



Camp Adult Volunteer Application
Camp Mendocino Woodlands • July 1-5, 2019
Application due April 19, 2019

Name: _____ Male Female

Address: _____

City _____ Zip code _____ Club: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Summer Camp T-shirt **Adult sizes:** S M L XL XXL

Dietary restrictions (Please Explain) _____

YOUR ROLE AS AN ADULT VOLUNTEER

- At least 25 years of age
- Complete the volunteer appointment process:
 1. *4-H Volunteer Camp Application.*
 2. DOJ background clearance.
 3. Attend a volunteer orientation.
- Volunteer appointment must be **completed by April 30, 2019.**
- Attend required camp adult volunteer orientation **May 16, 2019**, 6:30pm at Ukiah 4-H office
- Current 1st Aid CPR (on-line training at <http://www.firstaidweb.com/index.php>.)
- Consult, support and assist adult and youth camp staff as needed.
- Assist with camper participation and conduct.
- Help in the kitchen and dining hall etc. as assigned.
- Assist with educational workshops.
- Most importantly, have FUN.

SUMMER CAMP ADULT VOLUNTEER SUPPORT

I would like to assist in the following areas:

- Campfire (help plan the program)
- Kitchen & Dining area
- Arts & Crafts
- Photographer & Slideshow
- Archery or pellet rifles
- Meadow (games, activities)
- Hiking
- Evening Activities (help plan activities)
- Sports (table games or sports)
- Lead Educational Workshop on: _____
- Other? (please explain) _____

Current Certifications: First Aid: ____ Yes ____ No **CPR:** ____ Yes ____ No

Other Certifications (i.e. swift water rescue, high ropes, shooting sports etc): _____

Send Application Packet to: Summer Camp c/o UC Cooperative Extension, 883 Lakeport Blvd, Lakeport, CA 95453

- Camp Application Form
- Code of Conduct Form
- Adult Volunteer Questionnaire

**If you have questions, contact Jessica Farfan at 463-4495 or jfarfan@ucanr.edu
Julie Frazell at 263-6838 or jfrazell@ucanr.edu**



Adult Volunteer Treatment Authorization Form - Print all information clearly.

(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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>		From: July 1, 2018 to December 31, 2019
County and State		

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:

First & Last Name:	<input type="text"/>	Home/work/other Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Signature		Date	

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.

<input type="text"/>	<input type="text"/>
Signature	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 Statewide 4-H Director 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 - Print all information clearly.

(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.

PARTICIPANT'S NAME (print) _____

MENDOCINO-LAKE 4-H SUMMER CAMP CODE OF CONDUCT

The **CODE OF CONDUCT** has been established to create a positive educational experience for all 4-H participants. The following guidelines are designed to make everyone's experience at 4-H camp satisfying. All participants, members, volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. All participants must agree to abide by the following code of conduct and the consequences.

1. Be concerned for the safety of campers and staff.

- A. **Do not bring extra food.** Food in the cabins will attract unwanted wildlife.
- B. Wear suitable shoes for all camp activities. No bare feet at anytime.
- C. Cabin areas shall be kept neat and free of litter.
- D. Must have Teen or Adult Directors permission to go beyond Camp boundaries and be escorted by Camp Staff.
- E. Swimming may be permitted at scheduled times with a lifeguard on duty. Swimmers must have passed the swimming test. Swimmers must have a buddy
- F. All prescription and over the counter medication will be collected and charted by Camp Medical Staff upon arrival at Camp.

2. Respect the rights and property of others.

- A. No nails, tacks, staples or tape are to be used on any of the buildings and structures.
- B. Do not touch other campers' belongings.
- C. Boys are not allowed in girls' cabins; girls are not allowed in boys' cabins.
- D. All campers must be invited before visiting other cabins or camps.
- E. No disrespectful or inappropriate language. Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated
- F. Individuals will be held financially accountable for any damage to camp facilities or property.
- G. Do not bring hair dryers & curling irons, other electronic equipment.
- H. Label all clothing and personal items with name; 4-H is not responsible for lost items.

3. 4-H Camp is a fun experience, and everyone is to participate in the planned activities.

- A. Be on time and ready to participate.
- B. All members must attend all camp activities and meals.
- C. If ill, report to the Camp Medical Staff.
- D. Be a positive team member.
- E. "Lights out" means quiet and in bed.
- F. The telephone is reserved for emergency use only.

4. Gambling and betting is prohibited.

5. Display of overly affectionate behavior will not be tolerated.

6. Unauthorized visitors are not allowed.

DISCIPLINE ACTION

All infractions of the above items or the University of California 4-H Code of Conduct will be reported the Summer Camp Directors. The adult Directors will bear final responsibility for disciplinary action. Warnings may be issued, but a second infraction will be grounds for dismissal from camp. In the case of a dismissal parents/guardians will be notified and responsible for picking up member from camp. The County Director will be notified of actions taken. Penalties may include any or all of the following:

- Sending the participant home
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

I agree to follow the above code of conduct.

Signature: _____ Date: _____
(Youth)

Signature: _____ Date: _____
(Parent/Guardian)