



Virginia Cooperative Extension

Virginia Tech • Virginia State University

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Name: _____

County or City: _____

Application for 4-H Camp Teen Counselors



**This application is due by 5:00pm (EST) on
Friday, January 13, 2017**

Return to your local Extension office, Attn: Camp Counselor Application

VCE - Alexandria

1108 Jefferson Street
Alexandria, VA 22314

VCE – Arlington

3308 S. Stafford St.
Arlington, VA 22206

VCE - Fairfax

12011 Government Ctr Pkwy,
Suite 1050
Fairfax, VA 22035

Important Information

Camp Dates: July 2 - July 6, 2017

***ATTENTION ADULTS!** - We are always looking for Adult Volunteers to attend camp as chaperones. Adults camp for free and many employers offer up to 2 days of community service leave that you can take advantage of to come to camp. We prefer if volunteers can commit to the whole week of camp, but we may be able to also work out some short-term volunteer arrangements. Camp cannot occur without the help of volunteers. If you are interested in becoming an adult volunteer please contact your extension agent.

***Camp Transportation** - This year we will NOT be providing transportation to the 4-H center on Sunday, July 2.

We WILL be providing transportation from the 4-H center back to a central pick-up location in the Fairfax/Arlington/Alexandria area on Thursday, July 6. Counselors are required to ride the bus back from camp, so you will need to be dropped off on Sunday, July 2. Teens cannot drive themselves to/from camp.

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

4-H Camp Counselor Application

Check all sentences that apply.

I am applying to be a Camp Counselor at Junior 4-H Camp (will turn 14 or older by January 1, 2017)

Name _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Age (On 1/1/17) _____ Male _____ Female _____

Race _____ Ethnicity: Hispanic _____ Not Hispanic _____

Teen Email Address: _____

Teen Cell Phone Number _____

Texting OK? _____ Carrier: _____

School Name: _____

Have you served as a Counselor at 4-H Camp? _____ If yes, how long and where? _____

T-Shirt Size: Adult Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

I have already enrolled in 4HOnline and my enrollment forms are complete. Enrollment forms include Health History, Code of Conduct/Standards of Behavior, and Equine Waiver).

Parent/Guardians' Names _____

Parent/Guardian's Day Time Phone Numbers _____

Parent/Guardian Email: _____

Military Affiliation: _____

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

4-H Experience (not camping)

Give a brief background of your 4-H experiences, especially leadership roles you have held.
(Do not include camp experience in this section.)

Summer Camp Experience (4-H or Other)

(List any overnight camps you have attended. Also list any leadership roles you held at any of these camps.)

Name of Camp	Leadership Experience	Calendar Year

What experiences do you have working with and/or providing leadership for children age 9 to 13?

Would you like to be considered for a leadership position? (i.e. Keeper of the Fire, Great Bear, Pack Leader, etc.) Yes _____ No _____ (If yes, tell why and list your qualifications.)

Essay

Attach a sheet describing in at least 100 words why you would make a good counselor for the Fairfax, Arlington, and Alexandria 4-H Junior Camp cluster.

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

References

List three (3) references other than family members (people who know you well and can attest to your character and to your ability to work with and supervise youth.) Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H leaders, employers, and/or guidance counselors.

Name	Phone Number	E-mail	Relationship (teacher, coach, other)

Have you ever been convicted of a crime? Yes No (If yes, describe.)

Have you ever been suspended from school? Yes No (If yes, describe.)

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Agreement/Consent

- I have read and understand the Volunteer 4-H Camp Teen Counselor Contract. I understand that all teen applicants must successfully complete a screening, selection, and training process before being allowed to attend 4-H Camp as a Teen Counselor. This process includes (a) submission of a completed application, (b) reference checks (3 references), (c) participation in a face-to-face or phone interview, (d) completion of at least two training sessions or approved make-up options, and (e) passing the 4-H Camping Assessment before serving as a volunteer staff member at 4-H Camp.
- If selected as a 4-H Camp Teen Counselor, I will uphold the camp rules and procedures and abide by the 4-H Code of Conduct and Standards of Behavior for Virginia 4-H Volunteers during the entire camp week. I will conduct myself as a responsible young adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. I also understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to Virginia Cooperative Extension.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. Virginia Cooperative Extension is an equal opportunity/affirmative action employer.

