

Waukesha County 4-H Summer Camp Program
**APPLICATION FOR YOUTH STAFF - UPHAM WOODS BASE CAMP AND WILDERNESS CAMP
 AND/OR SENIOR OUTPOST SUMMER CAMP**

Application Due No Later Than January 15, 2008
 Camp Dates: Upham Woods Base Camp and Wilderness Camp – July 6th – July 9th, 2008
 Senior Outpost Camp – TBA

NAME _____ DATE OF APPLICATION _____
 PERMANENT ADDRESS _____
 CITY _____ ZIP CODE _____ TELEPHONE(____) _____
 AGE AS OF JANUARY 1, 2008 _____ E-MAIL ADDRESS _____

1. List in order of preference the position(s) you are interested in for summer camp (if there is a position you are not interested in, please leave it blank):

- CIT (base camp) _____ (13 and older)
- Cabin Counselor (base camp) _____ (14 and older)
- Camp Staff (Wilderness camp) _____ (14 and older)
- Program Staff (base camp) _____ (15 and older)
- Senior Outpost Camp Program Staff _____ (17 and older)

2. Briefly explain why you feel "qualified" to be on 4-H summer camp staff:

3. Have you been at Waukesha County 4-H Summer Camp before as a: If so, what year(s)?

Camper	Yes _____	No _____	_____
Counselor In Training	Yes _____	No _____	_____
Counselor	Yes _____	No _____	_____
Program Staff	Yes _____	No _____	_____

4. List camps attended (and other than 4-H Summer Camp):

<u>Year</u>	<u>Name of Camp</u>	<u>Kind of Camp</u>	<u>Length of Camp</u>	<u>Day or Overnight</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(OVER)

5. What experience(s) have you had as a leader in a camp situation?
Describe years attended and your specific role:

6. What other working experiences have you had with boys and girls?
Describe your role, when, where, etc:

7. What level of swimming instruction have you reached?
Beginner Life Saving ____ Intermediate Life Saving ____ Advanced Life Saving ____ WSI ____
Organization Examined by _____ Date Received _____

Have you had training in: CPR Yes ____ No ____
 First Aid Yes ____ No ____

8. Give two new suggestions for education focus or program ideas for camp staff:

- 1.
- 2.

9. Do you have any physical or health limitations that would need to be accommodated at summer camp?
Yes____ No____ If yes, describe:

10. T-shirt size _____

Signature of Applicant: _____ **Date** _____

Signature of Parent or Guardian: _____ **Date** _____

Signature of Club Organizational Leader (non-parent): _____ **Date** _____