

# 4-H Summer Camp Teen Staff Director, Dean and Counselor Application

Camp Dates June 27-July 1<sup>st</sup>, 2022 ♦ Mendocino Woodlands

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_

City/Town

State

Zip Code

Contact Number: Cell (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ County \_\_\_\_\_

Club: \_\_\_\_\_ Gender:  Male  Female

Age as of December 31, 2021: \_\_\_\_\_ Number of years: as a Camper \_\_\_\_\_ as a Counselor \_\_\_\_\_

### Counselor requirements 1- 5:

- 1) 14 years of age by December 31, 2021
- 2) Currently enrolled in the 4-H program
- 3) Abide by and enforce the 4-H camp policy, mission, and code of conduct
- 4) Complete minimum of 14 hours of training, usually on Wednesday evenings and 2 Saturdays
- 5) Attend the entire camp session

### Deans and Directors must meet requirements 2-9:

- 6) Be 16 years old by December 31, 2021
- 7) Have attended 4-H Camp in the past
- 8) Have served as a Counselor or Dean
- 9) Attend additional planning meetings and trainings

### ► Please mark all positions you are interested in applying for:

- Director or Dean: Assist with camp planning and counselor training meetings, co-coordinate camp with Executive Director, Teen Staff Coordinator and UC staff. Please see attached duties. Additional meetings and a higher level of time commitment is required.**
- Counselor** (including line and cabin positions): Responsible for the campers' safety and being a **positive** role model. Overseeing the cabin area and keeping campers on schedule. Assist campers with cabin activities, chores and at bed time. Work with a camper group during dining hall, activities, events and flagpole.
- Workshop Counselor:** Responsible for organizing, setting up and overseeing a specific area, program, or activity. For Example: arts/crafts, sports, woodworking, kitchen, outdoor cooking/survival skills, archery, nature walks/hiking, fencing, line/swing dancing, special projects, campfire, evening activities, dining hall, etc. May require additional meetings or trainings. I would like to be a Workshop Counselor for: \_\_\_\_\_

**I am certified in:**

**First Aid:**  No  Yes Exp. Date: \_\_\_\_\_ **CPR:**  No  Yes Exp. Date \_\_\_\_\_

**Lifeguard Certificate:**  No  Yes Type: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Other** (please explain): \_\_\_\_\_ Exp. Date \_\_\_\_\_

Adult size: S  M  L  XL  XXL

Special dietary needs (please explain) \_\_\_\_\_

**EMERGENCY CONTACT DURING CAMP**

Emergency Contact Parent/Guardian

Emergency Contact #2

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Preferred phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

❖ All Teen Staff - \$200.00 fee is Payable to 4-H Summer Camp. \$50 installments may be paid between November through May. Final payment due May 13, 2022.

- Application Form
- Code of Conduct Form
- Medical Release Form

- Required Essay** (100 words minimum)  
Topic – Introduce yourself, share why you would like to be a part of summer camp, and what qualities you bring to the camp staff team.

**If you have questions about summer camp, contact Julie Frazell at (707) 263-6838 [jfrazell@ucanr.edu](mailto:jfrazell@ucanr.edu)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Guardian/Parent Signature



**Health History Information - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

\*Legal Last Name

\*Legal First Name

\*County

\*Date of Birth

**\*Allergies**

Does the participant have any allergies, including allergies to food, medications, and drug reactions?

Yes, details provided below  No

**\*Authorized Medications**

Please check over-the-counter medications that may be administered: (if available)

- Pain/fever reliever (ex. Tylenol)                       Ibuprofen (ex. Advil)                       Cough Suppressant
- Motion sickness/nausea medication                       Allergy medication (Benadryl)                       Decongestant
- Antacid                       Antibiotic ointment                       Anti-Itch Cream
- Other: (Provided by parent/guardian) \_\_\_\_\_

\*Does the participant take any medications currently?  Yes, details provided below  No :

Name of Medication	Dosage	Times Taken

**\*Conditions**

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?  Yes, details provided below  No

**Vaccinations**

**Notice:** California 4-H YDP encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention. CA 4-H YDP does not ask for or collect information about youth member's or adult volunteers' vaccination history or status. As such, there is a potential that unvaccinated youth or adults may participate in 4-H programs. If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician. For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

**\*Remarks**

Does the participant need any additional assistance 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, details provided below  No

Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about? .

Yes, details provided below  No

Would you like to share any significant life or family events that will help us support the youth's current emotional state?

Yes, details provided below  No

Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?

Yes, details provided below  No

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes, details provided below  No



**Youth Treatment Authorization Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER PROGRAM YEAR)

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: **June 27, 2022** to **July 1, 2022**

**PARENT(S)/GUARDIAN(S)**

\*First & Last Name

\*Phone:

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

\*First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*Relationship: \_\_\_\_\_ \*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 their absence or disability, any adult accompanying or assisting them, 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 their 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 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](mailto:ca4h@ucanr.edu). Only your own records are open to your review.

**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)