

4-H Camp Counselor/Counselor-in-Training (CIT) Application

June 8-12, 2026, at the Beartooth Mountain Christian Ranch, SW of Columbus

Return all **FOUR** completed pages & payment to the Extension Office by **DECEMBER 12** (not postmarked by)

Counselors must be 14 years of age by the first day of camp: June 8. You must be a CIT for 1 year before you can apply to be a Counselor. Counselors plan the 4-H Camp program with the assistance of the Counselors-in-Training (CITs) and the tri-county Extension Agents. Counselors select the program topics, arrange workshops, gather equipment or other materials needed for camp. Each is responsible for specific duties in the pre-planning stages of camp **and** at camp. As part of the Camp Leadership Team, counselors share in the overall success of camp, and the camper's learning, safety, and fun.

Counselors-in-Training (CITs) must be 14 years of age by the first day of camp: June 8. You must be a CIT for 1 year before you can apply to be a Counselor. CITs carry out the same responsibilities as counselors however, they "learn by doing" while partnered with a counselor.

Camp Fee: \$115 OR \$65 with a scholarship request letter. Make checks payable to: Yellowstone County 4-H Council. Payment must be included with application! Mail to: Yellowstone County Extension, PO Box 35021, Billings, MT 59107. Interviews will be held Monday evening, January 12.

Interested in a partial scholarship? The 4-H member must write a short letter explaining why they feel they should be awarded a partial scholarship and include it with the application and payment.

If you are selected to be a Counselor/CIT, you must attend all camp planning meetings unless you arrange for an excused absence prior to the meeting from your Extension Agent. **You are allowed only ONE excused absence. Failure to notify your Extension Agent prior to the meeting may result in dismissal as a Counselor/CIT.** You must attend the training session that will be held. **SPECIAL NOTE:** If selected, you will have to travel on weeknights or weekends to Laurel for planning meetings. Counselors/CITs are required to be at camp on June 8, the day before campers arrive.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Cell Phone PROVIDER: _____

Applicant Cell #: _____ Applicant email: _____

4-H Club: _____ Male: ___ Female: ___ Date of Birth: _____

Your age as of June 8, 2026: ___ T-Shirt Size ___ (adult S, M, Lg, XLg, etc.)

Parents: _____ Phone: (C) _____ (W) _____

I am applying to be a Counselor: ___ CIT: ___

Were you accepted as a Counselor last year? Yes ___ No ___

Were you accepted as a CIT last year? Yes ___ No ___

Number of years you have attended camp as a camper: _____

Number of years you have attended camp as a Counselor: _____

Explain experiences you have had leading or working with youth ages 9-13.

List three strengths or skills you have that would be beneficial at a youth camp.

List 2 ADULT references (people not related to you). References may be called prior to final Counselor/CIT selection.

	Full Name	Phone # (include area code)
1.		
2.		

ACTIVITY and HEALTH AGREEMENT

(Complete **ALL** fields. Indicate “N/A” if not applicable)

Family Physician:_____ Phone:_____

Address, City, State, Zip:_____

Family's Insurance Carrier:_____ Policy/Group #:_____

Cell number parent can be reached at in case of an emergency:_____

Person to contact if family cannot be reached:_____ Phone:_____

Person(s) other than named above, to whom the camp may release the child upon request:_____

I will be driving myself to camp:___ OR I will need transportation to camp:___

1. Does your child have any known allergic reactions? (List: food, medicine, plants, or insect allergies)

2. Please list child's “**regularly scheduled**” **AND** “**as needed**” medications and send with child in **Original Rx Bottles**.

All medications will be required to be turned into the camp nurse upon arrival at camp.

Medication Name	Dose	Reason for taking	When to take	Oral, Nasal, Injection

*If your child has **SEVERE ASTHMA ATTACKS**, please consult with you primary Physician, and explain to them camp is 1 hour away from the nearest Emergency Room and at a higher elevation! Ask for a prescription for an EpiPen and send it with the child to camp. If your child has **BEE ALLERGIES** an EpiPen is also required.*

Does your child have **Asthma**? Yes:___ No:___ If yes, when was their last asthma attack?_____

How many asthma attacks have happened in the last 6 months?_____

How bad are asthma attacks?

- Mild, no treatment other than inhaler required:___
- Moderate, required Nebulizer at home only:___
- Severe, required a trip to the Physician or Emergency Room:___

If your child uses a Nebulizer Machine, it must be sent to camp with the child. This is not optional. They must have their machine and medications with them including Albuterol and emergency and inhalers. In recent years we have had life-threatening asthma situations at camp. Counselors/CITs cannot stay at camp without medications they may need.

