

Teen's Name: _____

Daviess County 4-H Camp Teen Counselor Application Cost: \$70
Eligible: Youth Ages 16-17 DEADLINE TO APPLY: May 6, 2026
Please return the completed application packet. Application DOES NOT confirm your counselor spot. In-person interviews may be conducted if more teen applications are received than spots available. This is a leadership role at camp.
2026 Camp Teen Counselor Application & Position Description
Current color photo of Teen - (please attach below)
\$50 deposit
PAID IN FULL
Application Received:
Application is considered COMPLETE once all paperwork is received.

Attach
CURRENT
Color Photo
Here

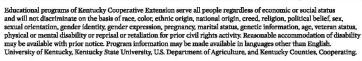
REQUIRED

FOR OFFICE USE ONLY:	Fee Payment Record
Date	
DEPOSIT: \$	Check #:
BALANCE DUE: Balance DUE by: Ju	
Balance PAID IN FULL	Check #:
Scholarship awarded:	

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development





4-H Youth Development

VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Youth Development Program Kentucky Cooperative Extension Service The University of Kentucky College of Agriculture

POSITION TITLE:

Camp Teen Counselor

TIME REQUIRED / DURATION OF APPOINTMENT

- 3-5 days 1 time a year
- May August
- 24 hours of education and orientation prior to camp

LOCATION:

Extension office and camp facility.

GENERAL PURPOSE:

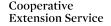
Help supervise 12-16 youth, ages 9-15, in a camping facility. Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth develop social skills.

SPECIFIC RESPONSIBILITIES:

- Be committed to the development of young people
- Provide leadership and direction while working closely with adult counselors and agents
- Involve campers in all scheduled activities while at camp
- Make sure campers are on time for programs
- Under the direction of the adult counselor in your cabin, supervise group living environment (i.e. housekeeping, personal hygiene, social skills, responsibility, sharing, following rules, discipline campers)
- See that campers carry out responsibilities such as cabin cleanup, grounds cleanup, dining hall cleanup, etc.
- Participation in camp activities

Lexington, KY 40506

- Counsel homesick campers
- Be responsible for the health, safety and happiness of each camper in their cabin
- Participate in implementing the camp's program
- Report any problems to your adult counselor or Dean of Men/Women
- Assist class instructors where needed in teaching or in managing campers' behavior
- Assist adult counselors, permanent staff and agents, upon request, with special activities such as quiet time, flag raising/lowering, etc.
- A willingness to become familiar and work with the philosophy, guidelines and rules of the University of Kentucky CES, Kentucky 4-H Youth Development Program and the county 4-H program







QUALIFICATIONS:

- Must provide own transportation to meetings and activities.
- Self starter; be able to work with minimal supervision from professional staff.
- Effective communication skills.
- A sincere interest in working with extension staff, volunteers, parents, and youth.
- Organizational skills; ability to organize information and materials in a timely manner.
- Must be 16 years or older at time of camp
- Ability to get along with others
- Willingness to follow rules

BENEFITS:

- The opportunity to work with youth and/or adults providing positive support and growth experience.
- Receive intrinsic and extrinsic rewards at volunteer recognition events.
- Volunteer development opportunities.
- Opportunity to share your skills, talents, and interest.
- Orientation provided by extension staff.
- Research shows that volunteering promotes improved health.
- The opportunity to make a difference in the life of the child

SALARY:

Unsalaried; volunteer. This position does not imply employment with the University of Kentucky

MENTOR/SUPERVISING PROFESSIONAL:

Name: Stacey Potts

Title: Extension Agent for 4-H Youth Development

Address: 4800A New Hartford Rd

City, State, Zip: Owensboro, KY 42303

Phone: 270-685-8480

Email: stacey.potts@uky.edu

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the superv professional if I am no longer interested in serving."			
Signature of Volunteer	Date		
Signature of Extension Professional	Date		





8	Cooperative Extension Service
S	Extension Service

Kentucky 4-H Camping 2026

Camp Participant Registration – Camper/Teen

HCP Approval Stamp	

Last Name:	Legal First Na	me:	Middle Name:	Preferred Name:
Attended camp before? ☐ Yes - # years: ☐ No	2025-2026 Sch	nool & Grade:	County:	Biological Sex: ☐ Male ☐ Female
Shirt Size: (Select One)			Birthdate:	Age on 1st day of camp?
YS YM YL YXL AS AM	Л AL AXL A2X	L A3XL A4XL	/	
Participant's Home Addr	ress or PO Box:			Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Legal Parent/Guardian #1 F	Full Name:	☐ Yes - I would	like to receive email notifications of upcom	Primary Cell/Home Number: ing statewide Camp-Sponsored Events
Legal Parent/Guardian #2 F	Full Name:		Legal Parent/Guardian #2:	Secondary Cell/Home Number:
		Events and Pro	like to receive email notifications of upcom omotions at this email address.	
Additional Emergency Con	tact Full Name:	Cell/Home Numb	er & Relationship to Participant:	Left Blank For Office Use:
Physician Name:			Physician Phone Number:	

