="checkbox"/> Home sickness | <input type="checkbox"/> Bed wetting/kidney trouble |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Pregnancy (last menstrual period _____) | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Check if participant is allergic to:

Foods (specify) _____

Special Dietary Needs _____

Medication: Prescription or non-prescription drugs (specify) _____

Bee/Insect Stings _____ Prescribed Treatment _____

Please check if you agree to have emergency aid administered on site _____

Other known allergies _____

List all present medical and allergic conditions and recommended restrictions

Conditions _____ Medications _____ Dosage _____
Specify any details of above or additional information

Immunization Record — Please record the date (month & year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria		
Pertussis (whooping cough)		
Tetanus or DPT		
Tetanus, Diphtheria or TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard, red, rubeola)		
Mumps		
Rubella (German)		
Other		
Tuberculin test given		
Hemophilus influenza b HIB		

COUNSELOR REFERENCE FORM

(For reference by mail for potential 4-H Camp Counselors)

_____ is applying to help us as a 4-H Camp Counselor in Highland County and we would like your cooperation.

The 4-H office seeks your assistance in selecting the most qualified people to serve in volunteer roles and will appreciate your prompt completion of this form. All comments will be treated in a confidential manner and will not be shared with the applicant.

How long have you known this person? _____

Have you worked with them in any other capacity besides 4-H? (Please list)

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

	E=Excellent	G=Good	F=Fair	NK = Not Known
Responsibility	E	G	F	NK
Communication Skills	E	G	F	NK
Organization	E	G	F	NK
Dependability	E	G	F	NK
Enthusiasm	E	G	F	NK
Flexibility	E	G	F	NK
Patience	E	G	F	NK
Initiative	E	G	F	NK
Resourcefulness	E	G	F	NK

Please share your impression and knowledge of the applicant's qualifications for Camp Counselor by using specific examples where possible. (Circle your opinion)

1) How would you rate the 4-H'ers general ability to work with younger club members?

- a. Excellent b. Good c. Fair d. Poor

2) How would you rate the 4-H'ers general ability to work with adults?

- a. Excellent b. Good c. Fair d. Poor

3) What additional skills, abilities and attributes does this applicant have that would be helpful in this role?

4) How much experience does this individual have in leadership roles?

5) How would you describe the applicant's general outlook and personality?

- a. Consistently positive and outgoing.
- b. Usually positive but somewhat introverted
- c. Negative and disruptive
- d. Moody and hard to predict

6) Would you be willing to place your son or daughter or any other child for whom you are responsible under his/her leadership?

_____ Yes _____ No

7) Additional Comments:

Signature _____

Date _____

**Please return to Libby McNeal at OSU Extension, Highland County,
119 Governor Foraker Place, Hillsboro, OH 45133 by Friday, January 22, 2010.**

Thank you for your help in making Highland County's 4-H Camps an educational experience!