

# Teton County Camp Counselors Responsibilities and Contract

1. Must be 14 years old by October 1, of the current 4-h year.
2. Will be responsible for attending the counselor training sessions (established at the first meeting) unless excused.
3. Conduct yourself as an adult staff member
4. Set a good example with dress, speech, and action
5. Be responsible for planning and implementing one of the camp workshops or activities.
6. Be a responsible cabin counselor and ensure campers are provided guidance towards a fun and safe camp week.
7. Ensure that all campers are properly supervised by counseling staff at all times.
8. Never punish a camper by ridicule or physical punishment-patience and understanding works wonders.
9. Urge safety at all times-take the time to explain how and hwy to do something safely.
10. Work as a team to plan and conduct all camp activities.
11. See that ALL campers are involved in all activities. Make sure no one is excluded.
12. Guide, suggest and develop in camp a feeling of planning and doing things together. All of this will in turn create a feeling of freedom.
13. Make sure campers understand they are responsible for their own behavior.
14. Be sure that all campers know that they must remain on the camp grounds at all times.
15. Be on time at meals, classes and activities.
16. Supervise table setting and dining room clean up when assigned or necessary.
17. Be flexible-plans do change- and rains do come.
18. Feel free to discuss problems with any of the other staff members.
19. Put campers ahead of my own enjoyment for the duration of the camp.
20. Take an active role in the camp planning process. I will offer suggestions, volunteer, and follow through on my responsibilities.

By signing below; I acknowledge that I have read and agree to abide by the above responsibilities if selected as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I do not conduct myself in an adult manner, which includes being out of my cabin after hours and the possession or use of tobacco, alcohol, illegal drugs or firework.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_