

# Camp Counselor Certification Program



University of Idaho  
Extension

## 4-H Adventure Camp Counselor Program

We would like to welcome our new Camp Director, Kelton Jensen. Kelton has worked with the Ada County Extension Office with robotics, after school programs, and summer day camps.

“Having been a former 4-her and attending the 4-H camp in my home state both as a camper and counselor, I have fond memories of my time at camp. I looked forward to getting to know all the camp counselors and working together to put on a great camp.” Kelton

4-H Adventure Camp Counselors have a unique opportunity to meet and work with teens, adults, and youth while having a fun outdoor experience and developing leadership skills.

Camp counselors are responsible for the safety and welfare of the campers during camp. This is not an easy job and should not be taken lightly. Successful camping experiences for campers depend on counselors being well prepared and working together as a team.

The Responsibility List and Counselor checklist provide a guide a becoming a Camp Counselor.

### Responsibility List:

- ◆ Complete the requirements in “Steps to Completing the Camp Counselor Certification Program”
- ◆ Follow all University of Idaho and 4-H Adventure Camp Policies and Procedures
- ◆ Be prepared and on time for all meetings and activities
- ◆ Attend all meetings
- ◆ Live in a cabin with a group of campers
- ◆ Be a positive role model to others
- ◆ Be able to meet the campers’ needs with the help of adults and other counselors
- ◆ Help campers understand and follow camp policies
- ◆ Promote camp to 4-H clubs and other organizations
- ◆ Actively participate in leading a workshop, class, or campfire
- ◆ Encourage camper participation in camp programs
- ◆ Participate in camp evaluation
- ◆ Be familiar with emergency procedures



### Terms to Know:

**Interviews:** Interviews will be conducted for first year counselors. Be prepared to discuss what you can bring to the program!

**Basics:** This training is required for first year counselors. Camping philosophy will be explored during this training

**Planning Meetings/Trainings:** These meeting focus on development of camp theme, scheduling, and camp activities, We will also work on the “Step Up to Leadership” project.

**Retreat:** Retreat is very important! We will go to camp to practice leading workshops and campfires. We will also use Challenge Team Building activities to create a united team.

## Steps to Completing the Camp Counselor Certification Program:

- ◆ Return the completed applications, health form, and counselor fee by the due date
- ◆ Enroll in 4-H and pay applicable county fees
- ◆ Enroll in "Step Up to Leadership" project
- ◆ Complete the Camp counselor Focus Area Checklist
- ◆ Attend all planning and training meetings
- ◆ Attend camps and be an active participant
- ◆ Agree to perform the duties on the "Responsibility List"
- ◆ Be familiar with emergency procedures
- ◆ Enter your Leadership project in your county fair

### First Year Counselor Checklist:

- ◆ **Age: Completed 9th grade by camp dates or first year in our program**
- ◆ Camp Counselor application/health form/parent consent/participation agreement
- ◆ References (provide 3 character references with complete addresses)
- ◆ Responsibility List
- ◆ Paid counselor fee
- ◆ Call 287-5900 (Ada County Extension) to schedule interview
- ◆ Attend Basics Training

### Junior Counselor Checklist

- ◆ **Age: Completed 10th grade by camp dates or second year in our program**
- ◆ Camp counselor application/health form/parent consent/participation agreement
- ◆ Responsibility List
- ◆ Paid counselor fee
- ◆ Instruct a workshop during a planning meeting/training

### Senior Counselor Checklist:

- ◆ **Age: Completed 11th or 12th grade by camp dates or third year in our program**
- ◆ Camp counselor application/health form/parent consent/participation agreement
- ◆ Responsibility List
- ◆ Paid counselor fee
- ◆ Instruct a workshop during a planning meeting/training
- ◆ Lead a team of counselors in a campfire, workshop, or evening session



## Camp Dates and Deadlines:



### Deadlines:

First year counselor applications: Due Friday, February 10, 2012

Returning Counselors applications: Due Friday, March 2, 2012

Interviews: Monday, February 13 through Friday, February 24, 2012

### Trainings:

Basics: Saturday, March 3rd Ada County Extension

Counselor Training/Planning Meeting 1: Saturday, March 17th, Canyon County Extension

Counselor Training/Planning Meeting 2: Saturday, April 21st Ada County Extension

Counselor Training/Planning Meeting 3: Saturday, May 5th, Canyon County Extension

Counselor Training/Planning Meeting 4: Saturday, May 19th, Gem County Extension

Camp Evaluation: Friday, August 10th, location to be determined

### Camps:

Counselor Retreat: Monday, June 18 to Wednesday, June 20, 2012

June Kids Camp: Sunday, June 24 to Wednesday, June 27, 2012

Teen Camp: Monday, July 9 to Friday, July 13, 2012

August Kids Camp: Friday, August 3 to Monday, August 6, 2012

### Important Attendance Information:

All counselors are expected to attend all counselor training/camp planning meetings **IN THEIR ENTIRETY**. If you know you can't make a meeting or have to come late or leave early, you must call the camp director at 287-5900 by 5:00 pm the day before the meeting.

One excused absence or tardy/early leave will not count against a counselor for camp preference. Unexcused absences, tardies, or early leaves will be counted as an absence and may affect a counselor's choice of camps, or ability to attend camp at all.

The Camp Counselor Retreat is **REQUIRED** for all counselors who wish to attend their camp of choice. Counselors who cannot attend the retreat will be considered on a case by case basis, but must report their planned absence at least two weeks before Retreat.

