

COMPLETE 1
PER ADULT

KEOLA 4-H CAMP
JUNE 20 - 24, 2017
REGISTRATION
ADULT COUNSELORS

Camp Fee _____
Date Received _____
Check Number _____
For Office Use Only

REQUIREMENTS:

1. Must be 25 years or older and a current card carrying 4-H leader.
2. Must be in attendance during the entire session of camp (or can split the week with another 4-H leader).
3. Must be willing to work with Junior Counselors.
4. Must be first aid certified or receive first aid training prior to camp.
5. Must attend a minimum of one camp meeting to be held in June to assist with program planning.
6. Family members (children) under 4-H age cannot accompany parents to camp.
7. Applications will be reviewed by Camp Committee.
8. **Each club is required to provide one 4-H leader for every five (5) youth.**

NAME _____ MAILING ADDRESS _____

CITY _____ ZIP _____ GENDER _____ PH# _____

CLUB _____ EMAIL ADDRESS _____

- **Camp Fee for adults is \$175.00.**
- **Completed registration and health forms are due to your community club leader with camp fees no later than Friday, May 12, 2017.**
- **Make checks payable to local club.**
- **Balance is non-refundable after June 9, 2017.**

For Camp T- Shirt

Check one size

Adult sizes:

___ S ___ M ___ L
___ XL ___ 2X ___ 3X

COUNSELOR FEE	\$175.00	\$ _____
CAMP PHOTO (OPTIONAL)	\$ 5.00	\$ _____
4-H CAMP T-SHIRT (OPTIONAL)	\$10.00	\$ _____
CANTEEN MONEY (OPTIONAL)		\$ _____
TOTAL CAMP REGISTRATRATION FEES DUE:		\$ _____

YOUR RESPONSIBILITIES AS AN ADULT COUNSELOR ARE:

- Participate with supervision of general camp activities in the daily routine of camp.
- Be responsible for the 4-H campers from your club.
- Take one or more committee assignments.
- With junior counselor, supervise the 4-Hers in your cabin.
- Work as an advisor to, and along with, the junior counselor on your committee.
- And, most importantly, have FUN!

CAMP RESPONSIBILITIES CHOICES

Choose in order of preference - #1 being first choice, #4 last choice - the areas that you'd like to work in at camp. Junior counselors will be in charge and work with adult counselors on these assignments:

- _____ Campfire, Reflections and Flag Ceremonies
- _____ Crafts and Educational Workshops
- _____ Evening Activities (recreational type activities)
- _____ Sports and Recreation (including waterfront activities, mealtime fun & fishing)



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE COUNTY OFFICE)

All 4-H adult volunteers are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H adult volunteers are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Adult Volunteer Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.
7. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H adult volunteers when engaged in any 4-H activity. The UCCE County Director* may, if necessary in their sole judgment, immediately limit, suspend, or terminate the services of any 4-H adult volunteer that does not comply. In such instances, the decision of the UCCE County Director* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs and/or any other inappropriate materials. Participation while impaired in a manner that impedes the ability to perform the assigned volunteer duties.
2. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
3. Use of abusive, obscene, and/or discriminatory language.
4. Attack or harassment; whether verbal, physical, written, or by the use of social media.
5. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
6. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
7. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
8. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Engage in a romantic relationship with a youth member at any time.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

I acknowledge that I have received, read, and will abide by the 4-H Adult Volunteer Code of Conduct. I understand that my appointment as a 4-H adult volunteer is contingent upon my compliance and that failure to comply may result in limitation, suspension, or termination of my service as a 4-H adult volunteer. I also understand that when functioning in the role as a parent, guardian, or adult participant I will abide by the Parent, Guardian, or Adult Participant Code of Conduct. (To obtain a copy go to <http://4h.ucanr.edu/files/210804.pdf> or contact your County 4-H Office.)

By my signature, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H Adult Volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a 4-H Adult Volunteer.

**When referring to multi-county (outside the authority of a single County Director), sectional, or state level this authority extends to the State 4-H YDP Director.*



Photograph and Information Release

(PAGE RETAINED BY THE COUNTY OFFICE)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.

County: _____

Adult Volunteer Name: _____

Signature of Adult Volunteer: _____

Date: _____



Adult Volunteer Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

Form with input fields for First Name, Last Name, Club/Unit Name, and County and State. Includes date range: From: July 1, 2016 to December 31, 2017

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION:

Form for emergency contact information with fields for First & Last Name, Home/work/other Phone, Relationship, and Cell Phone.

Signature and Date lines for the emergency contact.

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

Signature and Date lines for the non-consent section.

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

 / /

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine Antacid Polysporin

Hydrocortisone Benadryl Other:

Please identify if you have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.