



# PREBLE COUNTY CONSERVATION CAMP 2025

February 1, 2025

Dear High School and College Students,

Our ninth annual Conservation Day Camp is approaching, and we are looking for some great high school and college students to serve as camp counselors! Serving as a Conservation Day Camp Counselor is a fantastic opportunity to develop leadership, responsibility, and teamwork skills. In addition, it is a great way to build your portfolio for future goals such as 4-H Camp Counselor, Junior Fair Board member, and applications for college, scholarships, and jobs.

**This year's Conservation Day Camp will be held June 24th-26th from 9:00 am-2:30 pm each day at the Preble County Historical Society and Nature Reserve, 7693 Swartsel Rd., Eaton, OH.**

As the organizers of Conservation Day Camp, we look for individuals who enjoy working with children, are good role models, and have a positive and willing attitude. Applicants must be current high school or college students. Counselors attend camp at no cost to them.

Enclosed you will find a Camp Counselor Application and Responsibilities Form. Please read the information carefully, and if you agree to uphold these responsibilities, complete the enclosed information and return to the address below.

**Return to: Preble Soil & Water Conservation District, Attn: BJ Price  
2789 US Rt. 35 E, West Alexandria, OH 45381  
By April 18<sup>th</sup>**

If you have questions, please contact me at 937-456-5159 or [bjprice@prebleswcd.org](mailto:bjprice@prebleswcd.org).

Sincerely,  
BJ Price  
Preble Soil and Water Conservation District

**\*\*\* Application due April 18 \*\*\***



# PREBLE COUNTY CONSERVATION CAMP 2025

## Counselor Responsibilities

### COUNSELOR DUTIES:

I, as a Conservation Day Camp counselor, will be expected to:

1. Attend a counselor training meeting to prepare for camp.
2. Be a responsible counselor...
  - a. Be with my campers at ALL TIMES.
  - b. Get to know each of the campers in my group personally and by name.
  - c. Have all campers, including myself, check in medications with the nurse.
  - d. Make sure that all of campers are familiar with the camp site, rules, and daily schedule.
  - e. Help campers take care of personal possessions.
  - f. Check for illness or injury, but don't make a "fuss" about minor issues.
  - g. Set a good example by not using profanity or telling off color jokes and stories.
  - h. Not have tobacco, alcohol or illegal drugs in my possession, or use these substances during camp or while I am participating in the counselor training program.
  - i. Never punish a camper by ridicule or physical punishment – patience and understanding works wonders.
  - j. Urge safety at all times. Take time to explain how and why to do something safely.
  - k. See that all campers are involved in all activities. Make sure no one is excluded.
  - l. Facilitate a feeling of togetherness within your group. Address any issues which might create divisiveness. Be loyal to your assigned group. Don't ask to be transferred to another group.
  - m. Make sure all campers understand they are responsible for their own behavior.
  - n. Be sure that all campers know that they must remain on the camp grounds at all times.
  - o. Remember that the camp rules apply to you as well as the campers. You are setting an example that your campers will follow.
  - p. Be flexible. Plans might change and weather is unpredictable.

\*\*\* Application due April 18 \*\*\*



# Conservation Day Camp - June 24-26, 2025

## Counselor Application

### Counselor Information

COUNSELOR NAME: First		Last	
ADDRESS: Street		City	State ZIP
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH
T-SHIRT SIZE: Small Medium Large XL 2XL		GRADE COMPLETED	SCHOOL OR COLLEGE ATTENDED
PHONE		EMAIL	

What grade(s) of campers do you prefer to work with? Circle all that apply.	Grade 2	Grades 3-4	Grades 5-6	Any grades
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### Medical Information

<b>List any Specific Allergies &amp; Reactions; Physical, Health, or Behavioral Limitations; and Current Medications &amp; Dosage.</b> All medication is to be given to camp nurse at registration in original labeled containers, including dosage instructions.	
PHYSICIAN'S NAME	PHONE

### Counselor Commitment

I understand that if selected to serve as a counselor for Preble County Conservation Day Camp, I will be expected to follow the rules and responsibilities given to me. I recognize the commitment and responsibility involved with being a Conservation Day Camp Counselor, and I believe I am able to accept that challenge. My status as a Preble County Conservation Day Camp Counselor may be terminated by either party at any time for failure to abide by these or other policies and procedures.	
SIGNATURE OF THE APPLICANT	DATE

### Consent/Waiver of Liability

I give my child permission to participate in all on-site activities at Conservation Day Camp. I understand participants will be supervised and are expected to cooperate in activities and abide by camp policies of conduct and attitude. The camp reserves the right to dismiss counselors who fail to follow these guidelines. My child has permission to apply to be a Conservation Day Camp Counselor. I realize the responsibility the position holds. I feel my child can accept the commitment and follow through with all assigned task and duties. I also understand the Staff, Preble Soil and Water Conservation District, and the Preble County Historical Society are not responsible in the event of accidental injury or illness, nor the compounded injury or illness to the participant's present medical conditions listed. I give permission to camp staff to administer basic first aid to my child, including ibuprofen, acetaminophen, and Benadryl. I further understand in case of serious injury or illness, every reasonable effort will be made to notify me. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant named above. I give Preble Soil and Water Conservation District permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the above organizations with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.
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PARENT/GUARDIAN NAME: First	Last	Phone
PARENT/GUARDIAN SIGNATURE		DATE

Applications must be returned by **Friday, April 18** to: Preble SWCD, 2789 US RT 35 E, West Alexandria, OH 45381 Please direct all questions to [bjprice@prebleswcd.org](mailto:bjprice@prebleswcd.org) or call (937) 456-5159.



# PREBLE COUNTY CONSERVATION CAMP

1. Why are you interested in serving as a camp counselor?

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2. What previous experience do you have working with youth?

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3. What activities have you been involved in through school, church, 4-H, FFA, Scouts or other groups?

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4. Please list the names of two references we may contact regarding your character and leadership abilities. These may include club advisors, teachers, youth group leaders, or others. Please do not list friends or family members.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

**\*\*\* Application due April 18 \*\*\***