

South Dakota 4-H Camps

Camp Counselor Volunteer Application

Application Deadline: 3/30/2018 You will be notified in mid-April if you have been selected.

Qualifications: Please see South Dakota 4-H Camps Counselor Volunteer Job Description for detailed list of qualifications and responsibilities.

Applicant Information: (Please type or print.)

Name (first and last): _____ Phone: _____

Address: _____
City State Zip

Email Address: _____ Phone: _____

Birth Date: _____ Age: _____ years Male Female

Can you perform the essential functions of the South Dakota 4-H Camp Counselor job with or without reasonable accommodations?
 Yes No

Past Work or Volunteer History Provide a full record of all employment – paid and volunteer – and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving	May We Contact? (Y / N)

For those employers we may not contact, please indicate the reason. _____

References Give names and addresses of three persons (not relatives) having knowledge of your character, experience, work, habits and ability.

Name	Address & City	Phone

Camp Experience Please list any camp experience you have had as a camper or staff member. This is not exclusive to camps through the South Dakota 4-H Youth Development Program.

Dates	Camp/Name of Director	Location	Camper or Staff?

What benefits do you think a well-run camp can have for youth? _____

Harassment The camp's policy is to prohibit all forms of harassment by our employees and volunteers. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before a decision is made.) Yes No

If yes, please explain. _____

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated before any decision is made.) Yes No

If yes, please explain. _____

Dates of Employment Please indicate which sessions you are available to work. Preference will be given to applicants who are available for all the youth camp sessions at a particular location.

- _____ Staff Training: TBD, mandatory
- _____ Camp Poinsett Youth Camp Session 1: June 4-6
- _____ Camp Poinsett Youth Camp Session 2: June 6-8
- _____ Camp Poinsett Youth Camp Session 3: June 11-13
- _____ Camp Bob Marshall Teen Camp: June 11-15
- _____ Camp Bob Marshall Youth Camp Session 1: June 16-19
- _____ Camp Bob Marshall Youth Camp Session 2: June 19-22
- _____ Camp Bob Marshall Youth Camp Session 3: June 22-25

Signature _____ Date _____

Parent or Guardian Signature (For minors) _____ Date _____

Mail completed application by March 30th, 2018 to:

4-H Camps
c/o Katherine Jaeger
2001 E 8th Street
Sioux Falls, SD 57103

-----OR-----

Katherine.Jaeger@sdstate.edu