

Petersburg 4-H Camp 2010
Counselor/Counselor-In-Training Application
(Please Print or Type)

- Counselor Application (15-19 years of age)** *must meet age requirements by January 1, 2010*
- Counselor-in-Training (CIT) Application** *minimum 14 years of age as of January 1, 2010*

NAME: _____ DATE: _____ AGE: ____ D.O.B. ____/____/____
Mo Day Yr

ADDRESS: _____

(CITY) (STATE) (ZIP CODE) PHONE: (____) _____

SCHOOL NAME: _____ GRADE IN SCHOOL: _____

IN CASE OF AN EMERGENCY NOTIFY: _____ PHONE: (____) _____

RELATIONSHIP: _____ ADDRESS: _____

CAMP EXPERIENCE

(List any overnight camps you have attended. Also list any leadership roles you held at any of these camps)

Name of Camp	Leadership Experience	Calendar Year

4-H EXPERIENCE

Give a brief background of your 4-H experiences, especially leadership roles you have held.
 (Do not include camp experiences)

EMPLOYMENT EXPERIENCE

DATES	EMPLOYER	POSITION	RESPONSIBILITIES

HAVE YOU EVER BEEN RESPONSIBLE FOR YOUNGER CHILDREN BEFORE? IF YES, IN WHAT CAPACITY? _____

YOUTH LEADERSHIP

(What qualifications do you possess that you feel will make you a great Teen Counselor/CIT for 4-H Camp?)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____ IF YES, DESCRIBE IN FULL: _____

HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? YES _____ NO _____ IF YES, DESCRIBE IN FULL: _____

LIST ANY OTHER SPECIAL TRAINING OR EXPERIENCES (i.e. CPR, First Aid, Babysitting Course, etc.)

ARE YOU INVOLVED IN ANY ACTIVITIES THAT WILL CONFLICT WITH ATTENDING COUNSELOR MEETINGS, TRAINING, OR DAY CAMP? Circle YES or NO, If YES, what is (are) the conflicts?

WHAT SPECIAL TALENTS COULD YOU BRING TO CAMP? (Song-leader, photographer, dancer)

COULD YOU TEACH A CLASS? IF SO, WHAT: _____

REFERENCES:

List three (3) references *other than family members* (people who know you well and can attest to your character and to your ability to work with and supervise youth). Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H Leaders, employers, and/or guidance counselors.

Name	Address	Phone Number	Relationship (teacher, coach, etc.)

4-H MEDIA RELEASE STATEMENT

Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature on this media release form, I acknowledge receipt of this document and give permission for Virginia Cooperative Extension and Virginia Cooperative Extension-Petersburg Office to use such reproductions for educational and publicity purposes. *(Name of unit or 4-H Center)*

Signature of Counselor/CIT Applicant

Date

Signature of Parent/Guardian

Date

AGREEMENT /CONSENT

- I have read and understand the 4-H Camp Teen Counselor/CIT Job Description. I understand that all teen applicants must successfully complete a screening selection and training process before being allowed to attend 4-H Camp as a Teen Counselor/CIT. This process includes: (a) submission of a completed application, (b) reference checks (3 references), (c) participation in a face-to-face interview, and (d) completion of a minimum of 24 hours of training.
- If selected as a 4-H Camp Teen Counselor/CIT, I will uphold the camp rules and procedures and abide by the 4-H Code of Conduct during the entire camp week. I will conduct myself as a responsible young adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. I also understand that records of criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to Virginia Cooperative Extension.

Signature of Counselor/CIT Applicant

Date

Signature of Parent/Guardian

Date

RETURN TO: **Virginia Cooperative Extension-Petersburg**
400 Farmer Street – Suite 218
Petersburg, VA 23803
PHONE: **(804) 733-1880**

**APPLICATION AND REFERENCE LETTERS
ARE DUE ON OR BEFORE DECEMBER 1, 2009**

If you are a person with a disability and desire assistance or accommodation, please notify S. Mallory, Petersburg Extension Office at (804/733-1880/TDD*) during business hours of 8:00 a.m. and 4:30 p.m., seven (7) days prior to the event. *TDD number is (800) 828-1120."



Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Rick D. Rudd, Interim Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Wondi Mersie, Interim Administrator, 1890 Extension Program, Virginia State, Petersburg.

2010

CITY OF PETERSBURG JR 4-H SUMMER CAMP

COUNSELOR AND COUNSELOR-IN-TRAINING (CIT)

REFERENCE FORM

Reference Name: _____ Phone: (H) _____ (C) _____

Address: _____

Applicant's Name: _____

How long have you known this applicant? _____

In what capacity have you known this applicant? _____

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS

A R E A	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
Emotional Maturity and Judgment			
Leadership Abilities			
Flexibility			
Communication Skills			
Enthusiasm and Energy			
Self-Confidence			
Responsibility			
Respect for Authority			
Respect for Policies and Procedures			
Trustworthiness			

Please offer any additional comments, which might prove to be helpful in the section process of the applicant.

**Return To:
Sharon F. Mallory, M.Ed.
Virginia Cooperative Extension – Petersburg Office
400 Farmer Street Suite 218
Petersburg, VA 23803-6367**

REFERENCES DUE DECEMBER 1, 2009