Buy your participant some camp gear. www.shop4hcamp.com

Is your participant looking for more camp opportunities? www.4hcampevents.com





PARTICIPANT NAME:				
Is the camp participant up to date on immunization school, based upon the grade the participant will PYES	be enrolled for the upcor	ning school year?	or enrollment in	n public, private, or home
NO (If marked NO, check with your 4-H Agen				
Does the participant have health insurance covera YES (Provide the required information below,				
Insurance Provider:	Policy Nur	nber/Member ID: _		
Insurance Phone:		if applicable):		
☐ NO (No worries! The camp provides excess ma	edical insurance coverag	e in the event of in	juries or illnes.	ses.)
MILITARY (Check all that apply):Act	ive DutyRetired	Reserves	Parents	Siblings
What is specific information about your camp par experience for the camp participant? Information individualized needs. <u>List all specificitems</u> that the	disclosed in this section	may allow us to m	nake accommod	lations based on their
Behavioral (i.e., mental, emotional, phy your child needing extra support?	<u>sical) Are there an</u>	y recent cirucu	ımstances th	at may lead to
,,				
Medical/Physical (i.e., asthma, autism,	seizures, sleepwalk	er, <u>sensitivity t</u>	o lights and	sounds, etc.)
Allergies (check the applicable boxes b	elow and describe t	he allergy and	reaction see	en)
No known allergies: Foo		ledication:		<u> </u>
No known anergies.	u. IV	leuication.	Scasulia	n/Environmental.
<u>Dietary (check the boxes below if appl</u>	icable)			
Vegetarian: Gluten Intolerant	: A	pha Gal:	D	oes not eat Pork:
Requests for accommodation or other i	important details (ı	se additional s	heet of pape	er if needed):
Contact your 4-H Agent with questions	s about available ac	commodations	<u>.</u>	





Kentucky 4-H Camping Code of Conduct and Expectations

- 1. Campers are not permitted to bring cell phones to camp.
- 2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
- 3. Use of tobacco, nicotine, vape products, etc is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director and never in cabins, woods, or non-designated areas.
- 4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
- 5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
- 6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
- 7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
- 8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
- 9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
- 10. Fireworks are not to be used by camp participants at any time.
- 11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
- 12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
- 13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
- 14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
- 15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
- 16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
- 17. No camp participant is to be around or on maintenance equipment.
- 18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
- 19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.







- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
- 22. Camp is not responsible for personal property of any camp participant or staff.
- 23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
- 24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

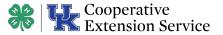
Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camp participant must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

Participant Signature:	Date:
Parent/Guardian Signature:	Date:





Lexington, KY 40506



Kentucky Residential 4-H Camp Essential Standards for Camp Participants

The University of Kentucky is an equal opportunity university. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers; a family friend, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand, follow, and respond to oral/written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caretaker is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standar	ds for camp participants policy.
Parent/Guardian Signature:	Date:







PARTICIPANT NAME:				
AUTHODITATIONS (DELEASES				
	AUTHORIZATIONS/RELEASES This is a legal document. You must read and understand it before signing it.			
MEDIA RELEASE: I grant the Kentucky 4-H Pro reproduce, assign, and/or dist	gram and the University of Kentucky, Kentuc ribute photographs, films, videotapes, and so tional publications, electronic publishing, and	cky State University, and persons acting through them, the right to use, and recordings of my minor child without compensation for use in a personal memorabilia. Participant names may be published.		
PICK-UP RELEASE: It is my responsibility to arra relationship to the child. Plea child will be released. Paren	nge to pick up my child/children upon return se inform everyone approved by you on this i ts, Guardians, and Emergency Contacts lis	from camp. There will be no exceptions to this policy regardless of release that he/she must present a driver's license or photo ID before the red on page 1 and 2 are automatically assumed to have pick up llowing individuals are granted permission to pick up my child:		
NAME:	RELATIONSHIP	Phone/Cell#		
NAME:	RELATIONSHIP	Phone/Cell#		
NAME:	RELATIONSHIP	Phone/Cell#		
medical treatment including dinsurance purposes. I permit hereby permit the physician service of the guidelines. Violations may responsible for paying, and/or ASSUMPTION OF RISK, I acknowledge that there are damage to my personal proper and traditional camp activitie falls, pinches, scrapes, twists debilitating or life-threatenin materials, or facilities recommunavailability of immediate a health or safety of participant in the camping program, I do Extension District Board(s), and assigns from any and all property that may occur as a Camping Program is based of techniques, but that my child (including, but not limited to I understand that my particip	ordering x-rays and routine tests. I agree to the the camp to arrange necessary related transpose selected by the camp to secure and administer. Camp Code of Conduct with my participant, by result in loss of privileges, removal from car ineligibility to participate in future 4-H ever related in the secure at result of allowing participation in the secure at the secure a	We (parent/guardian and participant) understand and agree to comply with mp with no refund, assessment of a damage fee for which I will be ats. An incident report will be completed for major violations.		
Participant Signature: _		Date:		
Parent/Guardian Signature: _		Date:		

Cooperative **Extension Service**





Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and his/her parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	ANY DAMAGE TO ANYTHING NOT LISTED INCLUDING PROGRAM EQUIPMENT WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsible for paying for any damages that my child may cause to camp property.	
Parent/Guardian Signature	Date



Community and Economic Development