



Santa Barbara County 4H Camp

Dear Junior Counselor Applicant,

Enclosed you will find the 2017 4-H Camp Wahoo! Junior Counselor Application. To be considered for a Camp Jr. Counselor the applicant must be currently enrolled as a Santa Barbara County 4-H member.

For an **application to be considered complete**, it must include:

- 4-H Camp Wahoo! Jr. Counselor Application
- 4-H Camp Policies and Procedures Signature Form
- Medical Release & Questionnaire Form
- Jr. Counselor Release Form
- **\$100 Camp Fee** - Made payable to "**Santa Barbara County 4-H**"

Applications MUST BE RECEIVED on or before December 1, 2016

Jr. Counselor Screening will take place on **DATE TBA**, (you will be called to arrange an interview time for that day).

LATE APPLICATIONS WILL NOT BE CONSIDERED

Please mail your completed application to:

Trudy Shank
4910 Pinal
Santa Maria CA 93454

Screening Day

The Jr. Counselor screening day will be held on DATE TBA, time TBA

(Date and Time subject to change)

Wahoo! Workshop Dates:

Jr. Counselors are required to attend the **entire week of camp** and **ALL (100%) of the 4-H Camp Workshops**. 4-H Camp Workshops are all scheduled on Saturdays, Time *TBA*. All workshop dates & times are subject to change with prior notice. Please take the time commitment into consideration prior to becoming a Junior Counselor. All workshop dates will be given out at JC screening.

4-H Camp Wahoo! arrival & departure dates/times

Arrival: Saturday, July 22, 2017 3:00 pm – Camp set up starts immediately after arrival

Departure: Saturday, July 29, 2017 4pm – Camp must pass inspection before anyone leaves

Thank you for applying for a junior counselor position at
Santa Barbara County 4-H Camp Wahoo!

2017 4-H Camp Wahoo!

Junior Counselor Application

DATE: July 23 – July 29, 2017

FEE: \$100 Payment must be included with this application

(100% fee refund with written request prior to June 01, 2017; non-refundable after June 20, 2017)

PLEASE PRINT

Camper's Name _____ Age _____ Birth Date _____ Sex _____
Age as of
July 23, 2017:

Address _____ Home Phone () _____

City _____ Zip _____

Guardian's Name _____ Home Phone () _____

Camper's 4-H Club _____ Year in 4-H _____

E-Mail Address (print clearly) _____

Jr. Counselor's Tee Shirt size (please circle size) **S** **M** **L** **XL** **2XL** **3XL**

Describe your leadership abilities and leadership experiences?

Why do you want to be a 4-H Camp Wahoo! Junior Counselor?

What do you have to offer the 4-H Camp Program?

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/169224.pdf>)
Inquiries regarding ANR's nondiscrimination policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, One Shields Avenue, Davis, CA 95616, (530) 752-0495.



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

Youth 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)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2016** to **December 31, 2017**

EMERGENCY CONTACT INFORMATION:

First & Last Name: _____ Home/Work/Other Phone: _____

Relationship: _____ Cell Phone: _____

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT 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 SAID MINOR:

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 my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, 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.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

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

Signature of Parent/Guardian

Date

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)
(please attach extra page if more space is needed)

First Name	Last Name	County	Date of Birth
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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 this participant has 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 any allergies including allergies to food, medications, and drug reactions:

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

Please list any additional assistance the youth will need in order to participate in this program or activity.
Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.



Member Code of Conduct

(PAGE RETAINED BY THE COUNTY 4-H OFFICE)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.docx>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

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.

County: _____ Member Name: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Santa Barbara County 4-H Camp Program
Parents' Consent Form
(Must be read and signed by all parents of 4-H members)

