

*NOTE: COUNSELORS MUST HAVE BEEN AGE 14 OR OLDER BY 9-30-11. CIT'S MUST HAVE BEEN AGE 13 OR OLDER BY 9-30-11.



PRINCE GEORGE 4-H SUMMER CAMP - JULY 2-6, 2012

TEEN COUNSELOR AND CIT APPLICATION – DUE ON OR BEFORE MARCH 30, 2012

APPLICATION FOR: COUNSELOR COUNSELOR IN TRAINING (CIT)

Last Name	First	M.I.	Age (on 7-4-11)
Street Address		Adult Shirt Size	(CIRCLE ONE) S M L XL XXL
City	State	ZIP	
Phone	E-mail Address		

Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race: American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>
Parent/Guardians' Names			Ethnicity: Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>

Parent/Guardians' Daytime Phone	Grade (2010/11)	School
Have you served as a Counselor or CIT at 4-H Camp before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when and where?		

4-H Experience (not camping) - Give a brief summary of your 4-H experiences, especially leadership roles you have held. (Do not include camp experiences in this section.)

4-H Camp Experience – List any overnight 4-H camps you have attended. Also list any leadership roles you held at any of these camps.

Name of Camp	Leadership Experience	Calendar Year

What experiences do you have working with and/or providing leadership for children ages 9-13?

Would you like to be considered for a leadership position? YES NO If yes, tell why and list your qualifications.

Have you ever been convicted of a crime? YES NO If yes, please describe.

Have you ever been suspended from school? YES NO If yes, please describe.

Agreement and Consent

- I have read and understand the 4-H Camp Teen Counselor 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. This process includes: (a) submission of completed application forms and 3 written references, (b) participation in a face-to-face interview, (c) completion of TDRC and all other training materials, and (d) timely payment of registration fees.
- If selected as a 4-H Camp Teen Counselor, I will uphold the camp rules and procedures and abide by the 4-H Standards of Behavior 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 and 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.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. Virginia Cooperative Extension is an equal opportunity employer.

Printed Teen Name

Teen Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Registration Fee: Counselor (\$100) Date Paid _____ CIT (\$135) Date Paid _____

Registration fee is due with application. Application packets must be completed and received in the Prince George 4-H office by March 30, 2012 in order to participate – no exceptions! Completed TDRC tests should be brought to the mandatory Counselor/CIT training session on March 30, 2012, from 11:50 a.m. to 2:45 p.m., at Prince George High School. Call the Prince George 4-H office at 804-733-2686 if you have questions or need additional information.

TO BE COMPLETED BY PRINCE GEORGE 4-H OFFICE COUNSELOR/CIT CAMP DOCUMENT CHECKLIST

Personal Interview	Date Completed	
Counselor/CIT Application Form and Payment	Date Received	
Health History Form	Date Received	
Standards of Behavior Form	Date Received	
Voluntary Disclosure Statement	Date Received	
National Sex Offender Registry Check	Date Completed	
Virginia Sex Offender Registry Check	Date Completed	
Written References (3)	Date Received	
Volunteer Training CD and TDRC	Date Received	

AIRFIELD 4-H CENTER

VOLUNTARY DISCLOSURE STATEMENT

I, _____, attest that I have not been convicted of
Name (print)

any crimes against children. These crimes may be, although are not

limited to, the following:

Sexual harassment
Child molestation
Physical abuse

Signature

Date

Virginia Cooperative Extension

REVISED 2009

PUBLICATION 388-906

INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: _____

DATE(S) OF EVENT: _____ LOCATION: _____

PARTICIPANT IDENTIFICATION

NAME: _____ FEMALE: MALE:

Last First (Underline name by which you like to be called) Middle

MAILING ADDRESS: _____ PARTICIPANT CELL PHONE: (____) _____

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

AGE: _____ BIRTHDATE: _____ HOME EMAIL: _____

RACE: (Optional) WHITE HISPANIC BLACK AMERICAN INDIAN ASIAN MULTICULTURAL

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): _____ FATHER'S EMAIL: _____

FATHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

MOTHER'S NAME (OR GUARDIAN): _____ MOTHER'S EMAIL: _____

MOTHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? _____

ADDRESS, IF DIFFERENT THAN CHILD: _____

PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: _____

PHONE: (____) _____

DENTIST / ORTHODONTIST NAME: _____

PHONE: (____) _____

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES NO

(Check one)

CARRIER: _____

POLICY ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: _____

PHONE: (____) _____

CELL PHONE: (____) _____

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

CELL PHONE: (____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

YES NO



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VIRGINIA STATE UNIVERSITY

* 18 U.S.C. 707

PARTICIPANT HEALTH AND MEDICAL HISTORY

(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?

[Check (✓) all that apply]

- Asthma Bleeding disorders Attention disorders (ADHD)
- Eating disorders Seizures/Convulsions Wears contacts
- Diabetes Bed Wetting Behavior
- Fainting spells Non-food allergies Other: _____

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME:

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME:

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? YES NO **Date of most recent tetanus shot:** (month/year) _____/_____/_____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____

TDRC

A Personal Tool for Determining Your Readiness for Camp

INSTRUCTIONS

This tool measures competency in the area of 4-H camp volunteerism. The tool is broken down into five main parts: General Safety Questions, General Knowledge Questions, Medical/Health Questions, Camp Volunteers/Staff Questions, and 4-H Center Specific Questions. Please read each question carefully before answering and *RELAX...this is only a tool for seeing what we might need to review again before camp.*

GENERAL SAFETY QUESTIONS

1. Teens and campers can walk around different program areas without an instructor present (for example, ropes course, rifle range, nature trails) as long as they are in groups of three or more.
 True False
2. Personal flotation devices (PFDs) are required for all participants (campers, teens, and adults) who get into watercraft during canoeing and kayaking classes.
 True False
3. A camper bullying another camper is considered to be one form of “abuse” that is getting increasingly common in camps.
 True False
4. “Spotting” during aquatic activities (swim class, free swim, and waterfront activities) involves a volunteer serving as an extra pair of eyes; pointing out any concerns to the lifeguards that are on duty. Spotters are generally not required to get into the water.
 True False
5. Which of the following times of day have been identified as periods during which accidents and incidents are most likely to occur at camp?
 a. During classes
 b. During the middle of the night
 c. In-between class periods
 d. Immediately before breakfast
 e. Immediately after lights out
 f. Both a and b
 g. Both c and e
6. Campers are required to use which of the following pieces of protective equipment during horsemanship class?
 a. Helmet
 b. Closed-toed shoes or boots
 c. Long pants
 d. All of the above
 e. Both a and c are correct
7. If you come across two campers who are physically fighting, what should you do?
 a. Let the two campers finish the dispute and then talk to them separately
 b. Stop the fight immediately with the help of another camper
 c. Stop the fight immediately with the help of an adult/staff member
 d. None of the above

8. Which of the following situations is one in which you could be held responsible (i.e., liable) for a camper getting injured?
- a. Failing to supervise campers during a camp class
 - b. Leaving the cabin/lodge after lights-out without having someone supervising your campers
 - c. Seeing a camper breaking a camp rule and not doing anything to stop it
 - d. Only "a" and "c" above
 - e. All of the above

