



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

TEEN ADVISORY BOARD

Application Packet

2025-2026 CAMP YEAR

**YMCA Camp Y-Koda
W3340 Sunset Road
Sheboygan Falls, WI 53085
P: (920) 467-6882 F: (920) 467-7240**

Dear Teen Advisory Board Applicants and Parents,

YMCA Camp Y-Koda is a nonprofit organization and is a branch of the Sheboygan County YMCA located in Sheboygan Falls, WI. Camp Y-Koda has been providing camping experiences for 56 years and we are pleased that you have chosen to go through the application process. The Teen Advisory Board (TAB) is composed of youth participants that are between ages 13-17. While applying for TAB, please remember that you are making a commitment to the organization for as long as you are a member, and are expected to contribute your time and skill. It is volunteer opportunity and out of camp time will be required as well. Members will have the opportunity to assist in the planning and preparation of the 2026 Summer Camp Program. Throughout the year the board will additionally work behind the scenes of off-season youth programs and within the summer season by, but not limited to: assisting the counselors and camp groups, fundraisers, sell items at the camp store, designing & organizing the camp apparel and store merchandise, serving the community, learn about practice and leadership, and much more.

ELIGIBILITY

In order to be considered, applicants must be 13-17 years old with a passion and sincere desire for the community and programs of Camp Y-Koda and the outdoors. Applicants should be age 14 on or before June 9, 2026.

MEMBERS TERM & SCHEDULE

Each TAB term runs from November 2025-August 2026. The board will meet every second Wednesday of the month from 5:30pm-7:00pm. In addition, each representative is required to volunteer and assist with a minimum of 4 off-season programs. Representatives who miss more than 3 monthly meetings or do not complete volunteer hours per the term may be subject to dismissal from the Teen Advisory Board.

MEMBER BEHAVIOR

The Teen Advisory Board is a committee of youth volunteers and extra camp-curricular activity. Members are responsible for their own behavior while respecting the rights of all board members, special activity guests and fellow campers. Members will maintain good citizenship and representatives with discipline problems could result in dismissal from the Teen Advisory Board.

ELECTION & APPLICATION PACKET

Packets must be completed and turned in by Monday, November 1, 2025 in order for applicants to be eligible for the Teen Advisory Board. The packet consists of: applicant information and permission slip, 2 letters of recommendations, and a potential interview. The TAB Director will review and select based on candidates packets. One will be appointed as President of the Teen Advisory Board at the first meeting by their peers.

WHAT TO EXPECT AFTER APPLICATION SUBMISSION

After Monday, November 1, 2025 the TAB Director will review all application packets. Then, she will contact each applicant regarding their application. All accepted members may be required to complete additional documents needed to be on the council. These documents are required to be turned into the TAB director prior to the first meeting on Wednesday, November 12, 2025.

Please be aware that space is limited and not all applicants will be accepted into the Teen Advisory Board program. Communication regarding the application process and the program should be between applicant and the TAB Director. The most successful applicants treat the application and hiring process just like any job application. At the same time, please remember we seek candidates who are independent, mature and self-motivated. It is our hope that parents help cultivate these traits by allowing their teens to take full responsibility of their volunteer application.

Sincerely,
Dani Roscovius
Assistant Summer Camp Director & TAB Director
droscovius@sheboygancountymca.org
(920) 467-6882 ext. 307

TEEN ADVISORY BOARD ROLES

General Members: Being a member means being a representative of the camper body. TAB requires a significant out-of-camp commitment. A maximum of 12 board members will be accepted. All members will be expected to perform the following duties:

- Attend and participate in all board meetings and events
- Maintain a positive and healthy behavior
- Cooperate and communicate with the TAB Director and all other board members on a regular basis
- Interact in person, by phone or by email with board members, camp staff, campers, families in the community and parents with good speaking and social skills.
- Always represent Camp Y-Koda with character, integrity and pride.
- Commit and follow-through when it comes to planning and implementing events.
- Participate in the board activities including, but not limited to:
 - Assisting and volunteering for a minimum of 5 full weeks of the 2026 Summer Camp Season
 - Attending a minimum of 4 off-season youth program events & camps
 - Attending group outings
 - Selling camp merchandise and goods at the camp store or during fundraising events

TAB President Role: The TAB President for the members will be decided by their peers and TAB Director. To express interest for this role, applicants must be ages 15-17, and you must abide by the following policies and responsibilities:

