

SUBMIT WITH
FORMS A (TEEN LEADERS), B, C, D, E, F & G BY MAY 16TH, 2011

TEEN LEADERSHIP APPLICATION – Page 1 of 4
Windham-Tolland 4-H Camp

_____ Teen Leaders _____ Advanced Teen Leaders

Name: _____

Address: _____, Town _____, State _____, Zip Code _____

E-Mail Address: _____ Home Telephone #() _____

Date of Birth _____ Age _____ School Grade in Sept., 2011 _____

School Attending _____ School Location _____

Parent/Guardian's Name _____

Address(if different from above) _____

If parents cannot be reached in case of emergency, please contact _____

Emergency Home Phone () _____ Emergency Work Phone () _____

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What is your T-Shirt size? (adult size) S M L XL XXL XXXL

IF YOU DO NOT CIRCLE ONE, YOU WILL NOT RECEIVE A SHIRT.

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Please check **ALL** weeks that you are requesting to serve as a Teen Leader or Advanced Teen Leader at the Windham-Tolland 4-H Camp. All teen leaders and advanced teen leaders must attend week #1 **(6/26/11-7/1/11 - training week)**. The selection process for week #7 will be based upon the best evaluations of all applicants and their prior attendance (which may be attendance for any weeks 1 thru 5). Each week's performance will determine if you will attend subsequent weeks at camp. Everything will be based on weekly evaluations from senior staff and administration.

_____ Week 1 June 26 – July 1

_____ Week 5 July 24 – July 29

_____ Week 2 July 3 – July 8

_____ Week 6 July 31– August 5

_____ Week 3 July 10 – July 15

_____ Week 7 August 7 – August 12

_____ Week 4 July 17– July 22

As there are a limited number of openings, please use 1 for first choice, 2 for second choice, and so on to designate weeks requested.

Please list the number of weeks you want to attend camp. _____

(1-7)

Name: _____

TEEN LEADERSHIP APPLICATION - Page 2 of 4
Windham-Tolland 4-H Camp

You will receive a confirmation and bill in the mail once we have reviewed your application and accepted you as a teen leader.

Camp/Child Care Experience	Duties	Dates	Position held (Camper, Teen Leader, etc.)

In the following list, put the numeral "1" next to those activities you have a great deal of knowledge or experience, "2" for those you have some knowledge or experience, "3" where you have little knowledge but are willing to assist or help, and "4" if you have no knowledge or experience.

Arts	Camp Craft & Nature	Sports	Waterfront
Sculpture	Fire building	Aerobics	Canoeing
Gimp/ Lanyards	Knots	Baseball	Diving
Nature Crafts	Hiking/backpacking	Archery	Lifeguard (certified)
Painting	Orienteering	Basketball	Rowing
Sketching	Outdoor cooking	Martial arts	
Pottery	Birds/animals	Fishing	
Drama	Conservation	Ping-pong	Swimming
Video/Digital Design	Rocks/minerals	New games	
Dance	Weather	Quiet games	
Newspaper Design and Writing	Plants	Horseback riding	MISCELLANEOUS
Vocal Music	Insects	Soccer	First aid (certified)
Lead Singing	Environmental awareness games	Softball	CPR (certified)
Other...	Other...	Tennis	
Beading	4-H Projects	Track & field	
Musical Instruments	Vo-Ag Projects	Volleyball	
Story Telling		Biking	
		Other...	

****Please send in a photocopy of ANY up-to-date certifications you have. ****

Name: _____

TEEN LEADERSHIP APPLICATION - Page 3 of 4
Windham-Tolland 4-H Camp

Please answer the following questions thoughtfully and honestly. (If you need to, you can attach another page to answer the questions.)

1. What do you hope to gain from the Teen Leadership program? _____

2. Why do you want to work with children and teens? _____

3. What will you do to make camp memorable? _____

4. What is meant by responsibility? _____

5. Why should we pick you to be a Teen Leader at camp? _____

6. Describe a model Teen Leader, one that campers look up to and is appreciated by Staff. _____

PLEASE GIVE THE NEXT PAGE TO SOMEONE NOT IN YOUR FAMILY WHO HAS SEEN YOU WORK WITH CHILDREN OR KNOWS YOUR GENERAL WORK ETHIC.

Please give a reference form (Page 4 of 4) to a teacher, guidance counselor or youth leader to fill out. Again, Please send Pages 1, 2 and 3 of the Teen Leadership Application and Forms A (TEEN LEADER), B, C, D, E, F & G to:

ATTENTION: TL COORDINATOR, 326 TAFT POND ROAD, POMFRET CENTER, CT 06259, BY MAY 16, 2011.

REQUIRED REFERENCE
RE: TEEN LEADERSHIP APPLICATION
Windham-Tolland 4-H Camp

Page 4 of 4

To be filled out by Teen Leadership Applicant:

Name: _____

Position you are applying for: _____

Name of Person writing reference for you: _____

Thank you for taking the time to fill out a reference form for the above student. He or she is applying to be a member of the Teen Leadership program at Windham-Tolland 4-H Camp. This program is designed for students who have completed 9th, 10th or 11th grades. It is usually a three-year program that will prepare students to become leaders at camp and in our community. We are looking to accept the best prospects for our program and camp. Please take the time to thoughtfully fill out this reference sheet.

If you have any additional comments or questions, please feel free to contact the Camp Director at **(860)-974-1122** or **wt4hcampdir@earthlink.net**. Thanks!

To be filled out by person giving a Teen Leadership Reference:

To whom it may concern:

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? (teacher, guidance counselor, coach, etc.) _____

3. Do you consider him or her to be a leader or a possible leader? _____

4. Would you trust this young adult with HELPING to supervise your children? _____

5. What are some strengths this applicant has? _____

6. What are some weaknesses? _____

7. If we have further questions can we contact you about this applicant? If yes, where and how? _____

Please submit to:
TL Coordinator, 326 Taft Pond Road, Pomfret Center, CT 06259 by May 16, 2011.