



# Winnebago County 4-H Cloverbud Camp Counselor Application

Winnebago County Park, July 15, 2024

**Application Deadline: Monday, April 25, 2024**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street & Number City State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

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

How would you prefer to receive camp information?  Mail  Email

Do you Accept Text Messages?  Yes  No

What grade are you currently in?

- 7<sup>th</sup> Grade  8<sup>th</sup> Grade  9<sup>th</sup> Grade  10<sup>th</sup> Grade  
 11<sup>th</sup> Grade  12<sup>th</sup> Grade

**Position(s):** Please mark the positions you are applying for by ranking, in order of preference, with **1** being your first choice, **2** being your second choice, etc.

_____ "Cabin" Counselor	_____ Junior Director	_____ Recreation Staff
_____ Crafts Program Staff	_____ Music Staff	_____ Photographer
_____ Other		

**T-shirt size**

**Youth:**  Small  Medium  Large  XL  2XL

**Adult:**  Small  Medium  Large  XL  XXL

*An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming including Title VI, Title IX and ADA requirements. Please make request for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service or activity.*

To help the selection committee gain a better sense of your knowledge and experience, please type your answers to the following questions to include with your application materials.

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1. Share two experiences of when you were in a leadership position. What did you learn and how will these experiences help you as a camp counselor?

2. Why do you want to be part of 4-H Camp Youth Staff?

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Please provide the name of the individual who will be sending in a recommendation form for you.

1.



**4-H Camp Counselor Application**  
625 E Cty Rd Y, Suite 600  
Oshkosh WI 54901  
920-232-1974

## Cloverbud Camp Counselor Reference Form

Name of Applicant: \_\_\_\_\_

As part of the process for selecting youth for Winnebago County 4-H Camp Staff, the selection committee is seeking recommendation and information for each candidate. Please provide us your input, to the best of your ability, regarding the following areas. When you have finished, please place form in a sealed envelope and return to applicant or to our office at:  
UW-Extension, 625 E. County Road Y, Ste. 600 Oshkosh, WI 54901 or email sarah.thompson@wisc.edu

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unknown</u>
• Leadership qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Ability to work with youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Positive attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional comments in the space below:

Print Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM BY MONDAY, APRIL 25, 2024 TO SARAH THOMPSON 625 E. CTY RD Y, STE 600 OSHKOSH, WI 54901 OR SARAH.THOMPSON@WISC.EDU**  
*Winnebago County 4-H is a program of the Winnebago County UW-Extension.*

**THANK YOU!**

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