



Mat-Su/Copper River 4-H District Horse Camp Counselor Application Form

_____ year

Must be 14 years old by January 1 of the current year.

Name _____ Date _____

Mailing Address _____ Phone _____

Email _____ Birthdate _____ Last Grade Completed _____

4-H Club _____ Leader _____ Years in 4-H _____

Projects _____

Offices Held _____

District Activities _____

State Activities _____

Do you participate as a mentor currently through 4-H? _____ Years? _____

Are you CPR Certified? _____

Counselor Experience _____ Years/Months/Weeks/Days

Experience/Training related to children:

Why would you like to be a 4-H counselor?

Please list 2-3 workshops or activities you would be able to lead or co-lead.

1)

2)

3)

References: Please list two persons, not related to you, that know your qualifications.

Name_____ Phone_____

Name_____ Phone_____

Applicant Signature _____ Date_____

Parent Signature _____ Date_____

4-H Leader Signature _____ Date_____

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