

COUNSELOR NAME _____



**4-H Summer Camp
Application Packet 2022
July 10-13, 2023**

ADULT

Anderson County Extension Office
1026 County Park Rd
Lawrenceburg, KY 40342
(502) 839-7271

Due by May 1, 2023

DID YOU REMEMBER?

- _____ Complete Health Registration
- _____ Complete Volunteers Leader packet (if you are a returning counselor this is not required)
- _____ Complete AC application
- _____ **MANDATORY** counselor training June 21st.
- _____

APPLICATION RECEIVED BY: _____

Date: _____



2023 Application 4-H SUMMER CAMP COUNSELOR



APPLICATION DUE: May 1, 2023

Name: _____

Age: _____ (as of July 11, 2023) Gender (circle one): M F

Address: _____

Zip: _____

Email: _____

Counselor Phone: () Text? (Y) (N) Date of Birth: / /

Have you ever attended 4-H Camp? (circle) Yes No How Many Years: _____

Have you ever been a camp counselor before? (circle) Yes No How Many Years: _____

List any previous responsibilities as a counselor: _____

List previous and current 4-H and School events and activities you have been involved w with:

Describe any experiences you have working with younger children: _____

Why do you want to be a 4-H camp counselor?: _____

References

List 3 references, References should be from employment, church, civic, or community groups. Do not include relatives. References will be mailed a follow up recommendation form, please be sure address is up to date.

1. Name _____ Address _____ Phone _____ Email _____
2. Name _____ Address _____ Phone _____ Email _____
3. Name _____ Address _____ Phone _____ Email _____

ADULT CAMP COUNSELOR



VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Youth Development Program
Kentucky Cooperative Extension Service
The University of Kentucky College of Agriculture

POSITION TITLE:

Adult Camp Counselor

TIME REQUIRED / DURATION OF APPOINTMENT

- Interview
- Mandatory Training
- Camp Orientation
- Camp July 6th-9th , 2021

LOCATION:

Extension office, camping facility or other meeting facility.

GENERAL PURPOSE:

To supervise 15-20 youth, ages 9-13, in a camp setting. Serve as a mentor to CIT's & JC's. Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth develop social skills.

SPECIFIC RESPONSIBILITIES:

- Be committed to young people and the development in areas
- Involve campers in all scheduled activities while at camp, and assume campers are on time for programs
- Supervise group living environment (i.e. housekeeping, personal hygiene, social skills, responsibility, sharing, following rules)
- Participation in camping activities, and encourage all campers to join
- Counsel homesick campers
- Follow all guidelines and policies of the University of Kentucky 4-H program
- Recruit campers
- Actively participate in the program planning and implementation for the week
- Actively participate in the program planning and implementation for the week
- Encourage campers to try new activities

QUALIFICATIONS:

- Must complete the Kentucky 4-H volunteer application and screening process and be accepted by the Youth Protection Committee.
- Must provide own transportation to meetings and activities.
- Self starter; be able to work with minimal supervision from professional staff.
- Effective communication skills.
- A sincere interest in working with extension staff, volunteers, parents, and youth.
- Organizational skills; ability to organize information and materials in a timely manner.
- Must be 18 years old or older
- Complete Health form
- A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky CES, Kentucky 4-H program and county 4-H program

BENEFITS:

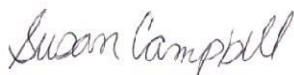
- The opportunity to work with youth and/or adults providing support and growth experiences
- Receive intrinsic rewards at volunteer recognition events
- Volunteer development opportunity
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- Research shows that volunteering promotes improved health
- The opportunity to make a difference in the life of the child.

SALARY:

Unsalaries; volunteer. This position does not imply employment with the University of Kentucky

MENTOR/SUPERVISING PROFESSIONAL:

Name: Susan Campbell



Title: 4-H Youth Development Agent

Address: 1026 County Park Road
Lawrenceburg, KY 40342

Phone: 502-839-7271

Fax: 502-839-9829

Email: susan.campbell@uky.edu



"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Signature of Volunteer

Date

Signature of Extension Professional

Date



COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- ☐ Private, Parochial, or Church School Employee or Student Teacher
(Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- ☐ Michelle P. Waiver (Required by 907 KAR 1:835)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: ____ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

☐ No reportable incident found in accordance with 922 KAR 1:470

☐ Substantiated child abuse found on the registry Date of substantiated finding: _____

☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ BY _____

Volunteer Application Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

I. GENERAL INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

If less than five years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

Ethnicity: (*check one*): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Racial Groups (*check all that apply*): ☐ White ☐ Black or African American

☐ American Indian or Alaskan Native ☐ Asian

☐ Native Hawaiian or Other Pacific Islander

Gender: ☐ Female ☐ Male ☐ Other: _____

Occupation: _____ **Employer:** _____

If you were a 4-H'er, indicate County: _____ State: _____

If you have volunteered with youth (including 4-H), how long did you do so? _____

If yes, list City: _____ County: _____ State: _____

Have you been convicted of two or more moving vehicle violations in the last 12 months?

