



COOPERATIVE EXTENSION SERVICE
 LSU Ag Center
 St. Tammany Parish
 P.O. Box 5438
 Covington, LA 70434
 (985) 875-2635
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 Website: www.lsuagcenter.com

2009 4-H Camp Counselor Application

Due in 4-H Office by: March 13, 2009

Name: _____

Address: _____

Phone: _____ Age: _____ Grade: _____ T-Shirt Size: _____

1. Number of years in 4-H? _____
2. Number of years in Junior Leadership Club? _____
3. How many years have you participated in 4-H Achievement Day? _____
4. Have you ever attended 4-H Camp? If so how many years? _____
5. Have you served as a Camp Counselor before? _____

If yes, for what year(s)? _____

6. List all activities you assisted with this year that involved working with children:

7. List your skills in communication and working with others:

8. What in your opinion is the best thing about 4-H Camp?

9. Explain why you would make a good camp counselor and why you should be chosen as a camp counselor?

10. List any certification you hold (i.e.) First Aid, CPR, Water Safety, etc.

11. Why do you want to be a camp counselor?

Applicant's Signature: _____

Parent's Signature: _____

Date: _____

***** (Camp dates are July 13th through July 17th, 2009) *****

(Confirmation letters for Camp Counselors will be mailed out the week of March 30th)