

COUNSELOR NAME _____



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

JC

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

Due by May 1, 2023

DID YOU REMEMBER?

- _____ Complete Health Registration Form
- _____ Complete CIT Application
- _____ Interviews will be held after
applications have been received.
- _____ Mark June 21st on your calendar this will be
our **MANDATORY** counselor training date.

APPLICATION RECEIVED BY: _____

Date: _____



CAMP TEEN COUNSELOR

VOLUNTEER POSITION DESCRIPTION:

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

POSITION TITLE:

Camp Teen Counselor

TIME REQUIRED / DURATION OF APPOINTMENT

- Interview
- Mandatory Training
- Camp Orientation
- Camp July 10th – 10th, 2023

LOCATION:

Extension office and camp facility.

GENERAL PURPOSE:

Help supervise 12-16 youth, ages 9-13, in a camping facility. Serve as a mentor to CIT's. Support 4-H professionals, volunteers, and members in conducting meaningful educational experiences to help youth develop social skills.

SPECIFIC RESPONSIBILITIES:

- Be committed to the development of young people
- Provide leadership and direction while working closely with adult counselors and agents
- Involve campers in all scheduled activities while at camp
- Make sure campers are on time for programs
- Under the direction of the adult counselor in your cabin, supervise group living environment (i.e. housekeeping, personal hygiene, social skills, responsibility, sharing, following rules, discipline campers)
- See that campers carry out responsibilities such as cabin cleanup, grounds cleanup, dining hall cleanup, etc.
- Participation in camp activities
- Counsel homesick campers
- Be responsible for the health, safety and happiness of each camper in their cabin
- Participate in implementing the camp's program
- Report any problems to your adult counselor or Dean of Men/Women
- Assist class instructors where needed in teaching or in managing campers' behavior
- Assist adult counselors, permanent staff, and agents, upon request, with special activities such as quiet time, flag raising/lowering, etc.

- A willingness to become familiar and work with the philosophy, guidelines and rules of the University of Kentucky CES, Kentucky 4-H Youth Development Program and the county 4-H program

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 15 years or older at time of camp (Counselors in training must be 14 years old)
- Ability to get along with others
- Willingness to follow rules

BENEFITS:

- The opportunity to work with youth and/or adults providing positive support and growth experience.
- Receive intrinsic and extrinsic rewards at volunteer recognition events.
- Volunteer development opportunities.
- Opportunity to share your skills, talents, and interest.
- 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



Expectations for Volunteers

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 Kentucky CES shall serve all people regardless of race, color, age, gender, religion, disability or national origin.

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 County Agent

Date



2023 Application

4-H SUMMER CAMP COUNSELOR

APPLICATION DUE: May 1, 2023



Applying for:
(Check one)

☐ **COUNSELOR-IN-TRAINING (JCIT)**
(15 years of age as of July 10, 2023)

☐ **JR. COUNSELOR**
(16-18 years old as of July 10, 2023)

Name: _____

Age: _____ (as of July 9, 2020) **Gender (circle one):** M F

Address: _____

Zip: _____

Email: _____

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

Parent/Guardian Name(s): _____ **Phone:** _____

School: _____ **Grade Completed:** ____

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 with:

List previous and current school activities/clubs you have been involved with:



2023 Application

4-H SUMMER CAMP COUNSELOR

Describe any experiences you have working with younger children: _____

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

What qualities do you have that would make you a good camp counselor: _____

References

List 3 references, References should be from employment, church, civic, or community groups. Do not include relatives.

1 reference MUST BE A SCHOOL ADMINISTRATOR.

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

SIGNATURE OF APPLICANT: _____ **Date:** _____



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



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.



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 – *Camper/Teen*

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2023 School & Grade:	County:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt Size: (Select One) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		Birthdate: ____ / ____ / ____	Age on 1st day of camp?
Participant's Home Address:			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
Legal Parent/Guardian #1 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Legal Parent/Guardian #2 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Emergency Contact Full Name:	Relationship to Participant:	Cell/Home Number:	
Physician Name:	Physician Phone Number:		

Buy your participant some camp gear. www.4hcampstore.com

Is your participant looking for more camp opportunities? www.4hcampevents.com

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.



PARTICIPANT NAME: _____

Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?

☐ YES

☐ NO (If marked NO, check with your 4-H Agent for a waiver of liability form.)

Does the participant have health insurance coverage?

☐ YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.

☐ 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

What is **specific** information about your camp participant which the staff should be made aware of to provide a better camp experience for the camp participant? Information disclosed in this section may allow us to make accommodations based on their individualized needs. **List all specific items** that the participant is provided at home or school to have a successful experience.

Behavioral (i.e., mental, emotional, physical)

Medical (i.e., asthma, autism, sleepwalker, etc.)

Allergies (check the applicable boxes below and describe the allergy and reaction seen)

No known allergies:

Food:

Medication:

Seasonal/Environmental:

Dietary (check the boxes below if applicable)

Vegetarian:

Gluten Intolerant:

Does not eat Pork:

Other accommodations or important details (use additional sheet of paper if needed):





Kentucky 4-H Camping Code of Conduct and Expectations

1. Campers are not permitted to bring cell phones to camp.
2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
3. Use of tobacco products is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products are to be used in cabins, woods or other areas of camp.
4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
7. Absolutely no phone calls are to be made by campers (camp phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls to campers.
8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time.
10. Fireworks are not to be used by camp participants at any time.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program.
16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
17. No camp participant is to be around or on maintenance equipment.
18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.





PARTICIPANT NAME: _____

20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
22. Camp is not responsible for personal property of any camp participant or staff.
23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed.
24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in the camp participant being sent home.

Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PARTICIPANT NAME: _____

Kentucky Residential 4-H Camp Essential Standards for Camp Participants

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept participants without regard to 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 ability. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers, a family friend or relative of the same sex over age 18 or a parent/guardian must accompany the child as a caregiver. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) The Client Protection Process will be performed on the caretaker with favorable results.

To determine whether a caregiver should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand and follow oral or written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: _____ Date: _____





PARTICIPANT NAME: _____

AUTHORIZATIONS/RELEASES

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

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 my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

☐ Yes. I grant permission for media releases. ☐ No. I do not grant permission for media releases.

Pick-up Release:

It is my responsibility to arrange to pick up my child/children upon return from camp. There will be no exceptions to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a driver's license or photo ID before the child will be released. **Parents, Guardians, and Emergency Contacts listed on page 1 and 2 are automatically assumed to have pick up authorization.** In addition to the parents/guardians listed on page 1, the following individuals are granted permission to pick up my child:

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

CONSENT TO TREAT:

The health history reported on page one and two are correct and complete to the best of my knowledge. 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 my child. In the event I cannot be reached in an emergency, 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 discussed the Camp Code of Conduct with my participant. We (parent/guardian and participant) 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 allowing my child to participate 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 child's 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 child's participation is purely voluntary, always, and my child will choose his or her 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: _____

Parent/Guardian Signature: _____ Date: _____

