

**APPLICATION
DEADLINE
June 1, 2025**



**Boyd County 4-H
Camp Counselor Application
North Central 4-H Camp
Camp Dates:
June 30-July 3, 2025**

Qualifications

- Enjoy working with children
- Willing to participate in 10 hours of counselor training sessions, plus 4 fun-filled days of camp
- Have completed 8th grade by June 2025
- Must attend training session scheduled for TBD
- All counselors must attend the June 27 camper orientation at the Boyd County Extension Education Center



Name _____ Date of Birth _____

Address _____

City _____

State _____ Zip _____

Phone _____ Email _____

School _____ Grade _____

Male _____ Female _____ Are you a 4-H Member? _____

Shirt Size _____

Volunteer Experience: Please list any positions and responsibilities you have held

4-H North Central Camp
Casrlisle, Kentucky

Boyd County
Cooperative Extension
4-H Youth Development
Attn: Becky Stahler
2420 Center St.
Catlettsburg, KY 41129

606-739-5184
rstahler@uky.edu

**Cooperative
Extension Service**

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

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.



Experiences at Other Camps:

Name of Camp _____

Location _____

Name of Camp _____

Location _____

Other Youth Leadership Skills _____

Why do you want to be a Camp Counselor at 4-H Camp? _____

What additional hobbies and skills do you have that you think may be useful to our program _____

Do you have special skills or are you certified in any skills/areas? (Foreign language, swimming, First Aid, CPR, etc.) _____

Do you have any special needs or physical limitations which may require special attentions. Please explain _____

List two people not related to you who have knowledge of you potential to be a Camp Counselor. These people can be teachers, coaches, a neighbor, church minister or another person who knows you well.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Evening _____

Email _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Evening _____

Email _____