Printed Teen Name

Teen Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

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Volunteer 4-H Camp Teen Counselor Contract

I realize we are going to be working together, sometimes in groups, sometimes in pairs, and eventually as a team. It is important that I understand what is expected of me as a team member by the camp director, the other adult camp staff, the 4-H camp staff, the other staff counselors, and most importantly the campers and their parents.

I fully understand and agree to conduct myself in accordance to the following terms of this contract. I understand violation of any one combination of these terms may result in my immediate dismissal as 4-H camp counselor. I will:

1. **Make safety a TOP PRIORITY.** Wherever I am and whatever I am doing, I will take action if I see or hear unsafe actions being planned or carried out.
2. Set a good example by never using profanity or telling off-color jokes or stories.
3. Never have in my possession or use tobacco, alcohol, illegal drugs, firearms, or fireworks while traveling to or from or participating in 4-H camp.
4. Dress appropriately, meaning I will be conscious of the words and images on my clothing and as my general appearance (tank tops should have one-inch wide straps, no baggy pants or short-shorts). If I am dressed inappropriately, I realize I may be asked to change into more appropriate clothing.
5. Not bring valuable personal property to camp. I understand that this includes, but is not limited to the following: expensive watches, cameras, jewelry, cellular phones, palm pilots, laptops, beepers, electronic games, walkie-talkies, musical instruments, sports equipment, I-Pods (mp3 players), etc. If these items are discovered they will be confiscated by the Camp Director and will not be returned to me until I am placed in my parent or guardian's care at the conclusion of 4-H camp.
6. Be physically on time and where I am supposed to be during that designated time (i.e., at meals, in my room, at my class site, at the camp activity) and following through on my responsibilities. If for some emergency I cannot be in a designated location, I will inform the camp director, an extension agent, adult volunteer leader, or 4-H camp summer staff member.
7. Discuss the camp rules with all my room campers, set the example and enforce those rules.
8. Conduct my dining hall responsibilities, during meals, and during clean-up in accordance with policies and procedures as set forth in training meetings.
9. Will not delegate my responsibilities to the CIT's, but make every effort to involve them in experimenting with leadership roles encouraging, supporting, and guiding them in their efforts.
10. Conduct myself in a mature manner and will avoid any public displays of affection during counselor training programs, activities, or camp itself.
11. Remain in my lodge and my assigned room with the campers from lights out until breakfast.

By signing below, I acknowledge that I understand and agree to assume my responsibilities as counselor. I understand that I may be required to call my parents/guardian or person designated on my health form if I do not conduct myself in a mature manner and/or do not abide by the above rules and regulations.

Prospective 4-H Teen Camp Counselor

Date

Parent Signature

Date

Extension Agent, 4-H Youth Development

Date

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Save these Dates!