☐ Yes ☐ No If yes, please explain: _____

Extension staff with whom you worked. Name: _____ Phone: _____

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

II. EMERGENCY CONTACT INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

III. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signature of volunteer _____

Date _____

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification

UK Motor Vehicle Record Information Form

Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to Eausby@uky.edu in UK Risk Management

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708

Services provided by:
Underwriter's Safety & Claims
Phone: (502) 244-1343

Please attach scan of Drivers' License.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supervisor/Contact Phone: _____

Driver Information: Check One ☐ Employee ☐ 4-H Volunteer ☐ Other: _____

Name: _____ Phone: _____
Exactly as it appears on Drivers' license

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____ County: _____

Drivers License Number: _____ State: _____

Years Driving Experience Yrs.: _____ Mos.: _____ Date of Hire: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.

Driver's Signature: X _____ Date: _____

Email completed forms to Eunice Ausby at Eausby@uky.edu

Revision 3/16/2021

University of Kentucky Extension Volunteer Criminal Record Check Request

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS

Please Read Carefully Before Signing the Authorization

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 www.verifiedvolunteers.com as well as two personal references.

For explanation purposes:

- a "criminal record check" is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a "personal reference" is a report of information on your character, reputation, personal characteristics or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and "A Summary of Your Rights under the Fair Credit Reporting Act." (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

First Name: _____ Middle: _____ Last: _____

Social Security Number: _____ Email: _____

Date of Birth: _____ Phone Number: _____

Driver's License #: _____ Driver's License State: _____

Current Address: 1: _____ From _____ To _____

Seven Year Address History:

Address 2: _____ From _____ To _____

Address 3: _____ From _____ To _____

Address 4: _____ From _____ To _____

Address 5: _____ From _____ To _____

Maiden/Alias Names Used: _____

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.

_____(signature) _____(date)



Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents, and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I will ensure that educational programs of KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer

Date

Signature of Supervisor or Agent

Date



Criminal Record (Background) Check Results (attach here)

Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service ("COMPANY") may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860, www.sterlingvolunteers.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Applicant's Signature _____ Date _____

Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, www.sterlingvolunteers.com of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Applicant's Name (Printed): _____

Applicant's Signature: _____

Date: _____



Volunteer Reference Form Placeholder #1

Kentucky Cooperative Extension Service
Volunteer Reference Form (attach here)

Kentucky Cooperative Extension Service
Volunteer Reference Form (attach here)

Interview Notes (attach here)

Interview Notes & Reactions from Interviewers (attach here)

Child Abuse & Neglect Check Results (attach here)

Staple the Child Abuse & Neglect Results (provided by Verified Volunteers or KY Cabinet for Health & Family Services) onto this page of the Volunteer Application Packet.

Sex Offender Registry Results (attach here)

Staple the Sex Offender Registry Results (provided by Verified Volunteers) onto this page of the Volunteer Application Packet.

Volunteer Position Description (attach tailored VPD here)

All volunteers are required to sign a volunteer position description for each role they serve. Volunteers who continue their service to Extension *in the same role* do not need to sign a new volunteer position description each year.

A collection of volunteer position descriptions can be found in the GEMS Toolbox at:
<http://www.ca.uky.edu/agcollege/4h/oldsite/VolPosDescription/index.htm>

All volunteer position descriptions will include the following statement immediately preceding the signature lines at the bottom:

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Prior to the end of the program year, agents will send each volunteer a letter, e-mail, thank-you note (retaining a hard copy in the volunteer's file), thanking them for their year of service. For those volunteers who the agent wants to retain, the following paragraph must be included in the letter:

"The volunteer position in which you have served during the past year is renewable annually. I appreciate your service to Extension and to the (name) program. Unless you notify me differently, your appointment to this volunteer position is renewed for the 20__-20__program year."

4. In comparison with persons you have known how would you rate the applicant in the following areas?

	Below <u>Average</u>	<u>Average</u>	<u>Outstanding</u>
Emotional maturity	_____	_____	_____
Leadership	_____	_____	_____
Enthusiasm and energy	_____	_____	_____
Self-confidence	_____	_____	_____
Sense of humor	_____	_____	_____
Handling emergencies	_____	_____	_____
Understanding of children	_____	_____	_____
Communication skills	_____	_____	_____
Dependability	_____	_____	_____
Patience	_____	_____	_____
Ability to work with children	_____	_____	_____

5. If given the opportunity, would you select this person for this position?

No ____ Yes ____

Why or why not?



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service
4-H Youth Development

HCP Approval Stamp

Kentucky 4-H Camping 2023

Camp Participant Registration – Adult Volunteer

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL		Email Address:	County:
Participant's Home Address:		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:
Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?			
Does the participant have health insurance coverage? <input type="checkbox"/> YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.) <input type="checkbox"/> NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)			

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD





PARTICIPANT NAME: _____

AUTHORIZATIONS/RELEASES

This is a legal document. You must read and understand it before signing.

MEDIA RELEASE:

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

CONSENT TO TREAT:

I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

CODE OF CONDUCT:

I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always, and I will choose my level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration).

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

Participant Signature: _____

Date: _____

Are you looking to buy some camp gear? www.4hcampstore.com

Are you looking for more volunteer opportunities? www.4hcampevents.com

