

# Butte County 4-H Camp Counselor Information and Application

Welcome to the Butte County 4-H Summer Camp Program! Our first meeting is **October 23, 2019** at the Durham Library starting at 7:00pm. If you are interested in being a Teen Camp Director, please arrive at 6:30pm. Meetings will be from 1 hour to 1 ½ hours long depending on what needs to be done. Candidates for the position of Teen Camp Director will give a speech about their leadership abilities and outlook for this year's camp. This is **NOT** a popularity contest position! You will vote for the two Teen Directors based on their leadership abilities; and either seeing or working with them in our previous 4-H camps. It will take both outstanding Teen Directors and Teen Counselors to continue to make our 4-H summer camp program one of the best in the Nation!

## How to Apply (**Deadline October 23 2019**):

- Fill out and submit items 3-7 in this packet
- Write ½ to 1 page explaining why you want to be a counselor, what qualifications you have, and what ideas you have for what you list as your #1 assignment (Teen Director, Waterfront, Recreation, etc.)
- Submit \$195 payment of Teen Camp Fees



# Table of Contents

- 1. Responsibilities**
- 2. Assignments**
- 3. Application**
- 4. Pick-Up Permission**
- 5. Code of Conduct**
- 6. Health History/Authorization**
- 7. Verification**



# Counselor Responsibilities

**CAMP COUNSELOR APPLICATION AND PAYMENT\* DUE BY: OCTOBER 23, 2019 7:00pm AT THE FIRST CAMP COUNSELOR MEETING**

Serving as a 4-H camp teen counselor is an excellent opportunity for 4-H teens to enhance and share leadership skills while providing an enjoyable experience for junior campers. **The responsibility of a camp counselor is to serve and help the junior campers.** Think of this opportunity as a job. If this appeals to you, we encourage you to apply to be a member of the 4-H camp staff.

## Eligibility

- Registered Butte County 4-H teen (or surrounding county 4-H teen)
- 14 as of December 31<sup>st</sup> of the current program year
- Prior 4-H camp experience or with 4-H Council approval
- Attendance at a minimum of six of the scheduled camp meetings set forth below
- Ability to attend all 6 days of 4-H camp\*\*

## Characteristics

- Demonstrated leadership on a club, or project level
- Enthusiastic
- Energetic
- Enjoy working with juniors (members aged 9-13 years old)
- Willing to follow directions from peer and adults
- New ideas, and willing to share them

## Staff Planning and Training meeting dates

All meetings will begin at 7:00pm, (unless otherwise indicated below), at either Butte County Library in Durham or the Farm Bureau in Oroville and will end approximately one hour later. June meeting will be at the Butte County Farm Bureau.

### Meeting Dates:

October 23, 2019	Durham Library
November 20, 2019	Durham Library
December 11, 2019	Butte County Farm Bureau, Oroville @ 6:30pm
January 15, 2020	Durham Library
February 19, 2020	Durham Library
March 18, 2020	Durham Library
April 22, 2020	Durham Library
May 13, 2020	Durham Library
June 24, 2020	Durham Community Park @ 6:00pm
CAMP June 28 – July 2, 2020	

## 4-H Camp 2020: Camp Rockin' U, Lake Francis, Dobbins, California

Counselors must arrive at camp not later than 2:00pm Sunday June 28th, 2020 and may not depart until after camp closes about 3:00pm on Thursday July 2<sup>nd</sup>, 2018. Attendance for all five days of camp is a requirement.



## **Sleeping Arrangements and Housing:**

All teens will be assigned to a cabin which will house approximately 7-10 individuals. Typically, there will be 1 adult, 2 teens (ages 14-19), and 5-7 youth campers (ages 9-13) per cabin of the same sex. Adult chaperones who attend camp are not usually housed with their children\* or teens to allow the teens to independently work with their campers and form a positive youth-adult partnership with the Camp Director and adult who is placed in their cabin.\*\*

**Special Accommodations:** Counselors who require special accommodations must fill out and return the ADA Request Form with their application. You can get a copy of the ADA Request Form by contacting the 4-H Office at 530-538-7201 or from the Butte County 4-H website at <http://cebutte.ucanr.edu/files/265743.pdf>.

