



Camp Adult Volunteer Application
Camp Mendocino Woodlands • June 27 – July 1, 2022
Application due May 13, 2022

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 May 13, 2022.**
- Attend required camp adult volunteer orientation, 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

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

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. Have Teen or Adult Directors permission to go beyond Camp boundaries and 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 assessed 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 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.
- 7. No Alcohol, tobacco or vaping at 4-H events.

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: _____



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)

Questions without an asterisk on this page are OPTIONAL for adult volunteer applicants to answer. This decision to provide responses to any or all questions will not affect the review of the adult volunteer enrollment application.

*Legal Last Name

*Legal First Name

*County

*Date of Birth

EMERGENCY CONTACT INFORMATION:

*First & Last Name: _____ Email: _____

*Relationship: _____ *Phone: _____

Allergies

Does the participant have any allergies, including allergies to food, medications, and drug reactions? Yes No
(If Yes, provide details below):

Authorized Medications

Would you like to share any medications you are currently taking? Yes No

Provide details below and list all medications with the name, dosage, and times taken. This is optional and will not affect the approval process if no information is provided.

| 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? No Yes (If yes, provide details below)

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

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

Yes No (If Yes, Please provide details below):

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



Adult Volunteer Treatment Authorization Form - Print all information clearly.

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

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. You have the right to review University records containing personal information about you, with the 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 Advisory, 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.

I've read, understand and agree to this statement.