- **You must write a one page cover letter on why you are interested in applying for this role for the Board.**
- **In order to run for Board President in the Teen Advisory Board,** you must be willing to accept the responsibilities of being an officer as outlined below:
 - Volunteer a minimum of 5 full weeks of the 2026 Summer Camp Program.
 - Run board meetings, create agendas, member icebreakers & activities, fundraisers, etc.
 - Represent the camper body when speaking to any and all Camp Y-Koda Directors & Staff
 - Be present at ALL board events and meetings
 - Effectively manage and lead other board members
 - Be able to perform all general member duties (see above)

Meeting Dates: Every Second Wednesday of the Month from 5:30pm-7:00pm

- November 12, 2025
- December 10, 2025
- January 14, 2026
- February 11, 2026
- March 11, 2026
- April 8, 2026
- May 13, 2026
- June 3, 2026 (*New Time: 4:30pm-6:30pm*)

**(June is different due to summer camp volunteer training)*

APPLICATION PACKET

Please turn in the application packet with the pages in this order:

- Applicant Information & Signed Parent/Legal Guardian Permission
- 2 Letters of Recommendations, using the provided forms (no parent can be used)
- Short Response Questions
- One Page Cover Letter (if applying for the Board President role)

APPLICANT INFORMATION:

Please write clearly and legibly.

Full Name: _____ Male/Female: _____ Todays Date: ____/____/____

Address: _____ Phone: _____

Date of Birth: ____/____/____ Grade: _____ School: _____

Email: _____

Emergency Contact: _____ Phone: _____

Contact Email: _____

Position Applying For (Circle One):

Board President General Member

***The Board President position is for ages 15-17.*

Due Date: Completed Packets are due to Dani Roscovius by Sunday, November 1, 2025.

LATE OR INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

Please contact Dani at droscovius@sheboygancountymmca.org with questions and application.

I have read and will abide by these policies for the application, and understand that if I or my child does not follow them it may result in being disqualified from consideration and participation for the Teen Advisory Board. I hereby accept the responsibility that the Teen Advisory Board entails for myself and my child.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

SHORT RESPONSE QUESTIONS

Please answer the following questions in the space provided or you may type the responses, please no longer than one page for all three responses.

1. What about the Teen Advisory Board experience is appealing to you?
2. How will you benefit the Teen Advisory Board and/or the Camp Community by becoming a member?
3. How would you react if your Teen Advisory Board responsibilities conflicted with your family, academic, social, athletic or artistic commitments?

APPLICATION CHECKLIST

In order for your application to move forward, you **MUST** have each of the following components attached to your application packet on or before the due date Sunday, November 1, 2025. Late or incomplete applications will not be considered.

Use the following checklist to ensure that you have all the necessary parts of your application before turning it in. Please initial next to each component and turn this form in with the rest of your application packet.

Please only have your name on the cover page.

****For All Applicants**

- ____ Contact and personal information of the applicant
- ____ Member level preference indication (*circle*: president or general member)
- ____ Applicant and Parent/Guardian signature indicating that you understand and agree to the Teen Advisory Board application policies
- ____ Answers to all 3 application packet questions
- ____ Recommendation forms
- ____ One page cover letter (*only if applying for the Board President role*)

REFERENCE RECOMMENDATION FORM

For YMCA Camp Y-Koda Teen Advisory Board Candidate

Applicant's Name: _____

Reference Name: _____

How long have you known this applicant? _____

How do you know this applicant? _____

To the Reference: Please answer the following questions on a 1-5 scale, with 1 being strongly disagree/lowest and 5 being strongly agree/highest. If you are unable to answer the question, please answer N/A. These recommendations will be kept confidential, so please be completely honest. The form can be scanned/emailed to droscovius@sheboygancountyyymca.org or mailed to: CAMP Y-Koda, W3340 Sunset Road, Sheboygan Falls, WI 53085. Do not give it back to the applicant. Recommendation form is due by Sunday, November 1, 2025.

This applicant is a self-starter who takes initiative and responsibility for tasks.

1 2 3 4 5 N/A

This applicant displays good character, honesty and integrity in all things.

1 2 3 4 5 N/A

This applicant regularly sees tasks through to completion and is timely, efficient and effective in his/her work.

1 2 3 4 5 N/A

This applicant is inclusive of others and kind to his/her peers.

1 2 3 4 5 N/A

This applicant communicates effectively with peers and adults, and does so regularly.

1 2 3 4 5 N/A

This applicant is open to improvement and can accept constructive criticism.

1 2 3 4 5 N/A

This applicant adapts to changes gracefully and reacts well under pressure.

1 2 3 4 5 N/A

I would choose this applicant to be on the Teen Advisory Board.

1 2 3 4 5 N/A

I have reservations about recommending this applicant (if so, please explain in comments).

YES NO

Any additional comments? If Necessary, you may use the back of this page.

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