



# Winnebago County 4-H Cloverbud Camp Counselor Application

Winnebago County Park, July 15 2025

**Application Deadline: Wednesday, April 9, 2025**

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

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 names of who will be sending in recommendation forms for you.

- 1.

- 2.

**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 WEDNESDAY, APRIL 9 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!**

*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.*