

APPLICATION  
DEADLINE  
May 1, 2008

# 4-H Junior Wildlife Stewards Camp

## Camp Counselor Application



A Program of  
Oregon State  
University  
Extension Service



Extension Service  


### 4-H Junior Wildlife Stewards Camp

4-H Wildlife Stewards Camp  
3421 SE Salmon  
Portland, OR 97214  
(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 2008
- Must attend 2 out of 3 training sessions scheduled for March 9, April 13 and May 11th
- New counselors must attend the May 17-18 new staff orientation at the 4-H Center (lodging and meals provided)

Camp Dates: July 29-August 2, 2008  
(camp staff: July 28-August 2, 2008)

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) \_\_\_\_\_