GENERAL KNOWLEDGE QUESTIONS

9. From a developmental perspective, campers ages 9-11 should not be involved in competitive events; they want everyone to win.
- True False
10. "4-H" is defined as "A _____ of young people across America who are learning _____, _____, and life _____." (Fill in the blank.)
11. _____ could be defined as showing good behavior and always following the code-of-conduct because you know that campers are always watching you.
12. Which of the following techniques are used to foster a sense of identity and belonging in campers?
- a. Encourage campers to wear their name tags
 - b. Make campers eat at assigned tables during meal-times
 - c. Assign each camper to a camp "group" (pack, animal group, team, etc.)
 - d. Don't allow campers to be in the same room as their friends
 - e. Both a and c are correct
13. The _____ identifies certain topics of conversations that are not appropriate for a camp setting. These topics include: dating, divorce, religion, ghost stories, occult, personal lives of staff, etc.
- Don't talk policy
 - Bad language policy
 - Sensitive issues policy
 - Anger management policy
14. "Sexual harassment" includes which of the following. (✓ all that apply)
- Telling sexually explicit jokes
 - Making negative remarks about someone's gender
 - Anything that makes another person uncomfortable
 - Forcing someone to engage in a sexual act to avoid a negative consequence or to obtain a reward
 - Kissing or touching someone when they don't want to be touched
 - All of the above
15. Which of the following are examples of bullying? (Check all that apply)
- Teasing/"Putdown"
 - Calling a camper a negative name
 - Hitting/kicking
 - Spreading rumors about someone
 - Threatening
 - All of the above

16. Which of the following are life skills that a camper may learn at 4-H camp?
- a. Self-responsibility, communication, and teamwork
 - b. Respect, caring, and sharing
 - c. Answer "a" only
 - d. Answer "b" only
 - e. Both "a" and "b" above
17. If a camper is seriously injured during camp, and a local newspaper reporter comes into camp and wants to question you about the accident, what should you say?
- a. Say that the injury was only minor and not to be concerned
 - b. Say nothing about the injury and direct the reporter to the main office
 - c. Ignore the reporter all together
 - d. Ask the oldest individual with you to speak to the reporter about the injury

MEDICAL/HEALTH QUESTIONS

18. Prescription medications must be turned in to the EMT/Nurse/Medic, however campers and teens are allowed to keep over-the-counter medications in their luggage until they are needed.
- True False

19. With regards to basic first aid, the term "universal precautions" means...

20. The *4-H Health History Report Form* must have a parent/guardian signature because...

21. Which of the following body fluids can carry infectious diseases?

- Urine
- Blood
- Vomit
- All of the above

22. Please fill in the blanks below concerning camper abuse:

A. While at camp, you suspect that a camper has been physically abused. You look for _____ signs on their body as evidence that the camper has been physically abused.

B. The following week at camp, several campers come to you and say that they believe their friend Erin has been emotionally abused. You decide to keep an eye on Erin for the remainder of camp and look for behaviors such as _____ as an indicator that Erin has been emotionally abused.

23. What is the #1 thing that you can do to avoid being exposed to an infectious substance from someone else's bodily fluids at camp?

- a. Stand at least 10 feet away if asked to be involved in medical care situations
- b. Wear disposable gloves if asked to be involved in medical care situations
- c. Contact the Center Director if asked to be involved in medical care situations

24. It is Wednesday night, and you discover that one of your campers has an inhaler that has not been turned into the camp's EMT/Nurse/Medic. What should you do?
- a. No need to do anything at all
 - b. Contact the camp EMT/Nurse/Medic immediately
 - c. Ask the camper to not let others see the inhaler until after camp is over
 - d. Contact the 4-H Extension Agent at camp

CAMP VOLUNTEERS/STAFF QUESTIONS

25. Camp counselors-in-training (CITs) are allowed to supervise campers only if a trained teen counselor or adult volunteer is present.
- True
 - False
26. 4-H camp volunteers (teen counselors and adult volunteers) have a legal duty-of-care for campers at all times except at night, when duty-of-care becomes the 4-H Center's responsibility.
- True
 - False
27. A 4-H camp volunteer could be found negligent if a camper was injured and a police investigation determined that the camper would not have been injured if the volunteer had provided better supervision.
- True
 - False
28. A 4-H camp volunteer can be dismissed from camp for violating the 4-H code-of-conduct or the Standards of Behavior for 4-H Volunteers.
- True
 - False
29. _____ youth is the most important responsibility of 4-H camp paid and volunteer staff?
30. The 4-H camp "above suspicion" policy states that volunteers should never allow themselves to be in a _____ situation with a camper.
31. 4-H camp volunteers are recruited, trained, and supervised by _____.
- ...the 4-H Agent from the county/city in which the 4-H volunteer lives
 - ...the "lead" volunteer
 - ...the 4-H Center Program Director
 - ...no one. Volunteers can essentially do their own thing at 4-H camp as long as they sort of follow their position description.
32. What is the first thing that a teen counselor or adult volunteer should do if a camper reports that he/she has been sexually abused?
- Ask the camper some additional questions about the situation to be sure that the camper isn't lying
 - Tell another counselor. It is important to have an immediate witness.
 - Tell the 4-H Extension Agent serving at the "camp director," or the 4-H Center Program Director, whomever can be reached first
 - Contact social services when you get back to your home county/city
33. If an accusation of child abuse is made during 4-H camp, who is considered (by law) to be a "designated-reporter" of child abuse?
- a. Teen counselors
 - b. Adult volunteers
 - c. Extension Agent(s) serving as camp directors
 - d. 4-H Center Program Director
 - e. Both c and d are correct