Does your child have **Diabetes**? Yes:___ No:___ If yes, how well do they manage this?_____

Do they monitor blood sugar and if so, how often? _____

Do they have an Insulin Pump, or do they use injections? _____

Is your child allowed to eat sweets? Yes: ___ No: ___

What is your child's normal range of blood sugar? _____

How often does it drop below this range? _____ How often does it jump above this range? _____

Have you ever had to use Glucagon to bring your child's Blood Sugar up? Yes: ___ No: ___

4. What kinds of situations might cause your child distress? _____

5. Does your child wear Medic-Alert Tags? Yes: ___ No: ___ Where is it worn? _____

6. Mark any of these supervised activities which your child is **NOT** allowed to participate:

Horseback riding	___	Swimming	___	Climbing wall	___	Other:	_____
Zip Line	___	Archery	___	Backpacking	___		
Workshops	___	Pellet guns	___	Ropes course	___		

Has your child had swimming lessons? Yes: ___ No: ___

7. Mark any of the following conditions your child is subject to:

Abdominal Pain	___	Ear/Sinus trouble	___	Heart trouble	___	Other:	_____
Asthma	___	Epilepsy	___	Nose bleeds	___		
Bed wetting	___	Fainting	___	Sleep walking	___		
Cramps	___	Hay fever	___	Tonsillitis	___		
Diabetes	___	Headaches	___	Travel	___		

Describe child's reactions or other information we should know (e.g., disabilities): _____

8. Tetanus shot current: Yes: ___ No: ___

9. List any chronic illness or other condition for which your child needs treatment. (Explanation required - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.) _____

AUTHORIZATION TO TREAT

I _____ being the parent or legal guardian of _____ affirm that this form is complete and accurate to my knowledge and grant permission for my child to participate in the Yellowstone/Stillwater/Carbon County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

I give permission for the Camp Nurse/MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismol, cough syrup, etc., to my child if they are not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for a physician to be contacted. If I cannot be reached, I give permission for the attending physician to treat my child in an emergency situation. I know the plans of the trip, including the dates, who will chaperoning the group, the mode of travel, where the group will stay, and the planned activities. My child agrees to abide by the rules of no use or possession of alcohol, drugs, any tobacco product, knives, guns, or any other items that could be considered a weapon. My child also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

(Signature of Parent or Guardian)

(Date)

The Montana State University Extension is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach. Montana State University Extension encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of special accommodation or have questions about the physical access provided, please contact the Extension Office at 406-256-2828 in advance of your participation.

Counselor/CIT Expectations – I realize that I am expected to:

- Attend all monthly 2-hour camp planning meetings with the exception of 1 EXCUSED absence. If I will not be able to attend, I will contact one of the leaders/agents PRIOR to the meeting to be excused from attending. I understand that if I have more than one unexcused absence I will no longer serve as a Counselor/CIT.
- Attend the camp training/set-up session prior to camp.
- Fulfill responsibilities of the committees for which I serve.

Counselor/CIT Code of Conduct

- I will respect the property and rights of the camp, other campers, counselors, CITs, and adult chaperons at all times.
- I will be with my campers whenever they are in the cabin/dormitory, during classes, during meals and during camp duties.
- I will report all illnesses, injuries, or concerns to the camp nurse.
- I am responsible for attending ALL workshops and group meetings. Be on time.
- I know that boys are not allowed in girls' cabins and girls are not allowed in boys' cabins. Do not switch cabins.
- I will not write on or deface any camp property. I will pay for any damages.
- I know it is my responsibility to keep the cabin areas and the campgrounds clean at all times.
- I realize that everyone is required to be at every flag raising and lowering ceremony as well as other events. I will have a schedule with ample time for me to get to all activities. I will also get my campers to activities on time. Tardiness will not be tolerated.
- I will speak respectfully to others, campers, counselors, CITs, adults, everyone.
- Improper language will not be tolerated and should be reported to an adult chaperone immediately.
- I will respect all the property of other campers as I would like them to respect mine. Stay out of others' property.
- I will wear 4-H appropriate clothing at all times. I understand I may be asked to change if needed.
- I will wear my nametag at all times.
- I know that hats are not to be worn indoors for any reason.
- I know the pond is off limits except during approved times.
- I know that alcohol, any tobacco products, illegal drugs, fireworks, firearms, or knives are not to be brought to camp.
- I know that by choosing not to abide by these rules I will be sent home immediately with my parents providing my transportation.
- I will not administer corporal punishment or refuse food and shelter to anyone.

I agree to follow the Counselor/CIT Code of Conduct.

(Signature of Counselor/CIT)

(Date)