*Remember, Camp Counselors are the Stars of 4-H Adventure Camp! You make it possible for the campers to have a great experience and lasting memories of their time at camp!*

# Parent Permission and Authorization for the Treatment of Minors

Participants Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

To the best of my knowledge, the information provided on this form is accurate and complete. My son/daughter, named above has my permission to participate in the 4-H Adventure Camp Counselor Program, and/or attend Counselor Retreat, Teen Camp, June Kid's Camp, or August Kid's Camp. I understand that all activities are planned and supervised by the 4-H Adventure Camp Director, adult staff, Extension Educators and Counselors. The activities may include canoeing, rafting, water games in Cascade Lake Reservoir, challenge activities, campfires, crafts, hikes, sport fishing, shooting sports, etc.

I understand that the 4-H Adventure Camp Director, Adult Staff, and Camp Counselors are responsible for making sure the safety and well being of my child is consistent for the entire camping time. I understand that if the above named participant does not conduct him/herself properly and in agreement with the policies and procedures, I will be notified and he/she may be sent home at my expense.

I agree that my child may be photographed during this camping program. I agree that my child may write reflection paragraphs. I agree that 4-H shall be the exclusive owner of the photography or writings and all copyright and other rights in the photograph. I agree that 4-H may use the photograph and any writings in any media related to the Idaho 4-H Camping program. I have made note of any special circumstances or restricted activities in the space provided below.

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

As parents/guardians I also understand there is additional exposure of the participant to mishaps or accidents within the camping environment. I/we accept the additional risk and release University of Idaho Extension, Cascade Lake 4-H Camp, Inc., volunteer board of directors and employees, Steering Committee, and Camp Director from any incident that may occur while participating in such activity or travel to and from such activity. I/we give our permission for the 4-H program and its representatives to obtain medical assistance for the above named minor. If necessary, I/we will assume responsibility for the medical assistance. A health form for any medical precautions is provided. All forms must be completed; and signed by the parent /guarding before the child attends the program. I have read and understand this entire form and by signing below give my permission to the physician selected by 4-H program staff/nurse to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above. I also grant release of information to the insurance agency providing coverage for 4-H Adventure Camp.

Circle Event Attending:

Planning Meetings    Retreat    June Kid's Camp    Teen Camp    August Kid's Camp

Signature of participant: \_\_\_\_\_

Signature of parent/ guardian \_\_\_\_\_

Date \_\_\_\_\_



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## 4-H Adventure Camp Health Form

CAMPER MAY NOT REGISTER WITHOUT HEALTH FORM

Please circle one:

Counselor

Adult Staff

Teen Camp

June Kids Camp

August Kids Camp

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Camper Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If not available in emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY:** Please give approximate dates camper has had or received the following:

Convulsions	Hypertension	Ear Infections
Diabetes	Bleeding/Clotting Disorders	Ivy Poisoning
Asthma	Heart Defect/Disease	Insect Stings
Seizures	Surgery	Injury
Chicken Pox:	DPT immunization	MMR immunization

▶ Allergies (Please list any allergies to bee stings, food, medications, etc):

\_\_\_\_\_

▶ Operations or serious injury (dates) \_\_\_\_\_

▶ Chronic or re-occurring illness and treatment which may be needed while at camp: \_\_\_\_\_

\_\_\_\_\_

▶ Dietary modification/preferences (including vegetarian): \_\_\_\_\_

▶ Current medications: \_\_\_\_\_

\_\_\_\_\_

▶ Any specific activities to be restricted: \_\_\_\_\_

▶ Please list any special considerations you feel we need to be aware of (such as bed wetting, car sickness, sleepwalking) **This information is confidential:** \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT: PLEASE NOTIFY THE CAMP OF ANY EXPOSURE TO INFECTIOUS DISEASE IN THE TWO WEEKS PRIOR TO CAMP.**

PARENT AUTHORIZATION: To my knowledge this health history is correct so far as I know, and the person herein described has permission to engage in all Camp activities except as noted. I hereby give permission to the physician by the 4-H Camp to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, permission to secure proper treatment for, hospitalization, order injection, and/or anesthesia and/or surgery for my child as named above.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CAMPER AGREEMENT: I also understand and agree to abide by the restrictions placed on my activities and agree to assist 4-H Camp staff in my health care.

Signature of minor camper: \_\_\_\_\_



## 4-H Camp Counselor Registration Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_ Years as Counselor: \_\_\_\_\_  
Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Email: \_\_\_\_\_

**Parent Consent:** I hereby give my permission for \_\_\_\_\_ to attend Counselor Training activities at the time and place indicated and release the University of Idaho Cooperative Extension employees, sponsors, and volunteers from any liability connected with attendance.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**Participant Agreement:**

I understand that any of my behavior that jeopardizes the health, safety, or social well-being of any/everyone attending all functions of the 2012 4-H Adventure Camp will result in my being dismissed from the activity, forfeiture of fees, and prompt return home at my expense. I also understand and agree to fulfill all requirements on the "Steps to Completing the Camp Counselor Program" and "Responsibility List"

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**First time applicants only:** List three persons other than relatives who can speak for your qualifications for this counseling position.

**Give complete address and phone numbers.** These references will be contacted.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Application Deadline:** First year counselors: Friday, February 10, 2012 Returning counselors: Friday, March 2, 2012

**Please return your application to:**

Ada County Extension  
5880 Glenwood  
Boise, ID 83714

Phone: 208-287-5900

Fax: 208-287-5909



**Camp Counselor Fee:**

**\$75.00** \* payable to District II 4-H Camp

\* this fee does not include 4-H enrollment fees, which vary by county.

Sweatshirts: are optional at an additional cost of approximately \$25

Step Up to Leadership book is included for first year counselors only.



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In compliance with the Americans with Disabilities Act of 1990, those requesting reasonable accommodations need to contact Kelton Jensen at least one week prior to the event at 208-287-5900, 5880 Glenwood, Boise, ID 83714