1. **FEES:** Camp fees will be paid in advance and will not be refunded if my child returns home voluntarily or is dismissed. No refunds will be issued after the date specified on the Camp Application form.
2. **DISCIPLINE:** The 4-H Camp Staff, which includes 4-H Approved Leaders, Extension employees, and 4-H Camp Counselors (Senior 4-H members), have my permission to discipline my child (does not include physical contact). However, the 4-H Camp Staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others, or if my child is dismissed from camp. I understand that the 4-H Camp Director reserves the right to dismiss my child if he or she, in the opinion of the 4-H Camp Director and 4-H Camp Staff, becomes a discipline problem or is disruptive to the 4-H Camp program.
3. **MEDICAL COST AND INSURANCE:** Neither the 4-H Camp Staff nor the Camp Facility shall be liable for the cost of any medical treatment. I understand that the 4-H Member insurance covers only certain accidents and illnesses. I/We will be responsible for, and pay for, any medical charges not covered by insurance. Accidents and/or injuries must be reported and recorded while on site to be covered by the 4-H Member's insurance. Pre-existing illnesses or injuries (asthma, diabetes, etc.) are not covered.
4. **CAMPER'S PERSONAL PROPERTY:** Neither the 4-H Camp Staff or the Camp Facility shall be responsible for the loss or damage to the personal property of the camper. Campers should not bring boom boxes, cellular phones, pagers, or other expensive property to camp.
5. **DAMAGE:** I/We will be responsible for and pay for any damage done by my child, either alone or with others.
6. **NO ONE** is to leave camp without permission of the 4-H Camp Director. Permission must be secured **BEFORE** leaving the Camp grounds.
7. I understand that medications are to be turned over to the 4-H Camp Medical Staff and not be kept by the camper while attending camp (unless prior arrangements have been authorized by the 4-H Camp Director and 4-H Camp Medical Staff).
8. **IN CASE OF MEDICAL EMERGENCY:** I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the 4-H Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also give permission for first-aid treatment of my child at 4-H Camp by designated personnel.
9. I am responsible for:
 - a) Picking up my child within **12 hours of notification in the event he or she is ill or dismissed from camp.**
 - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child (this is to insure the safety of the child as to who is picking him/her up).
 - c) Providing an emergency contact and phone number of someone who is responsible for the camper.

I have read the above stated 4-H Camp Policies and Procedures and agree to be bound by the conditions of the agreement. I acknowledge that if I break one of these rules, I may be asked to leave the camp and I am responsible for transportation home and that the camp fee will be forfeited.

4-H MEMBER NAME: _____

4-H MEMBER SIGNATURE: _____ **DATE** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE** _____



Santa Barbara County 4H Camp

Jr. Counselor Release Form

In the event that you cannot pick-up your child from 4-H Camp Wahoo! This Jr. Counselor Release Form will provide the names and contact number of people that you have authorized to do so. Your child will only be released to a person on this list unless the Camp Director receives a written or verbal permission prior to release from you.

Name of 4-H Member / Camper

NAME	PHONE NUMBER	RELATIONSHIP

Signature of Parent / Legal Guardian

Date



I agree to let my child, _____,
(Name of Child)

participate in the *Archery* program at the 2017 Santa Barbara
County 4-H Summer Camp Wahoo! at Camp Yeager.

Signature of Parent/Guardian

Date



Santa Barbara County 4-H Camp Program Camp Wahoo!

Information at a Glance All Staff

Adult Staff, Youth Staff, Counselors and
Junior Counselors Arrive
Saturday July 22, 2017 at 3pm

Camper's Arrival Time:
Sunday, July 23, 2016 4:00pm
with your sack dinner

Camper & Jr. Counselor Departure Time:
Saturday, July 28, 10:00 am

Camp Emergency Phone Numbers:
(805) 927-8944 – Mess Hall Phone

Mail Delivery for Campers:
Camp Yeager/4-H Camp Wahoo!
"Camper's Name"
525 Ashby Lane
Cambria, CA 93428

4-H Camp Wahoo!

Frequently Asked Questions

What are the sleeping arrangements? Do I get to choose my cabin-mates?

Each cabin consists of 1 Counselor, 1 Junior Counselor, and around 4-6 campers. There are four bunk beds in each cabin, and there are 10 cabins total. Although you do not get to choose or select your cabin-mates, cabins are usually organized into age groups.

When do I get to know which counselor is mine?

When you sign-in the first day of camp! All the counselors have gone through six months of training in first-aid, conflict resolution, and more. Each 4-H Camp Staff member has a "camp name", it adds spirit to camp!

What is the food like? How are the meals served?

The food is good! Food served: burritos, hot dogs, hamburgers, sandwiches, French toast, sausage & eggs, and much more. At each meal, there is one "hopper" and one "mopper". The hopper brings the food to the table, while the mopper brings the empty serving dishes back after the meal. Usually cabins eat together, but there are some "mixer" meals!

Are there Theme Days?

There are theme days and theme meals! Consider bringing something to wear for that day or meal! You will find out about the Theme Meals in your camp letter. Camp shirt day (camp pictures are taken, you will get your shirt when you check-in), funny hat meal (wear a funny/wacky hat!), Pajama breakfast (wear something appropriate!) plus other surprises!