34. Why are teen counselors important for the 4-H camp experience?
- a. Teen counselors allow campers to “bend the rules” and have more fun
 - b. Teen counselors are closer in age to the campers
 - c. Campers usually relate better to teen counselors than adults
 - d. Answers “b” and “c” above
 - e. All of the above
35. What can 4-H camp volunteers do to ensure that campers are adequately supervised between class periods?
- a. Be aware at all times of where the campers are between classes
 - b. Check back in the cabin/lodge between classes and throughout the day
 - c. All of the above
36. What do volunteers need to do if they want to leave 4-H camp property during the camp week?
- a. Get permission from the Program Director at the 4-H Center
 - b. Get permission from someone on the camp staff
 - c. Get permission from the Center Director at the 4-H Center
 - d. Get permission from their 4-H Extension Agent
 - e. It is not necessary to get permission to leave the camp property
37. What is “duty-of-care?”
- a. The responsibility of camp volunteers to keep campers safe and properly supervised
 - b. The responsibility of camp volunteers to ensure that camp staff is well trained
 - c. The responsibility of camp volunteers to keep campers motivated to learn while at camp
 - d. None of the above
38. During camp classes and during afternoon and evening programs, volunteers may be assigned to check the camp cabins and lodges to ensure that campers are not in the rooms at the wrong time. Why are “cabin/lodge” checks important?
- a. To ensure that doors and windows remain locked at all times
 - b. To ensure that the lights are turned off when no one is around
 - c. To ensure that campers are safe and supervised
 - d. To ensure that campers remain in one-on-one situations at all times
39. If a camper receives a minor cut on his/her leg right before going to bed, what is your role in medical treatment as a 4-H camp volunteer?
- a. Not to perform any treatment on a camper, even for minor injuries
 - b. Notify a counselor(s) in another room about what has occurred
 - c. Walk with the camper and another counselor/CIT to seek medical treatment from the 4-H Center EMT
 - d. Only “b” and “c” above
 - e. All of the above
40. At your 4-H Center, where is the safest place to re-locate 4-H campers if a thunderstorm occurs in the middle of the afternoon? _____

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Prince George County Office

P.O. Box 68
6450 Administration Drive
Prince George, VA 23875
Phone: 804-733-2686 Fax: 804-733-2676
E-mail: hmaclin@vt.edu

4-H CAMP TEEN COUNSELOR REFERENCE FORM

To Whom It May Concern:

Thank you for serving as a reference for a teen applying for a Counselor position with Prince George County 4-H Camp this summer. At 4-H Camp, Teen Counselors will supervise small (five to ten campers) groups of youth, ages 9 -13 in the cabins/lodges at night, teach or assist with camp classes, work with campers in larger groups during the day (20-40 campers), help other teens, work with evening programs, recreational activities and more. *They have quite a responsibility!* If you have any questions please call me at 804-733-2686. Information provided on this form will be kept confidential.

