

# Oz-Some 4-H Camp Counselor Application and Code of Conduct

(completed form due to Marion County Extension Office no later than **May 1**.)

Camp Counselors must be 9<sup>th</sup> grade and older (May, 2017).

*All Counselor Applicants must attend Training on June 9 & 10 – Transportation will be provided to and from camp*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
(Street, Road) (City) (Zip Code)

Grade \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Grade completed 2017)

T-Shirt - Adult Size (circle one): S M L XL XXL

E-mail - that gets checked regularly \_\_\_\_\_

## Counselor Objective

Serving as a counselor at 4-H Camp is a rewarding experience. The personal growth and sense of accomplishment that counselors gain by providing educational experiences for campers is significant.

## Counselor Agreement

I realize that as a counselor at Rock Springs 4-H Center for the Oz-Some 4-H Camp group, I will:

- ✓ **Must attend the Camp Counselor Training.**
- ✓ Be responsible for a group of 8-9 4-H campers from our camp group. This group will be of similar grades. This responsibility will be 24 hour per day while at camp, beginning when campers start arriving and ending when all campers leave camp.
- ✓ Give permission to submit your name to for a background check from the Department of Child Abuse/Neglect

This responsibility will include, but not be limited to the following:

- ✓ Getting campers to scheduled activities on time.
- ✓ Being with campers at all times! The only exception is counselor meetings.
- ✓ Being accountable for the camping group's behavior. Acceptable behavior and discipline policies will be discussed during counselor training and meetings.

## Counselor Questions

Have you served as a camp counselor before?

CHECK: \_\_\_\_\_ 4-H, Years \_\_\_\_\_ Other, Years \_\_\_\_\_

Explain \_\_\_\_\_

Have you attended camps before?

CHECK: \_\_\_\_\_ 4-H, Number of times \_\_\_\_\_  
\_\_\_\_\_ Other, Number of times \_\_\_\_\_

Explain \_\_\_\_\_

What camp experience would you prefer? Please rank the following from 1<sup>st</sup> preference to 3<sup>rd</sup> preference:

**Rank:** \_\_\_\_\_ Rookie Camp Session 1 (June 10-11) \_\_\_\_\_ Session II (June 12-13)  
\_\_\_\_\_ Full Time Rookie Counselor (both sessions)  
\*\*\* (Preference given to those who can attend both Rookie sessions) \*\*\*  
\_\_\_\_\_ Regular Camp (June 10-13)

What Grade level group do you prefer? (ie, 3<sup>rd</sup>, 4<sup>th</sup>, etc.) \_\_\_\_\_

Optional: List someone you would like to be a co-counselor with \_\_\_\_\_

Would you be able to be a "solo" counselor if necessary? \_\_\_\_\_

What previous experience do you have working with youth, small groups specifically? (i.e., church, school, community, etc.)

Why are you interested in serving as a camp counselor? Why should you be selected to serve as a counselor this year?

Have you read the camp counselor guidelines and job description? \_\_\_\_ After doing so, what is the role of a camp counselor? How can you fulfill this role?

What are some of the reasons for having 4-H Camp, besides fun?

What counselor responsibilities would you like to learn more about in the counselor training session?

For experienced counselors – what suggestions do you have for more advanced training for you? What session would be you be willing to help teach?

For volunteer screening purposes, please complete the enclosed Kansas Child Abuse Registry Form and staple it to your application. Do not include any money.

Committee Selection: Please rank the following committees 1 thru 4 (All selected Rookie Counselors will be on a Rookie Committee)

\_\_\_\_ Manners and Grace Committee

\_\_\_\_ Spirit Committee – leading simple activities and songs while campers are waiting for meals

\_\_\_\_ Campfire Planning Committee

\_\_\_\_ Camp Closing Ceremony Committee

Child Abuse and Neglect Central Registry  
**Release of Information**

All releases and fees should be sent via postal mail to the attention of: DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

**CONFIDENTIALITY:** Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

I, \_\_\_\_\_, give permission for the release of any information concerning  
(Please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

<b>A. Contact Person: Keli Yungeberg/Rod Buchele</b>	
Agency Name:	Department of 4-H Youth Development
Mailing address:	201 Umberger Hall, KSU Manhattan, KS 66506
Phone Number:	( 785 ) 532-5800

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.  Yes  
 No

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security # \_\_\_\_\_

Gender:  Male  Female

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, Kansas 4-H are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:**  If yes, please check

For Central Registry Use Only

\_\_\_\_ FEE ATTACHED

# COUNSELOR RELEASE/AGREEMENT FORM

## Message to Parent and Campers

All reasonable efforts are made by the OZ-Some Camp Association to provide a safe, secure environment at 4-H Camp. As part of that effort, parents and counselor applicants are asked to jointly complete the following information.

