



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

2026 (Applications due April 1st)

Please turn into the 4-H office or email to [mscr4Hhorsecouncil@gmail.com](mailto:mscr4Hhorsecouncil@gmail.com)

*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 \_\_\_\_\_

Years with a completed Horse Project (record book submitted)? \_\_\_\_\_

4-H Offices Held (offices/Years)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

District Horse Contest Participant (years)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

State Horse Contest Participant (years)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4-H National Competition/Program Participant (event/years)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

Are you CPR Certified? \_\_\_\_\_

4-H Camp Counselor Experience (years) \_\_\_\_\_

Experience/Training related to children:

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

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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 \_\_\_\_\_

Language access services, such as interpretation or translation of vital information, will be provided free of charge to individuals with limited English proficiency upon request to [amnorris2@alaska.edu](mailto:amnorris2@alaska.edu).

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