

**4-H EVENT/OPPORTUNITY:** 4-H Camp Counselor

**DATE / DEADLINE:** Applications are due to the Clermont County Extension Office on **Wednesday, January 10, 2018.**

**PROGRAM DESCRIPTION:**

The 4-H Camp Counselors are a group of 4-H teens selected to assist in being responsible for campers ages 8-14 during 4-H camp. As a result of participation, counselors will develop knowledge, skills, attitudes and aspirations needed for adult success, and the Clermont County 4-H program will be strengthened and expanded. Roles and Responsibilities of 4-H Camp Counselors include:

- Attend required trainings prior to camp
- Market and promote camp
- Serve in a leadership and teaching role to other counselors
- Serve on committees or other groups to plan programs at camp
- Conduct self in an appropriate manner before, during, and after camp while serving as a role model to campers and peers
- Assist staff and other counselors with camp activities; work as a team to implement the activities
- Know and understand all safety guidelines, including emergency procedures, associated with the camp and program areas
- Follow and enforce camp rules
- Assure for safety of campers at all times including in cabins, sessions, and large group activities
- Be aware of child protection regulations and report any child abuse, sexual abuse, or neglect in accordance with university policy
- Identify and respond to camper behavior issues
- Ensure campers' health and hygiene, e.g., brushing teeth, eating meals, taking medication, etc.
- Promote camper participation during camp
- Lead and supervise campers in activities at camp including but not limited to songs, teambuilding challenges, group activities, challenges, etc.
- Teach and lead campers at workshops or during other components at camp (table setting, song leading, etc.)
- Mentor and give guidance to campers to encourage positive youth development and enhancement of life skills

**REQUIREMENTS:**

- Must be at least 15 years old by January 1, 2018.
- Must be able to get transportation to meetings and events as needed.
- Must complete a minimum of 24 hours of training.
- Must complete Child Abuse Awareness training.
- Must Sign Standards of Behaviors, complete the Code of Conduct form, and have a current Ohio 4-H Health History form on file.
- Applicants must provide two references.
- If the individual is 18+ year old at least two months prior to camp, the individual must have their background check conducted.

**SELECTION PROCESS:**

- Individuals who complete the application and fulfill application requirements will be contacted regarding the selection process.

**MEETING DATES/TIME/FREQUENCY**

4-H Camp Counselors meet on a regular basis from January through June (training schedules will be distributed at interviews). Counselors are expected to notify the Extension Office if an absence is unavoidable.

**TO APPLY:**

- Complete the application in its entirety
- Have two non-family members complete and return the attached reference forms
- Read and sign the Standards of Behavior and Camp Counselor Code of Conduct forms
- Return all materials to the Clermont County Extension Office by Wednesday, January 10, 2018



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**Ohio4h.org**

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity).

## Clermont/Hamilton County 4-H Camp Counselor Application

**DUE:** Friday, January 10, 2018

**RETURN TO:** OSU Extension, Clermont County, 1000 Locust Street, P.O. Box 670, Owensville, OH 45160

**COUNSELOR FEE:** \$80 (covers training expenses, food, counselor t-shirt) must accompany application

**CRITERIA:** Must be at least 15 years old as of January 1, 2018. Please see position description for full explanation of expectations and requirements.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Age (January 1) \_\_\_\_\_ Date of Birth \_\_\_\_\_ (00/00/0000) Male/Female

County \_\_\_\_\_ 4-H Club \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Is texting an option?  Yes  No

Do you have a Facebook account?  Yes  No

If yes, what name is it under? (This is so we can create a group) \_\_\_\_\_

2018 School Calendar (if known):

Spring Break \_\_\_\_\_ Last Day of School \_\_\_\_\_ Graduation \_\_\_\_\_

*In case of injury or accident, notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### CAMP PROGRAMMING

1. Suggest a camp theme \_\_\_\_\_

*(Not used in the past 5 years)*

2. List 2 unique workshop/session ideas that complement your theme suggestion (45 minutes)

\_\_\_\_\_

3. List 2 unique Games/Evening Programs/Guest Speakers that complement your theme suggestion

\_\_\_\_\_

4. Check 1 activity in each column that you are willing to assist with planning and teaching:

	Crafts		Flags
	Nature		Vespers
	Dance		Signatures / Candle Lighting
	Candle Making		Campfire
	Songs		Evening Activities



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**2018 4-H CAMP OPTIONS:**

If selected, I am available to be a counselor at:

_____ County Camp	June 8 <sup>th</sup> – 12 <sup>th</sup>	4-H Camp Graham
_____ Cloverbud Camp	Mid-Late June: TBD	4-H Camp Graham

Why do you want to be a camp counselor?

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What traits, skills, or special experiences do you have that would benefit you in this position? (Please include experiences working with children and youth).

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What skills or contributions will you add to the counselor team in making sure camp is successful? (Such as First Aid, Babysitter's Course, Recreation, etc.).

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What hobbies and/or special interests do you have that you would like to share?

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Please list 2 of your strengths.

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## Ohio 4-H Camp Counselor Code of Conduct

I, \_\_\_\_\_ agree that if selected, I will participate in the 4-H Camp Counselor Training Program. I understand that this is a training period and only once I complete my certification am I permitted to be a counselor at 4-H Camp.