## **Questions or Comments**

Call Bill Anderson 4-H Camp Director at 864-5572 or Butte County 4-H Office at 538-7201

\*If requested, payment plans can be arranged with the County Office.

\*\*In very rare instances, Counselors have been able to attend a portion of camp. Reasons for missing a part of camp must be compelling and are up to the discretion of the Camp Director.

\*\*\***Note to Parents/Guardians**\*\*\* It is especially important for teens to have independence from their parents to allow them to do the job they have been given: working with campers. Counselors have attended meetings and trained for this job all year, let them show us what they have learned! If they struggle or need any advice or support, they have their peers, Camp Director, and 4-H staff to assist them.



# Counselor Assignments

Below are the job descriptions for the different counselor run activities at camp and we encourage you to try new activities yearly if possible.

## **Teen Director**

(November Meeting-End of Camp)

Those wanting to be one of our two Teen Directors will be interviewed by the adult director and give a speech to their fellow Counselors at the October meeting. They will give their own views of how they see camp running with their leadership, and any past camp counselor history. If elected, you will work closely with the other Teen Director to make sure we have successful camp meetings where you will organize and help guide all camp counselor activity groups as needed so they will all be successful during camp. Also, from camp setup to the end of camp, you will oversee all camp activities to make sure they are successful, on time and the campers are enjoying themselves. You will inform the campers daily about topics such as daily agenda, rules, rotations, activities, mail call, etc. Being a 4-H Teen Camp Director is one of the hardest, but most rewarding positions Butte County 4-H has to offer our older youth. You have to be able to use all of your past years of 4-H experiences to successfully lead and work with the young campers, teen Counselors (your peers) and Adult Volunteers.

## **Campfire (Every Day)**

Come up with all stage activities including games, songs, contest, skits, etc. Also, design and decorate the stage to camp theme, as well as making a list of things needed and bring them to camp.

## **Music and Dance (Every Day)**

Play music for all needed stage activities, dance lessons and our Dance Party Night. Develop DJ personalities that entertain the campers, help make them feel included, and make list of things needed and bring to camp.

## **Dance (Monday-Wednesday)**

Teach dance moves at rotation and free time. Help at Dance Party Night if needed. Make list of things needed and bring to camp.

## **Recreation (Monday-Wednesday)**

Have several Field Activities and Games ready for morning Recreation rotation and afternoon Recreation rotation. Make list of things needed and bring to camp.

## **Crafts (Monday-Wednesday)**

Have at least three different craft ideas, (related to the Camp Theme), for rotations and free time. Make list of things needed and bring to camp.

## **Fishing (Monday-Wednesday)**

Help campers with fishing during Early Bird Fishing at 6:30am, Monday-Wednesday, and free time as needed. Make list of things needed and bring them to camp.

## **Multi Media (camp meetings-last day at camp)**

Record camp activities and put together a camp movie to watch at 4-H Award's Night, and at our 4-H Fun Night Booth. Must have prior multi-media experience. Make list of things needed and bring to camp.

## **Waterfront (Monday-Wednesday)**

Have games and activities for both the Lake and Pool. Plan for a 6:30am Early Bird Swim Activity at the lake (Tuesday-Wednesday). Make list of things needed and bring to camp.

## **Store (Monday-Wednesday)**

Be at the Camp Store during the ½ hour of Free Time (3:30pm-4:00pm). You will supervise the camper's transactions with the store staff, and keep a record of the camper's monetary accounts.

## **Hiking (Monday-Wednesday)**

At least one teen to help with the Early Bird Activity at 6:30am



# Counselor Application

Butte County 4-H Camp  
 June 28<sup>th</sup> to July 2<sup>nd</sup>, 2020  
 Camp Rockin' U, Lake Francis Resort, CA

**This application is due at the first Camp Counselor meeting of the year along with \$195 payment**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE \_\_\_\_\_

WHAT 4-H CLUB/COUNTY ARE YOU A MEMBER OF? \_\_\_\_\_

CIRCLE YOUR CURRENT YEAR IN HIGH SCHOOL:      9<sup>th</sup>                      10<sup>th</sup>                      11<sup>th</sup>                      12<sup>th</sup>

