

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

**DATE / DEADLINE:** Applications are due to the OSU Extension Office no later than **Friday, December 1, 2023** by **4:30pm**. Late applications **will not** be accepted.

**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 Paulding 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 and a sophomore in High School by the start of camp.
- Must be able to get transportation to meetings and events as needed.
- Must complete a minimum of 24 hours of training. (6 of these hours must be on-sight for first time counselors).
- 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.
- All 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.
- Must be able to attend the Lock-In on January 14-15, 2024.
- Must be a 4-H member in Paulding County and complete a 4-H project and judging.
- Counselors will be expected to pay a portion of their camp fee.

**SELECTION PROCESS:**

- Individuals who complete the application and fulfill application requirements will be interviewed on either December 27<sup>th</sup> or 28<sup>th</sup> as part of the selection process.
- All valid applicants will be considered but may not be selected.
- Applicants selected to be Camp Counselors will be informed and must be in attendance for the lock-in.



## **MEETING DATES/TIME/FREQUENCY**

4-H Camp Counselors meet the following dates throughout the year:

- Lock In - Sunday, January 14th, 2024 beginning at 4:00pm to Monday, January 15th, 2024 ending at 3:00pm.
- Monday, February 5th from 6-8pm
- Monday, March 4th from 6-8pm
- Saturday, March 9th (tentative) from 8:30am-3pm for on-site training at 4-H Camp Palmer. Required for all CIT's.
- Monday, April 1st from 6-8pm
- Monday, June 3rd from 6-8pm
- Cook-Out - Tuesday, June 18th from 11am-2pm
- A work day will be announced that will be held the week of July 1st.
- Paulding County 4-H Camp – July 9-13<sup>th</sup>

**Counselors are expected to notify the Extension Office if an absence is unavoidable.**

### **TO APPLY:**

- Complete the application in its entirety.
- Turn in reference forms from two non-immediate family members OR provide non-immediate family references with contact information.
- Read and sign the Standards of Behavior and Camp Counselor Code of Conduct forms.
- Return all materials to the Paulding County Extension Office by Friday, December 1st, 2023.

**4-H CAMP COUNSELOR APPLICATION**

Name \_\_\_\_\_

Age (as of 1/1/2024) \_\_\_\_\_

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

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

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

4-H Club \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Years as a Camper \_\_\_\_\_ Shirt Size \_\_\_\_\_

*In case of injury or accident, notify:*

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

Why do you want to be a camp counselor?

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

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.)

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

Please list 2 of your strengths



As a camp counselor you will be responsible for children for up to 5 days. State why a parent should feel comfortable leaving their child in your custody.

What do you feel children gain from their experience at 4-H Camp?

List any other information that you would like the selection committee to know about you.

**For Returning Camp Counselors:** If you were the 4-H Educator and in charge of the Paulding County Camping Program, what would you change and why?

**For Returning Camp Counselors:** If you were the 4-H Educator and in charge of the Paulding County Camping Program, what counselor behaviors should you be concerned about?

### **Camp Plan**

Each year, the counselors and adult staff select a timely and fun camp theme and plan all the camp activities and programs around the theme. After giving this important topic of "theme" some thought, complete the following camp plan.

"MY CAMP PLAN"

Camp Theme \_\_\_\_\_

Group/Cabin Name Ideas \_\_\_\_\_

Campfire Program Ideas \_\_\_\_\_

Other Evening Program Ideas \_\_\_\_\_

Any Other Ideas You Have for Your Camp Theme

**VOLUNTEER STANDARDS OF BEHAVIOR**

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to professionally represent the activity/program and The Ohio State University. Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Do their best to help youth thrive while exploring their ‘sparks’.
- Read and uphold the Youth Privacy Principles located at [go.osu.edu/youthprivacy](http://go.osu.edu/youthprivacy)

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
  - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- I will report any red-flag behaviors, child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE at the OSUE’s sole discretion.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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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 other, 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 and/or the possession 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 Cell Phones at Camp Policy (note: unless otherwise authorized by Extension staff)
- ✓ Treat other peers with respect.
- ✓ Not bully fellow counselors or participate in horse-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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## 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:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Not Known</b>
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: \_\_\_\_\_

**Please return no later than 12/1/2023**

OSU Extension, Paulding County

Address: 503 Fairground Drive, Paulding, OH 45879

E-mail: schweinsberg.5@osu.edu

**Please note:** Please submit in a sealed envelope or e-mail directly to the above e-mail address. For questions contact the OSU Extension Office at 419-399-8225.

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# 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!**  
 Click here  
 to 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: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
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.*

### 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.

## 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.*

**Check below if the participant displays any of the following behaviors:**

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other?

**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: \_\_\_\_\_

**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 must follow the *Ohio 4-H Code of Conduct*; consequences for *Code of Conduct* violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

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

If checked, I wish to be notified immediately if my child becomes homesick. If you do not check this box, we will only contact you if your child's homesickness becomes too much for camp counselors and staff to manage.