



Application for Counselors:
2008 4-H CAMP

Due June 6, 2008

Office Use Only:
date rec'd ____
cash m.o. ____
ck # ____

I would like to make reservations for the La Paz/Mohave County 4-H Camp to be held at Pinal 4-H Camp, near Williams, AZ. Counselors will need to report to the camp by noon on July 12th. The actual camp will begin Sunday at 2:00 PM on **July 13th** and ends the morning of **Thursday, July 17th**. The total cost for counselors will be **\$ 55.00**. The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM, June 6, 2008**. Make checks payable to the **La Paz County 4-H Leaders' Council** and mail to La Paz County Cooperative Extension, PO Box 3485, Parker, Arizona 85344, or bring to the office on Mutahar Rd.

PLEASE COMPLETE THE FOLLOWING INFORMATION: **LEGIBLY PLEASE!!!!**

CAMPER'S NAME: _____ AGE: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP _____ T-SHIRT SIZE _____

BIRTHDAY: ____/____/____ M/F: ____ GRADE IN SCHOOL _____ Email ADDRESS _____

PARENT/GUARDIAN _____ ADDRESS: _____

LEADER'S NAME _____ CLUB: _____

I pledge my full cooperation as a participant in the 2008 4-H camp at Pinal County 4-H camp, **July 12-17, 2008**. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H camp boundaries at all times and participate in the planned program.

Unless this box is checked, I grant permission to the University of Arizona and its certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE: _____ AGE: _____ DATE: _____

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the **2008** La Paz/Mohave County 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Leaders' Council, and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona staff and employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY: _____ **DATE:** _____
(Parent or Legal Guardian)

Emergency contact (Other than Parent or Guardian) _____ Phone _____

Application and fee must be returned to the Extension Office no later than **June 6, 2008**

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INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY.

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention if necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor: _____ Phone _____

Regular medication required (Insulin, Antihistamine, etc.)	Types of activities prohibited due to physical limitations.
_____	_____
_____	_____
_____	_____

Allergies: (food, drug, insect, etc.)	Immunization Dates: <u>(required)</u> Measles/Mumps: _____
_____	Tetanus: _____
_____	Other: _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY: _____
(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT** bring live ammunition or firearms to camp.

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery: _____ May participate	_____ May not participate
Gun Safety: _____ May participate	_____ May not participate

Signature of Parent or Guardian Date

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation



LA PAZ/MOHAVE COUNTY 4-H CAMP
July 13-17, 2008
 (Counselors report **July 12**)
CAMP COUNSELOR APPLICATION

Due: June 6, 2008
Cost: 55.00

Youth: _____
Adult: _____

NAME _____ **AGE** _____
 (Youth only)
ADDRESS _____ **CITY** _____ **ZIP** _____
CLUB _____ **PHONE** _____

Have you ever been to 4-H camp? _____ yes _____ no

If yes, how many years? _____

Please accept my application. I am willing to participate in a leadership role at camp, and thus earn part of my camp fee to attend camp.

CHECK AT LEAST FOUR (4) INTERESTS. I WISH TO HELP WITH:

- | | |
|--------------------------------------|------------------------------------|
| _____ Wildlife/nature | _____ New Wildlife Habitat program |
| _____ Photography | _____ 4-H Shooting Sports |
| _____ Hiking/Exploring | _____ Skits |
| _____ Food, Cooking | _____ Song Leadership |
| _____ Archery | _____ Campfire Programs |
| _____ Creative Arts & Crafts | _____ Other |
| _____ My own camp program idea _____ | |

BRIEFLY TELL WHY YOU WANT TO BE A COUNSELOR AT 4-H CAMP:

**4-H CAMP COUNSELOR
JOB DESCRIPTION**

TITLE: 4-H Camp Counselor **COST: \$55.00**

ELIGIBILITY: Teen 4-H Member (14-19)

PURPOSE: Plan, organize and conduct the 4-H camp program under the direction of the 4-H Extension Agent and camp Committee.

LOCATION: Pinal County 4-H camp-near Williams, AZ.

CONTACT PERSON: County 4-H Agent

DUTIES: Attend counselor training.

Attend camp planning meetings.

Assist and plan 4-H camp with other camp counselors, volunteer leaders, and 4-H Agent.

Recruit 4-H'ers to attend 4-H camp

Arrive at camp early for orientation

Lead by example, willing to work, learn and share

Take direct responsibility for certain parts of camp programs, i.e., discovery activities, song leading, flag ceremony, crafts, games, etc

Be responsible for supervising 4-H'ers.

Assist Agents in general administration of camp (registration, etc.)

Evaluate 4-H camp program

Report on 4-H camp to local club.

TIME REQUIRED: 4-H camp attendance: Full time.

4-H camp is July 13-17, 2008
(Counselors report to camp: Saturday, July 12, 2008.)

WHAT SKILLS AND TALENTS DO YOU HAVE TO SHARE THAT WOULD BE AN ASSET TO THE CAMP? (i.e., Singing, playing guitar, work well with younger 4-H'ers, etc.):

A MEDICAL RELEASE/PARENT PERMISSION SLIP MUST BE COMPLETED PRIOR TO CAMP.

PLEASE READ CAMP COUNSELOR JOB DESCRIPTION ATTACHED

GROUP LEADERSHIP: As a camp counselor, I am willing to work with any assigned small group(s), help with any program. I understand to have a successful camp, all of us must set a good example and I am willing to do so. I will uphold the proper conduct, rules and program policies of the camp.

4-H Counselor signature

Date

Return prior to June 6, 2008

La Paz County Cooperative Extension
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PO Box 3485
Parker, AZ 85344-3485