HOW MANY YEARS HAVE YOU BEEN IN 4-H? \_\_\_\_\_

HOW MANY YEARS HAVE YOU ATTENDED CAMP? \_\_\_\_\_

HOW MANY YEARS HAVE YOU ATTENDED CAMP AS A COUNSELOR? \_\_\_\_\_

CIRCLE AGES PREFERRED IN YOUR CABIN:      9-11 year olds                      11-13 year olds                      No Preference

AS A COUNSELOR, I WOULD LIKE TO BE CONSIDERED FOR WORK IN THE FOLLOWING AREAS DURING CAMP. (RANK IN ORDER OF 1-2-3, ETC)

	TEEN DIRECTOR		NATURE STUDY / HIKING
	CAMPFIRE (songs, skits, stunts)		FISHING
	RECREATION / SPORTS		WATERFRONT (swimming, boating)
	DANCE NIGHT		STORE (dispensing snacks)
	MULTI MEDIA TEAM (camp video, pictures, sound system)		CRAFTS

**Please include one half to one page explaining why you want to be a counselor, what qualifications you have, and what ideas you have for what you list as your #1 assignment (Teen Director, Waterfront, Recreation, etc.)**

T-SHIRT SIZE (circle one):      SMALL      MEDIUM      LARGE      X LARGE      XX LARGE (\$2.00 EXTRA)

**FEE: \$195.00** due by November 16, 2018

Please make checks payable to "Butte 4-H County Council."



# Pick-Up Permission

In the event you are not able to pick-up your child from camp, please provide the 4-H Office with two alternative individuals you authorize release of your child to on Thursday, July 2<sup>nd</sup>. Please fill out the below information and mail this letter back to the Butte County 4-H Office, 2279 B Del Oro Avenue, Oroville, CA. 95965.

If you have any questions, please feel free to call the office, (530) 538-7201.

**\*\*\*\*\*Please fill out the below information and return to the 4-H Office prior to camp.**

Other than the below Signature of Parent/Guardian, please provide the names of two adults you authorize to pick up your child in the event you are not able. All adults picking up youth counselors and campers must present a valid driver's license.

Counselor name: \_\_\_\_\_

Address, City, St., Zip: \_\_\_\_\_

Alternate 1: \_\_\_\_\_  
(Please Print)

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

Alternate 2: \_\_\_\_\_  
(Please Print)

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# 4-H Camp Code of Conduct

## BUTTE COUNTY 4-H YOUTH DEVELOPMENT PROGRAM

This **CODE OF CONDUCT** has been established to create a positive educational experience for all campers, teen counselors, and adult staff. In order to provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

### 1. **Be concerned for the safety of campers and staff.**

- A. All meals and snacks are provided; Teens can bring a 12"x12" box of health snacks and drinks, (NO ENERGY DRINKS) that stay in the Camp Director's cabin. Food in the cabins will attract rats, mice, insects, squirrels, SKUNKS and other wildlife. Any food found will be confiscated.
- B. No running in camp unless during an organized activity
- C. You must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. No bare feet at any time.
- D. Sleeping areas shall be kept neat and free of litter.
- E. Throwing objects will not be allowed unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds.
- G. Campers, counselors, and adult chaperones cannot leave the camp grounds without permission of the Camp Director or Staff. Camp boundaries will be posted and exceptions will be a case by case examination of the need.
- H. Campers and teen counselors must be in their cabins by 10 PM unless permission is given by the Camp Director. During rest time and "lights out", campers are to be quiet and supervised by a teen counselor and/or an adult at all times.
- I. Swimming and boating will be permitted only at scheduled times with lifeguards on duty. Swimmers must have a buddy. Boaters must wear life jackets. Swim test must be passed before allowed in lake.
- J. All prescription and over the counter drugs must be given to the Camp Medical Staff upon arrival at camp.
- K. Fishing poles, tackle boxes, bait, and hooks cannot be kept in the cabins. For safekeeping, a storage area will be available.

