

# 2025-2026 4-H CAMP COUNSELOR APPLICATION

## Due November 1, 2025

This is your first step toward becoming a Camp Counselor.

### 4-H CAMP INFORMATION

This year 4-H Summer Camp is **TENTATIVELY** scheduled for **08/02/2026 – 08/05/2026**, at Yellowstone Alliance Adventures Camp, south of Bozeman, in beautiful Cottonwood Canyon. **4-H Teen Camp Counselors will be required to be at Camp 08/01/2026 – 08/05/2026.**

### ROLE OF COUNSELORS AT 4-H CAMP

Being a 4-H Camp Counselor is a unique opportunity to meet and work with teens, adults, and youth in a fun, hands-on environment. Camp Counselors plan the 4-H Camp program with the assistance of the Camp Director(s), the Camp Advisory Team (E-Board), and the 4-H Extension Agent.

Each counselor will be responsible for specific duties both in the pre-planning stages of camp **and** at Camp itself. This includes selecting program topics, obtaining equipment or other materials, and fundraising as needed for camp. Counselors are also responsible for the safety and welfare of the campers during camp. As part of the leadership team, counselors share in the overall responsibility for the success of camp – the learning, safety, and fun.

### APPLICATION PROCESS:

1. Be an enrolled 4-H member **aged 14 years** or older **as of October 1, 2025**.
2. Complete the **Camp Counselor Application** form and submit it to Gallatin County 4-H Office no later than **November 1, 2025** by 5pm. Please contact the Gallatin County 4-H Office with any questions.
3. Attend a Camp Counselor selection interview. Counselors will be selected through an interview process.
  - Interviews will take place in early December (tentatively December 3<sup>rd</sup> – 4<sup>th</sup>) with various slots available. Business casual attire, 4-H Show Dress, or nice Western-style clothes preferred.
  - **YOU MUST SUBMIT AN APPLICATION BY THE DEADLINE IN ORDER TO BE INTERVIEWED!**

### CAMP COUNSELOR RESPONSIBILITIES

1. **IF selected as a camp counselor**, you must attend all camp planning and training meetings unless you have an excused absence from the Camp Director(s) and/or Extension Agent **prior** to the meeting. Excessive absences or failure to obtain an excused absence prior to a scheduled meeting may result in dismissal from the Camp Counselor program. It is the counselor's responsibility to obtain any information missed during an excused absence, to complete the necessary homework, and to come prepared to the next meeting or event. A "Decline" on BAND does not equal an excused absence.
2. **Participate in Camp fundraising activities to raise at least \$250 for the Camp Project, or pay a \$250 fee. Please plan ahead!** There will be numerous opportunities to fundraise throughout the year.
3. Counselors are required to provide their own transportation to meetings, trainings, and camp week. Due to parking and safety concerns, camp counselors will only be allowed to drive their personal vehicles to camp on a pre-approved, case-by-case basis. Transportation will not be provided for any camp activities, unless it is arranged prior to the event.

## Gallatin County 4-H Camp Counselor Application

### Yellowstone Alliance Adventures Camp

**08/02/2026 – 08/05/2026 (08/01/2026 – 08/05/2026 for Camp Counselors)**

Application (pgs. 2-6) **must** be turned in by November 1, 2025, to the Gallatin County 4-H Office (903 N. Black Ave, Bozeman or emailed to [molly.yurdana@montana.edu](mailto:molly.yurdana@montana.edu)).

\_\_\_\_\_  
Name Date of Birth Age Grade M/ F

\_\_\_\_\_  
Address City Zip

The best way to contact me is by: ☐ Email ☐ Text

\_\_\_\_\_  
Member Cell Phone Number

\_\_\_\_\_  
Member E-mail Address

\_\_\_\_\_  
4-H Club

Number of years as a 4-H member: \_\_\_\_\_ Number of years as a 4-H Counselor: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Cell Phone Number

\_\_\_\_\_  
Parent/Guardian E-Mail

**MEDICAL HISTORY:** Do you have any physical conditions which preclude you from performing certain kinds of work? If yes, please explain:

Additional questions and topics will be covered during the Interview process. Be prepared to discuss and reflect on your application responses. Bring any questions you may have for the Camp Directors to your interview.

