ShebMani Counties 4-H Base Camp 2024 Adult Application – July 10-14, 2024



Name.							0 00 - 10	IADISON EXTENSION
Street Ad	dress:							
City:		County:			State:	Zip Cod	e:	
Telephon	e Number: ()_	E-mail address:			:			
Gender: Female Male			T-shirt Size:			Years as a 4-H Volunteer:		
	been on the camp							of Years
If you hav	ve been a camp staf	ff member, are	e you willing t	o hel	p plan a	and lead staff tra	ining?	
Check the	e position(s) you wo	ould like to and	alv for:					
	ny Support			Cabin Counselo	or Support			
	Waterfront/Cano	eing				Jr. Director Sup	pport	
	port			Recreation and	ion and Hiking Support			
		☐ Camp Nurse/Medic						
	Archery and Hikir	ng Support				4-H Camp Adul	lt Ambassador	
	amp staff member, the experience?	what will you	do to contrib	ute to	o the ca	mp operation, a	nd what do yo	u personally hope t
2. What s	strategies would yo	ou use to build	relationships	s with	and su	pport youth cou	nselors before	and during camp?
•	ı require any specia ase attach and exp		•	•		Base Camp? (Ci	rcle One) Yes	No
	te if you currently he not required to be				-	=		position.)
5 Adults	who chanerone 4-	H events must	he a Certifie	d 4-H	Volunt	eerleader Are	vou a Certified	14-H Volunteer

*Return this form to your County Extension Office ASAP

No

Leader who has completed all required trainings? (Circle One) Yes

You will need to complete it before attending 4-H Base Camp.