### COUNSELOR CODE OF CONDUCT:

Attending camp and being a camp counselor at Rock Springs 4-H Center is a **privilege; not a right**. Camp provides a wonderful opportunity for exploring new interests, making new friends and learning to make decisions as a member of a group. To maximize this experience, each counselor is expected to abide by the camp rules and conduct themselves in an appropriate manner. Please read and sign this agreement at bottom of page.

### As a camp counselor, I agree to:

- ✓ Follow the guidance of the agents and Rock Springs staff.
- ✓ Attend all scheduled camp activities and be on time. I will communicate with an agent if problems arise.
- ✓ Use language and manners that will bring respect to myself and Kansas 4-H. Bad language will not be tolerated.
- ✓ Treat Rock Springs 4-H Center, including the wildlife, with respect.
- ✓ Follow and enforce curfew and quiet time hours.
- ✓ Not bring water guns, water toys, radios, tape players, electronic games, weapons (knives, guns, etc.) matches, lighter, cell phones or offensive magazines.
- ✓ No cell phones are allowed. If a counselor or camper is found to have a cell phone, he/she will be sent home.
- ✓ Abide by the OZ-Some Camp Group Dress Code:
  - Items of clothing advertising alcoholic beverages, tobacco products or drugs, or that have vulgar, obscene or offensive messages **are not appropriate**.
  - Undergarments should be worn but not seen.
  - Hats, caps, and visors are not appropriate inside buildings and at meals.
  - Shorts should be appropriate for school (Example: 3-5 inch inseam).
  - Shirts, blouses, tops and t-shirts cannot expose the midriff, the back, or cleavage. Tank tops are allowed as long as they are not revealing. See through shirts are not acceptable. Shirts cannot be altered.
  - One piece swimsuit is preferred.
  - When leaving the swimming pool area everyone must have a shirt on.
  - All wardrobes are subject to approval of adults in charge.
- ✓ Forfeit my camp counselor experience, if I am arrested and/or convicted of a DUI, MIP and/or other drug or alcohol-related offense after being selected as a camp counselor.
- ✓ Contact my Extension Agent to let them know I have been arrested and/or convicted of a DUI, MIP and/or other drug or alcohol-related offense.
- ✓ Attend Camp Counselor Training and fulfill my Camp Counselor time commitment.

### PHOTO RELEASE

I hereby give my permission to K-State Research and Extension to use any photography of my child taken by the official 4-H activity or 4-H conference photographer for programs, promotions or for any other use by K-State Research and Extension. I also recognize that these photographs are the property of K-State Research and Extension.

\_\_\_\_\_  
Signature (parent or guardian if under 18)

\_\_\_\_\_  
Date

I have read the Camp Counselor Agreement and completed the application to the best of my ability. I also understand that the decision to not behave acceptably or carry out my responsibilities in the accepted format could result in my being sent home at my own and parents' expense, i.e., transportation.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Counselor Signature)

## OZ-Some Camp

**Title:** CAMP COUNSELOR

**Purpose:** Provide guidance and leadership for 8-9 campers in a safe, nurturing environment.

### Responsibilities of Duties:

1. Complete the camp counselor application, arrange for interview time, and sign camp counselor code of ethics.
2. Attendance and participation in camp counselor training.
3. Welcome campers to camp and make them feel safe.
4. Create a team atmosphere among campers while participating in activities.
5. Observe campers and be aware of their health (checking health card and taking campers to nurse if necessary), safety and well-being. Report to camp nurse if necessary.
6. Know where campers are at all times and be present during critical times.
7. Observe the camp rules.
8. Initiate group decisions.
9. Follow camp schedule.
10. Communicate with agents any behavioral problems, sickness, etc.
11. ½ payment of camp registration (depends on your Extension Unit).

### Skills/Knowledge Needed:

- Junior Counselor experience (preferred not required)
- Communication skills both written and verbal
- Organizational skills
- Ability to work with youth
- Listening skills
- Sensitivity to campers' personalities, differences, and needs
- Ability to motivate youth
- Small group decision-making skills

### Time Required:

- 2 day camp counselor training
- 4 days Rock Springs 4-H Center

### Resources Available:

- Previous camp counselors
- OZ-Some Association members
- County/District Extension Agent
- Counselor Application

### Benefits to Volunteer:

- Camp fee provided
- Meet new friends
- Work with youth
- Leadership skills gained
- Opportunity to role model

### Expectations Resulting from this Position:

- Fun, safe, camp environment
- Campers' feeling safe
- Self-confidence