

## Virginia Cooperative Extension Norfolk Office

830 Southampton Ave. STE 2069 Norfolk, Virginia 23510 757-683-2816 Fax: 757-683-2300 http://offices.ext.vt.edu/norfolk

#### Dear Teens:

A limited number of Teen Counselor (15-18 years old) and Counselor-In-Training (CIT) (turning 14 before October 1, 2019) positions are available to qualified teens and older for the camping week of July 8-12, 2019 at Airfield 4-H Center.

Teen Counselors and CITs are expected to be dependable, have good judgment, be energetic and get along well with others. Teen Counselors and CITs are responsible for the safety and well-being of campers in their assigned cabins and activity areas.

### In order to be a Teen Counselor or CIT, you must follow the following procedures:

- Complete and return the enclosed <u>application form</u> by **April 1, 2019**.
- ❖ Interview for the counselor/CIT position. The interviews will be conducted at the VCE office. Once your application/references have been received, an interview date will be set up with you.
- ❖ Attend the mandatory Counselor and CIT Training event that is scheduled for **late June** (the specific date will be announced during the May interviews) at the 4-H Center. Because of the risk management information covered at this training, your attendance at this session is a requirement in order for you to become a Teen Counselor or CIT.
- Must earn 24 leadership and community service training hours including camp risk management. Several of you have already begun accumulating your training hours. One excellent training opportunity is the district teen and adult volunteer leader training

This is an opportunity for leadership training and work experience within a recreational setting. Remember, the deadline for your application is April 1, 2019. Since we have several teens interested in this opportunity, you do not want to be late in returning any of these completed necessary forms, as a *lack of responsibility may prohibit you from serving as a CIT or Counselor*. I look forward to hearing from you soon.

Sincerely,

Theran Teach Associate Extension Agent, 4-H Youth Development Virginia Cooperative Extension, Norfolk/Portsmouth





# Norfolk/Portsmouth 4-H Camp Teen Counselor/CIT Application



Name			
Address			
Phone		Cell Number	
Age	Birth Date	Gender	<u> </u>
Parents/Gua	ırdians		
Parents/Gua	rdians' Day Time	Phone	
School curre	ently attend		
Have you se where?	rved as a Counse	elor or Counselor in Training at 4	-H Camp? If yes, when and
	ackground of your	<b>4-H Experience (not campin</b> r 4-H experiences, especially lea pol 4-H programs, etc.). Do not i	idership roles you have held (day
(List any overr	night 4-H camps you	<b>4-H Camp Experience</b> u have attended. Also list any leade camps.	ership roles you held at any of these
Name	e of Camp	Leadership Experience	Calendar Year
What experie	nce do you have v	vorking with and/or providing lea	dership for children ages 9 - 13?

	lered for a leadership position (for i f yes, tell why and list your qualifica		Class Instructor)?
Have you ever been convic	ted of a crime? Yes	No (If yes, describe	e.)
Have you ever been susper	nded from school? Yes _	No (If yes, desc	ribe.)
character and to your ability reference could include tea	References ner than family members (people wonder to work with and supervise youth, chers, coaches, pastors, 4-H leade ple can be those you choose to continuous.)	) Suggested people to ers, employers, and/or	ask to be your guidance counselors. erence forms.)
Name	Address (snail mail)	Phone Number	Relationship (teacher, coach, pastor, etc.)
must successfully comple Camp as a Teen Counse reference checks (2 writt completion of a minimum	Agreement/Conservation Agreement/Conservation Agreement/Conservation Agreement/Conservation Agreement Agre	scription. I understand the submission of a comple face-to-face or telephor camp rules and procedu	g allowed to attend 4-H ted application, (b) ne interview, and (d) ures and abide by the
falsification of information criminal background or re	the entries on this application are truent herein constitutes cause for dismisseference checks may be conducted deer service to Virginia Cooperative E	sal. I also understand ton me at any time durin	hat records and
race, color, national origi	a Cooperative Extension programs ar in, sex, religion, age, disability, politic ily, or veteran status, or any other ba ction employer.	cal beliefs, sexual orient	ation, genetic
Printed Teen Name	Teen Signature		Date
Printed Parent/Guardian N	Jame Parent/Guardian Sig	nnatura	Date
i initeu i arent/Guarulan N	iaino i albiiv Guaiulali Siļ	griatui <del>c</del>	Date

## NORFOLK/PORTSMOUTH 4-H CAMP TEEN COUNSELOR REFERENCE FORM



To Whom It May Concern:

Thank you for serving as a reference for a teenager who is applying for a Teen Counselor or CIT Position with the Surry County 4-H Program this summer. At 4-H Camp, Teen Counselors will supervise small (five to 9 campers) groups of youth age 9 -13 in the cabins/lodges at night, help with camp classes, possibly teach camp classes, work with campers in larger groups during the day (20-40 campers), help other teens, work with evening programs and recreational activities and more. *They have quite a big responsibility!* It is important that we get quality teens to work with our 4-H youth. Thank you for your time! This form will be kept confidential. If you have any questions you can call me at (757) 683-2818.