- # Gallatin County 4-H Camp Application

5. What training do you feel you still need to prepare you for being a Camp Counselor?

6. **RETURNING COUNSELORS ONLY:** Are you interested in serving on the Camp Counselor Executive Board (E-Board) this year?

a. Yes \_\_\_\_\_

b. What role(s) do you feel E-Board should have?

## **“My Camp Plan”**

Each year the Counselors and Camp Directors select a timely and fun camp theme and plan all the camp activities and programs around the theme. After giving this important topic of “theme” some thought, complete each of the sections of the camp plan below. Please keep copyright and trademark considerations in mind when choosing your camp theme and other ideas. **\*\*Get creative, use your resources (internet, Pinterest), be thorough in your explanations! Pitch us your best ideas!**

**Camp Theme(s):**

**Crafty Workshop Idea (that fits your theme):**

**Educational Workshop Idea (that fits your theme):**

**Active Recreational Workshop or Large Group Activity Idea (that fits your theme):**

## 4-H Counselor Expectations

### As a Camp Counselor I will be expected to:

1. Attend all training, planning, and social activities in their entirety unless excused beforehand by a Camp Director or 4-H Agent.
2. Monitor email, phone, text, and BAND communication for important camp information. Respond accordingly when asked. Keep communication channels open.
3. Be on time at all Camp Counselor meetings and activities.
4. Actively participate at meetings to help organize, plan, and conduct activities.
5. Follow through and be prepared for all assigned activities, workshops, and assigned responsibilities.
6. Work as a team with other counselors, be respectful of others and their opinions and ideas.
7. Set a good example by not using profanity or telling off-color jokes and stories both at Counselor Meetings and during Camp Week.
8. Not have in my possession or use tobacco, alcohol, or illegal drugs while I am participating in the 4-H Camp Counselor Program and at 4-H camp. Possession and/or use of these substances will result in immediate dismissal from the Camp Counselor Program.
9. Abide by the cell phone-use rules during Camp Counselor meetings.

### During Camp Week, I will be expected to:

10. Abide by the no "Inappropriate Behavior" policy at camp. No public displays of affection.
11. Be in my cabin with my campers always between the hours of "Lights Out" and "Rise and Shine" unless allowed by the Camp Director(s) or 4-H Extension Agent(s).
12. Work as a team with other counselors, adult chaperones, and staff to provide a safe and enjoyable camp experience.
13. Be flexible – plans do change during Camp (ex. weather, timing, available facilities, cabin assignments).
14. Be a responsible counselor.
  - a) Get to know campers personally and by name.
  - b) See that all campers are involved in all activities. Make sure no one is excluded.
  - c) Prioritize and interact with youth campers.
  - d) Have all campers, including myself, check in any of their medications with the medical staff.
  - e) Make sure each camper uses personal hygiene.
  - f) Make sure that all my campers are familiar with camp facilities and camp rules.
15. Never punish a camper by ridicule or physical punishment – patience and understanding works wonders.
16. Urge safety at all times. Take time to explain how and why to do something safely.
17. Go with hurt or sick campers to the nurse or adult no matter how minor the ailment.
18. Make sure campers understand they are responsible for their own behavior.
19. Abide by the cell phone-use rules during Camp.

By signing below, I acknowledge that I have read and agree to abide by the above responsibilities as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I conduct myself in an irresponsible manner, which includes being out of my cabin after hours and/or the possession or use of tobacco, alcohol, illegal drugs, weapons, or fireworks.

---

Signature of Candidate

---

Date

---

Signature of Parent/ Guardian

---

Date