

APPLICATION  
DEADLINE  
March 1, 2007

# 4-H Junior Wildlife Stewards Camp

## Camp Counselor Application



A Program of  
Oregon State  
University  
Extension Service



### 4-H Junior Wildlife Stewards Camp

4-H Wildlife Stewards Camp  
17675 SW Farmington Road,  
Box 169  
Aloha, OR 97007  
(Fax: 503-916-2676)  
Phone: 503-916-6075

#### Qualifications

- Enjoy working with children
- Willing to participate in 20 hours of counselor training sessions plus five fun-filled days of camp
- Have completed 9th grade by June 2006
- Attend monthly staff meetings as much as possible
- New counselors must attend the June 24-25 new staff orientation at the 4-H Center (lodging and meals provided)

Camp Dates: July 31-August 4, 2007  
(camp staff: June 30-August 4, 2007)

Name: \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade in school \_\_\_\_\_

Male  Female  Are you a 4-H Member? \_\_\_\_\_

**Volunteer Experience:** Please list any positions and responsibilities you have held

---

---

---

---

(over)

**Experiences at Other Camps:**

Name of Camp \_\_\_\_\_ How Long \_\_\_\_\_  
Location \_\_\_\_\_ o Camper o Staff

Name of Camp \_\_\_\_\_ How Long \_\_\_\_\_  
Location \_\_\_\_\_ o Camper o Staff

**Other Youth Leadership Skills**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a Camp counselor at the 4-H Junior Wildlife Stewards Camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional hobbies and skills do you have that you think may be useful to our program?

\_\_\_\_\_  
\_\_\_\_\_

Do you have special skills or are you certified in any skills areas? (languages, swimming, first aid, CPR, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special needs or physical limitations which may require special attentions.

Please explain: \_\_\_\_\_

\_\_\_\_\_

Please list two people not related to you who have knowledge of your potential to be a Camp counselor. These people can be teachers, coaches, a neighbor, church minister or another person who knows you well.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ evening \_\_\_\_\_

email (if known) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ evening \_\_\_\_\_

email (if known) \_\_\_\_\_