I understand that I am taking on a different role at camp. I am applying to serve others, not to go purely for my own enjoyment. By signing below, I acknowledge that I have read and agree to abide by the above responsibilities if selected as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I conduct myself in an irresponsible manner, which includes being out of my cabin after hours, the possession of an electronic device and the possession and/or use of tobacco, alcohol, illegal drugs or fireworks.

I will be expected to:

- ✓ Attend the required number of counselor training sessions. I understand I will be dismissed if I am not able to complete the required training.
- ✓ Abide by the NO electronic devices at Camp Policy (note: unless otherwise authorized by Extension staff)
- ✓ Treat other peers with respect.
- ✓ Not bully fellow counselors or participate in goat-play or hazing.
- ✓ Conduct myself as a positive role model and be responsible.
- ✓ Set a good example by not using profanity or telling off-color jokes, and stories.
- ✓ As a 4-H member, not have in my possession tobacco, alcohol or illegal drugs.
- ✓ Not have possession of harmful objects without specific authorization from the camp director, including but not limited to: knives of any kind (pocket, utility, etc.), lighters, matches, fireworks, explosives, firearms, weapons, etc.
- ✓ No pornography or other sexually oriented materials including nudity in visual or written materials including similar content.
- ✓ Be a responsible cabin counselor and ensure campers are provided guidance towards a safe and fun week.
- ✓ Ensure that all campers are supervised by counselor staff at all times. Be sure that all campers know that they must remain on the camp grounds at all times and are responsible for their behavior at all times.
  - Get to know each of the campers personally and by name.
  - Have all campers, including myself; check in any of their medications with the nurse.
  - Make sure each camper uses personal hygiene.
  - Make sure that all of my campers are familiar with camp facilities and camp rules
  - See that all campers are involved in all activities. Make sure no one is excluded.
- ✓ Check for illness or injury, but don't make much of a "fuss" about minor things. Go with hurt or sick campers to the nurse no matter how minor the ailment.
- ✓ Follow guidelines for lights out, and cabin supervision. Be in my cabin with my campers at all times between the hours of "Lights Out" and "Rise and Shine."
- ✓ Never discipline a camper by ridicule or physical punishment; patience and understanding works best.
- ✓ Urge safety at all time. Take time to explain how and why to do something safely.
- ✓ Work as a team to plan, organize and conduct all camp activities.
- ✓ Be flexible with counseling and adult staff.
- ✓ Participate in camp promotion.
- ✓ Follow leadership of camping program through adult advisors/volunteers/staff.

I certify that the all the information being submitted is correct, and understand that failure to comply with these rules could result in probation, or loss of counseling position for the year.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Ohio 4-H Camp Counselor Reference Form

\_\_\_\_\_ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the qualities and ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication skills					
Respect for others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children (age 5-10)					
Ability to work with children (ages 11-14)					
Ability to work with other teens					
Ability to work with adults					

2. Please write any additional comments here:

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

Printed Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return no later than Wednesday, January 10, 2018**  
 OSU Extension, Clermont County  
 P.O. Box 670, Owensville, Ohio 45160  
 FAX: 513-732-7060  
 E-mail: royalty.9@osu.edu

**Please note:** Please submit in a sealed envelope. For questions contact the OSU Extension Office.



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Ability to work with other teens					
Ability to work with adults					

2. Please write any additional comments here:

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

Printed Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return no later than Wednesday, January 10, 2018**

OSU Extension, Clermont County  
P.O. Box 670, Owensville, Ohio 45160  
FAX: 513-732-7060  
E-mail: [royalty.9@osu.edu](mailto:royalty.9@osu.edu)

**Please note:** Please submit in a sealed envelope. For questions contact the OSU Extension Office.





Activities and Programs with Minor Participants
Office of Human Resources – Policy 1.50
Standards of Behavior for Minor Participants

Standards of Behavior for Minor Participants Participating in
Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
• Support and abide by the group's designated leader
• Practice good citizenship, leadership and self-control
• Follow the direction of activity or program staff and/or leaders
• Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
• Show respect to others, be courteous and respectful
• Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor participants:

- Unsportsmanlike conduct, unethical, immoral conduct
• Improper language, e.g., profanity
• Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
• Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
• Boys in girls' rooms/restrooms and vice versa
• Destruction of property
• Violation of established curfew, when applicable
• Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
• Belittling others/putting others down and being disrespectful of individuals' differences
• Aggressive physical behavior, e.g., fighting
• Taking property that belongs to others
• Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, \_\_\_\_\_, as a participant in an activity or program with minor participants, \_\_\_\_\_,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we \_\_\_\_\_ have read the standards of behavior and support my minor's participation in the
(parent/guardian, print) activity/program.

Parent/guardian signature

Date



**Ohio 4-H Health Statement**

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach**  
**Picture**  
(for I.D.  
purposes only)

**Participant/Member Information:**

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

**Emergency Contact Information:**

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

**Health History:****Communicable Diseases:**

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Mumps \_\_\_\_\_ Other Communicable Diseases \_\_\_\_\_

**Immunization/Vaccine Record:**

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: \_\_\_\_\_

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

**Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:**

**Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):**  
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:





**Check below if the participant is subject to any of the following conditions:**

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

*NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.*

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Instructions for Medications:**

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

<input type="checkbox"/> Acetaminophen ( ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

**Emergency Medical and Informed Consent/Camp/Program Release**

I understand that my child, \_\_\_\_\_ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Photo and Video Release**

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, \_\_\_\_\_, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

\_\_\_\_\_  
 Parent/Guardian Printed Name      Parent/Guardian Signature      Date