

WALWORTH COUNTY 4-H CAMP ADULT CHAPERONE APPLICATION



Name:		Date:		
Address:	City:		Zip:	
Home phone:	Cell Phone: _			
E-mail Address:		_		
Occupation:		Years as an enrolle	d 4-H leader:	
Are you currently a screened Walw	orth County 4-H volu	nteer? YES	NO	
Experience in health care or first aid	d:			
Experience working with disabilities	s:			
Do you have any physical condition	s that may affect you	r ability to chaperone	e? YES	NO
If yes, please explain				
List prior experience chaperoning y	outh organizational t	rips:		
What has been your greatest challe If you do not have experience, wha	enge with chaperoning	g youth, and how did	you solve that is	ssue?
Provide a brief narrative addressing wishing to be involved, and what yo			perience coordir	nating events, reasons for



If chosen, what areas of camp would you most like to help with? Write down which of the following areas you would be willing to support/ assist with and also the areas that you would feel comfortable leading. If you are an expert or knowledgeable about one of the following areas, please let us know!

I feel comfortable supportable following activities (fro		comfortable <u>leading</u> the following ctivities (from the list below):
Team Building	Musical Talents (Please list)	Swimming
Kayaking	Dramatic Arts	Sports (Please list)
Wildlife	Arts and Crafts/Nature Crafts	Games
Archery	Geocaching/Orienteering	Science
Night Hiking	Canoeing	Outdoor Cooking
Astronomy	Rustic Tent Camping	Other:
Do you have any talents that metertified lifeguard, etc)?	ay be helpful during 4-H camp (ability to play gu	uitar, experience with skits and songs,
s there anything else you woul	d like us to know about you?	

Thank you for your application!

We appreciate your interest in helping with the Walworth County 4-H Camp this summer!