Please complete both sides of the form and return this reference by **April 1, 2019** to:

# Theran Teach, Associate Extension Agent, 4-H Youth Development 830 Southampton Ave., STE 2069, Norfolk, VA 23510

Reference Name	Phone
Address	
Applicant's Name	How long have you known the applicant?
In what capacity have you known the applicant?	
Can you tell me how this teen works as a member	er of a team?
What strengths do you believe this teen has for t	this role as a Teen Counselor?
Would you be willing to let this teen work with yo	our child? Yes No
Would you recommend this teen to serve as a 4-supervisory capacity?	H Camp Teen Counselor working with children in a Yes No
Other comments or information you think we nee	ed to know:
I hereby certify that all of the entries on this app	lication are true and complete.
Signature of Reference	Date

Please check  $(\sqrt)$  the following questions indicating how you feel the applicant would meet the criteria for 4-H Camp Teen Counselor/CIT. Then, indicate whether this is your "**Opinion**" from general knowledge of the applicant or first-hand "Knowledge" if you have actually worked with the applicant in a situation where he/she displayed these specific characteristics.

Working with Others  A. Young children ages 9 – 13 B. Peers C. Adults D. Fairness with others E. See things from other viewpoints  Leadership Skills A. Guides others B. Plans and organizes C. Manages time efficiently D. Delegates responsibility E. Motivates others F. Has initiative to do things without being told G. Ability to work with homesick campers  Responsibility A. Will obey rules B. Concern for camper safety C. Concern for camper safety G. Concern for all duties including night supervision G. Observe and follow through with all duties, assignments, and responsibilities  Communicating A. Teaching skills B. Good listener C. Patient, helpful and courteous D. Team player, takes part with group E. Ability to express self H. Ability to express self H. Ability to express self H. Ability to ask for help when needed D. Positive attitude E. Restrain from alcohol/drug use F. Restrain from alcohol/drug use	E = Excellent; G = Goo	d; F = I	Fair; F	) = P	oor		
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E. Restrain from alcohol/drug use							
	F. Restrain from use of profanity						

## NORFOLK/PORTSMOUTH 4-H CAMP TEEN COUNSELOR REFERENCE FORM



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Please complete both sides of the form and return this reference by April 1, 2019 to:

# Theran Teach, Associate Extension Agent, 4-H Youth Development 830 Southampton Ave., STE 2069, Norfolk, VA 23510

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Applicant's Name	How long have you known the applicant?
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Would you be willing to let this teen work with y	our child? Yes No
Would you recommend this teen to serve as a 4-supervisory capacity?	-H Camp Teen Counselor working with children in a Yes No
Other comments or information you think we ne	ed to know:
I hereby certify that all of the entries on this app	olication are true and complete.
Signature of Reference	Date

Please check  $(\sqrt)$  the following questions indicating how you feel the applicant would meet the criteria for 4-H Camp Teen Counselor/CIT. Then, indicate whether this is your "**Opinion**" from general knowledge of the applicant or first-hand "Knowledge" if you have actually worked with the applicant in a situation where he/she displayed these specific characteristics.

Working with Others  A. Young children ages 9 – 13 B. Peers C. Adults D. Fairness with others E. See things from other viewpoints  Leadership Skills A. Guides others B. Plans and organizes C. Manages time efficiently D. Delegates responsibility E. Motivates others F. Has initiative to do things without being told G. Ability to work with homesick campers  Responsibility A. Will obey rules B. Concern for camper safety C. Concern for camper welfare D. Maturity in handling problems E. Sound judgment F. Responsible for all duties including night supervision G. Observe and follow through with all duties, assignments, and responsibilities  Communicating A. Teaching skills B. Good listener C. Patient, helpful and courteous D. Team player, takes part with group E. Ability to give clear instructions F. Understanding and thoughtful G. Ability to express self H. Ability to ask for help when needed  Personal Skill and Concept A. Self-confidence B. Enthusiastic C. Good role model D. Positive attitude E. Restrain from alcohol/drug use	E = Excellent; G = Good; F = Fair; P = Poor							
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