



4-H Camp Cloverleaf Open Enrollment Counselor Application Packet

All applications must be Typed or Printed in blue or black ink.
Do not leave blanks. Enter N/A or NONE where applicable.
Due 7/1/19

Name _____ 4-H Age (as of 9/1/2018) _____
 Date of Birth: _____ Years in 4-H _____ T-Shirt Size: _____ Gender: _____
 Street Address: _____ Zip: _____ County: _____
 Home Phone _____ Your Cell Phone _____
 Email Address: _____
 Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Tell us about leadership roles and past & present experiences you have had in your 4-H Club or on Youth Council

What community service have you participated in? (Church, School, Service or Clubs other than 4-H, etc.)

Have you attended 4-H Camp as **Counselor** ___Yes ___No If yes, number of years _____
 Have you attended Camp as **CIT (Counselor in Training)**? ___ Yes ___No If yes, what year? _____
 Have you attended camp as a **Camper**? ___Yes ___No If yes, number of years _____

Please List any special needs you may require:

Dietary Needs: _____
 Physical Needs: _____
 Housing Needs: _____

Select which Camp(s) you are interested in ___ Gator Adventures (July 22-26) ___ Shooting Sports (July 8-12)

Character References: <i>All References should be an adult that is in no way related to you.</i>	
4-H Agent: If you are not in 4-H please list another adult in this space	Name: Email: Phone Number:
Education/Business/Church	Name: Email: Affiliation: Phone Number:
Adult	Name: Email: Phone Number:

Being a camp youth volunteer is a significant commitment and responsibility. We say this to stress the importance of providing the best team for the Florida 4-H Camping Program. To guarantee a safe and productive week for the Campers as well as for each participant, you must realize that YOU are a vital and essential part of the residential camp planning process and the overall program.

Applicant's Signature

Date

Parent's Signature

Date

HOW TO FILL OUT THE 2019 CAMP COUNSELOR APPLICATION PACKET

Camp Cloverleaf is dedicated to providing job/life skill training to all youth. The application process is used as a tool to engage youth in hands on training experiences. The skills developed by filling out this application will enhance your opportunities throughout life.

- ✓ All applications must be typed or filled out in either blue or black ink.
- ✓ Applications should be neat and legible.
- ✓ All applicants should proofread carefully making sure they did not misspell words or use improper grammar.
- ✓ Be sure to use your full legal name and not a "nickname."
- ✓ Double check that every space is either marked with an answer or N/A (Not Applicable).
- ✓ Do not forget to have all signatures and dates.
- ✓ Always tell as much about your experiences as possible. Remember, this is your opportunity to "sell" yourself to the committee. This is referred to as "Work Force Preparation." If you don't tell us, we won't know.
- ✓ Remember your application should be clear, complete, and neat.



**UF/IFAS Extension
4-H Youth Development**

Please Scan and Email this back to Bill Tillett at Cloverleaf4-Hpd@ufl.edu or Mail it to
Camp Cloverleaf 126 Cloverleaf Rd. Lake Placid, FL, 33852 ATTN: Bill Tillett