Important Dates for 4-H Camp Counselors

- January 13, 2016** **4-H Camp Counselor Applications and payment due to your local extension office. After this date, Counselor fees increase to \$150.**
- January 2017** **4-H Camp Counselor Group Interviews – All applications should be prepared to participate in one of the sessions listed below.**
- **Mon. January 23 – Arlington, 6:00 – 8:00 p.m.**
Fairlington Community Center, 3308 S. Stafford St. Arlington VA
 - **Tues. January 24 – Alexandria, 6:30 – 7:30 p.m.**
Lee Center, 1108 Jefferson St. Alexandria VA
 - **Wed. January 25 – Fairfax, 6:00 – 8:00 p.m.**
*Fairfax Government Complex, Pennino Building
12011 Government Center Pkwy, Fairfax, VA*
- February 3-4, 2017** **Camp Counselor Lock-In, MANDATORY FOR ALL COUNSELORS.**
*Charles Houston Community Recreation Center
901 Wythe St, Alexandria, VA 22314*
- March 11, 2017** **Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS.**
*Fairlington Community Center
3308 S. Stafford St. Arlington VA 22206*
- April 8, 2017** **Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS.**
Lee Center, 1108 Jefferson St. Alexandria VA
- May 13, 2017** **Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS.**
*Fairfax Government Complex, Pennino Building
12011 Government Center Pkwy, Fairfax, VA*
- June 17, 2017** **Camp Orientation for First Time Campers, 10am—12pm Camp Counselor Training and Assessment, 12pm – 4 pm MANDATORY FOR ALL COUNSELORS.**
*Fairlington Community Center
3308 S. Stafford St. Arlington VA 22206*
- June 27, 2017** **Camp Counselor Work Night, 5pm--8pm , Location: TBD**
- July 2 – July 6, 2017** **4-H Junior Camp
Northern Virginia 4-H Educational Center, Front Royal, VA**

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Volunteer 4-H Camp Teen Counselor Application Checklist

Did you...

Complete and sign the following documents for your application?

- Health History Form
- Volunteer Standards of Behavior
- Volunteer 4-H Camp Teen Counselor Contract
- 4-H Camp Teen Counselor Application
- 100 word essay
- Class Selection Form

If submitted by 5:00 PM January 13, 2017: Include a payment of **\$100** for your 4-H counselor training and camp fee.

If submitted after 5:00 PM January 13, 2017: Include a payment of **\$150** for your 4-H counselor training and camp fee.

If serving as a teen counselor causes you a financial hardship, a limited number of scholarships are available and are strictly confidential. Please call 703-746-5546.

- Fee is due by January 13, 2017.
- \$85 of your fee is nonrefundable because it is used to pay for required trainings.
- **Payment is by Checks Only**
 - **Make checks payable to The Treasurer of Virginia Tech.**
Checks must be mailed to your Extension Office
--Do *not* deliver checks in person

Mail or deliver all materials to your local extension office by **5:00 p.m. on Friday, January 13, 2017.**

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Virginia Cooperative Extension

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INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: _____

DATE(S) OF EVENT: _____ LOCATION: _____

PARTICIPANT IDENTIFICATION

NAME: _____ FEMALE: MALE:

Last First (Underline name by which you like to be called) Middle

MAILING ADDRESS: _____ PARTICIPANT CELL PHONE: (____) _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: (____) _____

AGE: _____ BIRTHDATE: _____ HOME EMAIL: _____

RACE: (Optional) WHITE HISPANIC BLACK AMERICAN INDIAN ASIAN MULTICULTURAL

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER'S NAME (OR GUARDIAN): _____ FATHER'S EMAIL: _____

FATHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

MOTHER'S NAME (OR GUARDIAN): _____ MOTHER'S EMAIL: _____

MOTHER'S PHONE DAYTIME: _____ EVENING: _____ CELL: _____

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? _____

ADDRESS, IF DIFFERENT THAN CHILD: _____

PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: _____

PHONE: (____) _____

DENTIST / ORTHODONTIST NAME: _____

PHONE: (____) _____

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES NO
(Check \checkmark one)

CARRIER: _____

POLICY ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: _____

PHONE: (____) _____

CELL PHONE: (____) _____

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____

CELL PHONE: (____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

YES NO

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* 18 U.S.C. 707

PARTICIPANT HEALTH AND MEDICAL HISTORY

(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?