### 2. **Respect the rights and property of others.**

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing of the cabins.
- B. No one is allowed in a cabin designated for the opposite gender.
- C. All campers must be invited before visiting other cabins.
- D. Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns)
- E. Do not damage or deface camp facilities or property. No food in cabins. No writing or carving of the cabins, tables, benches, or trees.
- F. Do **not** bring hair dryers & curling irons, radios, cell phones or other electronic equipment. Electrical power outlets are limited and circuits are easily overloaded.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated.
- I. Fighting and threatening physical abuse will not be acceptable behaviors.

### 3. **4-H Camp is a fun experience and everyone is to participate in the planned activities.**



- A. If you hear the bell, report immediately to the stage seating area.
- B. Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals unless permission given by the Camp Directors.
- C. If ill, report to the Camp Medical Staff.
- D. Be a positive team member of your group and cabin.
- E. "Lights out" means quiet and in bed.
- F. Access to a telephone is with permission of Camp Director only and is reserved for emergency use only

**4. The following items and activities are not allowed at camp. Campers, teen counselors and adult staff having or doing such will be sent home at their own expense immediately.**

- A. Possession of alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, candles, and/or tobacco.
- B. Gambling or betting with money, excessive displays of affection, fighting, threatening physical abuse, stealing, tampering with emergency equipment, setting off fire alarms for fun, and being under the influence of drugs or alcohol are not acceptable behaviors.
- C. Campers or Teen Counselors may NOT be out of their cabins without the permission of the Camp Director or Staff after 10:00pm.
- D. Campers leaving their cabins after lights out must be accompanied by an adult or Teen Counselor.
- E. Masking tape, duct tape, and water balloons will not be permitted at camp.
- F. Clothing that display anything about alcohol, drugs, tobacco products or has any sexual connotation. **NO SIERRA NEVADA BREWERY ITEMS.**

**CONSEQUENCES:** The following actions will be taken if a camper or Teen Councilor does not abide by the rules.

**STEP 1:** First Infraction - Discuss the inappropriate behavior with the Teen Counselor and clarify the rule.

**STEP 2:** Second Infraction - Discuss the inappropriate behavior with the Camp Director and given a "time-out" or task for up to 30 minutes related to the infraction.

**STEP 3:** Third infraction –Camp Director or 4-H Staff will request parent to pick up the Teen Counselor to be taken home at their own expense and camp fee will not be refunded. Adult chaperones will be requested to leave camp immediately.

Additional consequences may be barring the individual from future 4-H activities or next year's camp, assessing the cost of damages and repairs in the event of destruction of property, releasing the individual to the nearest law enforcement agency, and/or termination of 4-H membership. Parents will be notified if any action is taken beyond Step 2.





Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: July 1, 2019 to December 31, 2020

PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name:

Home/Work/Other Phone:

Relationship:

Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination: [ ] Not Sure [ ] None

Please check over-the-counter medications that may be administered:

[ ] Tylenol [ ] Ibuprofen [ ] Cough Syrup [ ] Decongestant [ ] Dramamine [ ] Antacid [ ] Polysporin

[ ] Hydrocortisone [ ] Benadryl [ ] Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

[ ] Or check this box if no information needs to be shared

Blank lines for health conditions

Please list all current medications:

Table with 3 columns: Name of Medication, Dosage, Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Blank lines for allergies

Please include any additional remarks and special instructions to better assist emergency service personnel.

Blank lines for additional remarks

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

Blank lines for additional assistance

Table with 3 columns: Question, Yes, No

Please explain any "Yes" answers on this page.

Blank lines for explaining "Yes" answers

# Verification

**Our signatures indicate that we have read and understand the role & responsibilities of a Butte County 4-H Teen Counselor, the Code of Conduct, and consequences of any violations. If 4-H member's conduct during event warrants his/her return home, it will be at the expense of the parent/guardian. By your signature below you acknowledge your responsibility of the cost of this event.**

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Teen Signature

Date \_\_\_\_\_

**By signing this application you indicate your interest in becoming a youth counselor at 4-H camp, commit to attending your mandatory meetings, pay the Teen Counselor fee, and agree to be present at Rockin' U 4-H Camp the entire length of 6 days.**

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Teen Signature

Date \_\_\_\_\_