Please complete the questions below and return to:

Hermon Maclin, Extension Agent, 4-H Youth Development
Virginia Cooperative Extension, P.O. Box 68, Prince George, VA 23875

Reference Name _____ Phone _____

Address _____

Teen Counselor Applicant's Name _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please check (✓) the following questions indicating how you feel the applicant would meet the criteria for 4-H Camp Teen Counselor.

E - Excellent; G - Good; F - Fair; P - Poor; NK – No Knowledge

	E	G	F	P		NK
<i>Working with Others</i>						
A. Young children age 9 - 13						
B. Peers						
C. Adults						
D. Shows fairness with others						
E. Ability to see things from other viewpoints						

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	E	G	F	P		NK
Leadership Skills						
A. Guides others						
B. Plans and organizes						
C. Manages time efficiently						
D. Delegates responsibility						
E. Motivates others						
F. Shows initiative						
G. Ability to work with homesick campers						
Responsibility						
A. Will obey rules						
B. Concern for camper safety						
C. Concern for camper welfare						
D. Maturity in handling problems						
E. Sound judgment						
F. Responsible for all duties including night supervision						
G. Will observe and follow through with all duties, assignments, and responsibilities						
Communication						
A. Teaching skills						
B. Listening skills						
C. Patient, helpful and courteous						
D. Team player; takes part with group						
E. Ability to give clear instructions						
F. Understanding and thoughtful						
G. Ability to express self						
Personal Skill and Concept						
A. Self-confidence						
B. Enthusiasm						
C. Good role model						
D. Positive attitude						
E. Restrains from alcohol/drug use						
F. Restrains from use of profanity						

Would you recommend this teen to serve as a 4-H Camp Teen Counselor working with children in a supervisory capacity? YES NO

Comments:

Signature of Reference Provider

Date

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4-H CAMP TEEN COUNSELOR REFERENCE FORM

To Whom It May Concern:

Thank you for serving as a reference for a teen applying for a Counselor position with Prince George County 4-H Camp this summer. At 4-H Camp, Teen Counselors will supervise small (five to ten campers) groups of youth, ages 9 -13 in the cabins/lodges at night, teach or assist with camp classes, work with campers in larger groups during the day (20-40 campers), help other teens, work with evening programs, recreational activities and more. *They have quite a responsibility!* If you have any questions please call me at 804-733-2686. Information provided on this form will be kept confidential.

Please complete the questions below and return to:

Hermon Maclin, Extension Agent, 4-H Youth Development
Virginia Cooperative Extension, P.O. Box 68, Prince George, VA 23875

Reference Name _____ Phone _____

Address _____

Teen Counselor Applicant's Name _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please check (✓) the following questions indicating how you feel the applicant would meet the criteria for 4-H Camp Teen Counselor.

E - Excellent; G - Good; F - Fair; P - Poor; NK – No Knowledge

	E	G	F	P		NK
<i>Working with Others</i>						
A. Young children age 9 - 13						
B. Peers						
C. Adults						
D. Shows fairness with others						
E. Ability to see things from other viewpoints						

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	E	G	F	P		NK
Leadership Skills						
A. Guides others						
B. Plans and organizes						
C. Manages time efficiently						
D. Delegates responsibility						
E. Motivates others						
F. Shows initiative						
G. Ability to work with homesick campers						
Responsibility						
A. Will obey rules						
B. Concern for camper safety						
C. Concern for camper welfare						
D. Maturity in handling problems						
E. Sound judgment						
F. Responsible for all duties including night supervision						
G. Will observe and follow through with all duties, assignments, and responsibilities						
Communication						
A. Teaching skills						
B. Listening skills						
C. Patient, helpful and courteous						
D. Team player; takes part with group						
E. Ability to give clear instructions						
F. Understanding and thoughtful						
G. Ability to express self						
Personal Skill and Concept						
A. Self-confidence						
B. Enthusiasm						
C. Good role model						
D. Positive attitude						
E. Restrains from alcohol/drug use						
F. Restrains from use of profanity						

Would you recommend this teen to serve as a 4-H Camp Teen Counselor working with children in a supervisory capacity? YES NO

Comments:

Signature of Reference Provider

Date