[Check (✓) all that apply]

- Asthma Bleeding disorders Attention disorders (ADHD)
- Eating disorders Seizures/Convulsions Wears contacts
- Diabetes Bed Wetting Behavior
- Fainting spells Non-food allergies Other: _____

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME:

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME:

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? YES NO **Date of most recent tetanus shot:** (month/year) _____/_____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____

Virginia Polytechnic Institute and State University Equine Release, Waiver, and Indemnification

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University, its members, employees, agents, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned person's participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the "intrinsic dangers of equine activities". "Intrinsic dangers of equine activities" is defined as those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) should maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

Printed Name of Participant	Printed Name of Parent or Guardian	
Signature of Participant	Signature of Parent or Guardian if participant is under age 18 yrs	Date

*18 USC 707



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Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University

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VIRGINIA STATE UNIVERSITY



RESOURCE 19: Special Dietary Needs Form

Special Dietary Needs Form

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Please complete this form and send it to your 4-H center (Attention: Program Director and Food Service Manager/Director) no less than 2 weeks prior to your 4-H camp.

NAME: _____

UNIT (County/City): _____

CHECK ONE:

- Camper (5-13 years old) Counselor-in-training (13-14 years old)
 Teen Counselor (14-18 years old) Adult volunteer or Extension faculty/staff

In the space below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- ✓ Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- ✓ Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____ **Date:** _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: _____ **Date:** _____



Camp Class Interest

Read through the attached class descriptions of the classes that were offered at camp last year. The class selections for 2016 are still being finalized, but will most likely resemble the list from last year. After reading through the classes, please list your top 10 choices below in order with 1 being your top choice. If you wish to teach a class that is not listed, please see the requirements at the end of the list!

Choice 1 _____

Choice 2 _____

Choice 3 _____

Choice 4 _____

Choice 5 _____

Choice 6 _____

Choice 7 _____

Choice 8 _____

Choice 9 _____

Choice 10 _____

What qualifications do you have for any of the above listed classes? _____

Would you be comfortable taking the lead on a class without the assistance of a summer staffer, such as T-shirt art, arts and crafts, outdoor sports, etc.? _____

Classes that are not in the Class Descriptions List:

In order to hold these classes, we will need at least 2 teens to lead the class. Either find a buddy, or put down what you'd like to teach, and if there's someone else we will pair you up! You will have to come up with a lesson plan for the week and present it to the extension agents for approval. Here are some suggestions from the group last year:

Weird Science, Cheerleading/Dance, Tae Kwon Do, Fiber Arts/Knitting/Crocheting, Scrapbooking, Entomology, Spanish, Tennis, Basketball, Sewing, Music, Model Rocketry, Jewelry Making, Zumba, Choir

Class I'd be interested in teaching: _____

Qualifications/Experience with the subject matter: _____

Ideas for class activities – just a few ideas, doesn't have to be your whole lesson plan: _____

Estimated Materials Cost: _____

How many campers would you be willing to have in a class (up to 16): _____

Location/Space Requirements: _____

Other Requirements/ Notes: _____

Class Descriptions

Adventure Class: Take this class if you are interested in exploration, adventure, discovery, and “wow” moments. With nature as our classroom, we will spend time investigating Happy Creek, hiking on the Appalachian Trail, building habitats for wildlife, exploring the diversity of life that Lake Culpeper supports, and finding out cool facts about the day's “creature feature.”

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Archery: What do fletching, quivers, Katniss Everdeen, and Robin Hood all have in common? Find out when you learn basic archery skills in this class taught by a trained instructor. Class will have a strong emphasis on SAFETY. Close-toed shoes required.

Arts & Crafts: Be creative and learn how to make some fun art. Learn how to make a new craft every day!

Canoeing: A paddle, a life jacket, and a canoe – it doesn't get much better than this! Come to class prepared to learn some basic canoeing strokes, safety, and have fun as you navigate the wild, wonderful waters of Lake Culpeper!

Create, Innovate, Solve: Inspired by the Maker movement, learning by doing. This fun, new, and interactive class where you get to learn practical skills in a creative way. Working with your hands to build creations the whole camp will get to see. You can be an inventor for a week developing your problem solving skills. Who knows maybe you will be the next Steve Jobs!