What is the shower schedule?

The shower time is around 3:45pm, and each cabin has 10 minutes to get in and out. This is because there are 10 cabins, and with 10 minutes each, the total shower time is around an hour and a half. There are seven separate stalls in the shower room with privacy curtains, with a large bench/lobby area.

Is there swimming? Do I have to go?

Each day, two to three cabins travel down to the pool for swimming. The pool does have two certified life guards, and there is an Adult Camp Staff at the pool each time. You do not have to swim; there is also a very large grass area to play games, etc.

Do I have to do a Record book at camp?

NO!! There are no record books at camp. If a camper wishes to bring paper and pens to write during FOB or other times, that's great!

When is "Lights-Out"? When do we get up?

Lights-Out is at 10:00 pm each night. Flag raising is at 7:45 am

What is FOB?

Flat On Bunk - is the quiet time after lunch.

Is there mail? Emergency phone number?

There is daily mail service. Campers may write letters and put them in the camp mailbox. Parents are also encouraged to send letters up to camp. The address is:

Camp Yeager/4-H Camp Wahoo!
"Camper's Name"
525 Ashby Lane, Cambria, CA 93428
The emergency phone number is (805) 927-8944 (Mess Hall Phone) or
(805) 937-1583 (Camp Director, Trudy Shank)

Santa Barbara County 4-H Program
Camp Wahoo!
What to Pack for 4-H Camp

You will need to bring luggage that is manageable since you will be carrying your own bags to your cabin!
Label all you belongings with your name. Loose fitting clothes are most comfortable and since any camp has some dirt, older clothes are ideal!

☐ **SLEEPING BAG AND PILLOW** Please note: This camp can get cool at night so you may want to bring an extra blanket.
We will be sleeping in cabins without heat!!

- | | |
|--|---|
| ☐ Pants & Shorts | ☐ Soap |
| ☐ Sweatshirt | ☐ Shampoo |
| ☐ Shirts | ☐ Toothpaste |
| ☐ Underclothing | ☐ Tooth Brush |
| ☐ Pool Towel | ☐ Sack Dinner for Sunday Night |
| ☐ Socks (bring extra) | ☐ Bath Towel |
| ☐ Sleep Wear | ☐ Dirty Clothes Bag |
| ☐ Sturdy, thick soled shoes | ☐ Insect Repellent |
| ☐ Shower Sandals (shower use only) | ☐ Deodorant |
| ☐ Warm Jacket | ☐ Sun Block |
| ☐ Extra Pair of Shoes | ☐ Flashlight |
| ☐ Swim Suit | ☐ Camera (optional: disposable is ideal) |
| ☐ Water Bottle (A NECESSITY) | ☐ Sheet to cover bunk bed mattress |
| ☐ White Tee for tie-dyeing | |

Money for the Camp Falcon's Nest (Trading Post) (**Max. \$20**)

The Falcon's Nest will be selling snack foods, soda, and non-food items during the afternoon. "Campers Choice." Non-food items include Camp Wahoo items, lanyard materials, postcards, stamps, trinkets, etc. All money will be kept by the Camp Director and a "Tab" will be used at the Falcon's Nest. Free snack food such as fruit is available during the afternoon "Campers Choice" at the Falcon's Nest. There is always fruit available in the Mess Hall.

DRESS CODE

Proper dress is required at all times for all participants in the Camp Wahoo! Program.

Not permitted at camp: open-toed shoes (except sandals for showers) bikinis (except at pool) see-through tops, short-shorts, tank-tops, and or shirts with offensive language or graphic, and pants that don't stay up. All shirts **MUST** have sleeves with high neckline (like tee shirts).

DO NOT BRING

Knives, Guns	Electronic Games	Radios	Cell Phones
Jigsaw Puzzles	iPods	MP3Players	Clock Radios
Laser Pointers	iPads/Tablets	Laptop Computers	Personal Electronics
Food of any Type	Alcohol or Drugs	Any "live" animals (including pets and guide dogs)	

Do not bring items that are valuable or irreplaceable. Camp is an informal atmosphere, which does not lend itself to protection of valuable items. Members are **DISCOURAGED** from **BRINGING** items of expensive or great personal value to Camp. 4-H Camp is a "dusty and rustic" atmosphere. Also, please label medications; which will be given to the camp health staff.