Fishing: Learn the basics of catch and release fishing on Lake Culpeper.

Food Challenge 101: Work with a team of campers to create a tasty, nutritious dish using only what you find in a basket of mystery ingredients! You'll also learn about basic nutrition, and take home a few popular recipes to share.

Multimedia Arts: Ever wonder what it's like for reporters grabbing the scoop on exciting breaking stories? Find out using technology (computers, digital cameras, video production equipment, etc.) to report on all the most exciting camp events as they occur during the week. Campers will produce a multimedia presentation that will be featured at the camp closing ceremony!

Performing Arts: Show-off your dramatic and comedic chops in this class of role-playing, improv, and original production. Learn the skills – both onstage and backstage – you'll need to conquer Hollywood and Broadway. With the instruction of our master thespian, you too may one day hear, "The Best Actor Golden Globe for a Dramatic Role goes to...."

Low Challenge Course: Test your skill on the low challenge course. Your team will learn to communicate and work together as you tackle the Great Wall, Wild Woozy and Nitro Crossing. Just don't get stuck in the Spider Web! This class will not feature any of the High Ropes elements.

High Challenge Course: Having survived the Low Challenge Course, 11-13 year-old adventurers can advance their skills through the challenging Eagle Walk, Postman's Walk and Vine Walk; sail through over 100 feet of forest on the Zip Line; and scale the 26 feet of the incredible Climbing Wall. Make no mistake: these elements require as much -- if not more -- teamwork as the Low Challenge Course.

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Outdoor Cooking: Ever wonder how to make dinner if the power goes out? You can learn what the chefs do – in the great outdoors! Campers will learn how to make simple, nutritious and fun foods by the campfire. Be sure to leave room for dessert!

4-H Gardening Class: Learn how to grown your head, heart, hands, and health in 4-H Gardening! Crisp vegetables to eat (health) and beautiful flowers to grow; make new friends and connect with the earth (heart); learn about plants and helpful insects (head); cultivate and nourish the soil (hands). Plant a tree on the last day of class. And if all that isn't exciting enough, we have chickens this year and need your help to care for them!

Horsemanship 1 & 2: Horsemanship 1 is perfect for campers with an interest in horses and horsemanship. Start with the basics: learn how to groom, saddle, and care for horses; also spend a little time in the saddle. Horsemanship 2 is for campers with horseback riding experience. The class will focus on developing riding skills and other activities beyond the basics

Outdoor Living Skills: Learn all about the skills it takes to thrive and survive in the outdoors. Pitching tents, learning to use a GPS, and even cooking outdoors will be the theme of this class. Oh, yeah, every brave person who takes this class gets to spend a night out camping in the wild!

Outdoor Sports: From the baseball fields to the volleyball courts, you will learn the ins and outs of a variety of sports. You want the official rules of Gau-Gau? Hey, we've got 'em! You want a soccer competition? It's your decision. A future Hall-of-Famer will help you learn the essentials to team sports throughout your active week.

Riflery: Can you hit a bull's-eye? Find out under the instruction of a trained, qualified instructor while focusing on SAFETY, shooting, and marksmanship skills

Swimming: Beginning swimming is for campers with little or no swimming experience, or who are not comfortable in depths over 4 feet, this class will help you learn to have fun in the water. Covers basic strokes, learning to swim under water, floating, and treading water. Intermediate swimming is for campers who can swim, unaided, across the pool and feel comfortable in depths over 4 feet. Covers more advanced strokes, using the diving board, and other fun water activities **Swimming Counselors will assist with all periods of swimming.**

T-Shirt Art: Dazzle your peers, friends, and family with your amazingly creative artistic skills. Use paint, pieces of nature, various dyes, fabric markers, tie dye, puff paint, and other mediums to create wearable art that will last and last.

Woodworking: For the craftspeople in the bunch, join us in creating with wood! This is a class you won't want to miss. Everyone will take home a quality wood creation.

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