

COOPERATIVE
EXTENSION
SERVICE



Reply to:

**Cooperative
Extension Service**
Fayette County
1140 Red Mile Place
Lexington, KY 40504-1172
(859) 257-5582
Fax: (859)254-3697
ces/ca.uky.edu/fayette

To: Prospective 4-H Camp Adult Leaders

Date: February 2012

From: *Eric Comley*

Eric Comley
County Extension Agent for 4-H Youth Development

Greetings! This application is for adult leaders for the 2012 4-H Camping season. Although it seems early, to have the best program possible the planning has to start now. The goal is to have all 2012 adult applications in by May 16th, 2012.

The following application needs to be completed thoroughly and returned by May 16th. Within this packet, you will find a job description, a consent form for a criminal records check, and a recommendation form. To ensure the safety of all of our campers, all adult leaders must have criminal records check completed. Upon being selected for an Adult Counselor, you will receive the complete 4-H Camp application.

The camp weeks for 2012 are:

Week 1— J.M. Feltner 4-H Camp; London, KY
Monday, July 9 – Friday, July 13

Week 2— North Central 4-H Camp; Carlisle, KY
Monday, July 30 – Friday, August 3

Upon receipt of your application you will receive a confirmation with details about training and interviews. All adults will be contacted to schedule a brief interview with the youth protection committee. The dates for these interviews are currently being selected. We will contact you to set up an interview date and time. **All new counselors will be required to complete a volunteer module packet. This will be given to you at the time of your interview.**

Thanks in advance for considering becoming a 4-H camp leader for 2012. If you have any questions, please contact me at eric.comley@uky.edu or by phone at 257-5582.

Mandatory Training Dates will be:

Saturday, June 2nd 1:30 – 4:00 Fayette County Extension Office

OR

Saturday, June 9th 1:30 – 4:00 Fayette County Extension Office

OR

Saturday, June 23rd 1:30 – 4:00 Fayette County Extension Office

YOU MUST ATTEND ONE OF THESE TRAINING DATES



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.

Fayette County Adult Information Page

Counselors I would like to be teamed with: _____

Are you currently certified as a professional lifeguard? Yes No

E-mail address: _____ Cell Phone: _____

Which class would you like to assist with at camp? Place a check by the classes you are interested in:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Crafts | <input type="checkbox"/> Outdoor Group Games | <input type="checkbox"/> GPS Treasure Hunt |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Woodworking | <input type="checkbox"/> High Ropes | <input type="checkbox"/> (Feltner) |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Recreation | <input type="checkbox"/> Future Camp Leadership | <input type="checkbox"/> Trap/Shotgun (NC) |
| <input type="checkbox"/> Challenge Course | <input type="checkbox"/> Riflery | <input type="checkbox"/> Photography (NC) | <input type="checkbox"/> Tie Dye |
| <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Yard Games | <input type="checkbox"/> Tailgate Cooking | <input type="checkbox"/> Nature Journaling |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Swimming - Advance | <input type="checkbox"/> (Feltner) | |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Swimming-Beginning | | |

T-Shirt Size:	
___ Small	___ Medium
___ Large	___ XL

Adult Volunteer Agreement Form

By completing this form, you give permission to the Fayette County 4-H Camp to check your personal and employment history. This information is confidential and will be used solely by the Fayette County 4-H staff to determine camp leader eligibility.

Employment Information

Place of Employment: _____

Address: _____

Phone: _____ Supervisor: _____

<p style="text-align: center;">I would like to attend camp:</p> <p>___ July 9 - 13 (Feltner)</p> <p>___ July 30 – Aug. 3 (North Central)</p>

References

List 3 references (give name, address and phone number). References should be from employment, church, civic, or community groups. Do not include relatives.

1. _____

Name	Address	Phone
------	---------	-------

2. _____

Name	Address	Phone
------	---------	-------

3. _____

Name	Address	Phone
------	---------	-------

Criminal Records Check

Name _____ Date of Birth ___/___/___

Maiden or other names _____

Present Address _____ City _____ State _____

Previous Address _____ City _____ State _____

Social Security Number _____ - _____ - _____

I, the undersigned, hereby apply for a volunteer assignment with Fayette County 4-H and agree to conduct myself in accordance with the regulations of 4-H Camp and to participate in preliminary training. I recognize the responsibility of 4-H to safeguard the children who participate in its programs and, in order to satisfy this responsibility, I hereby authorize 4-H to perform a background check of my records with local law enforcement agencies. It is my understanding that all information received will be kept strictly confidential and utilized only by the 4-H staff to evaluate volunteer applicants. I also recognize that should I fail to abide by the University of Kentucky's Camper/Counselor Expectations that I could be dismissed from camp.

Legal Signature

Date



CAMP ADULT COUNSELOR

VOLUNTEER POSITION DESCRIPTION

Kentucky 4-H Program—Fayette County
The University of Kentucky Cooperative Extension Service
The University of Kentucky

POSITION TITLE:

Camp Adult Counselor

TIME REQUIRED:

Training prior to camp
Five (5) days/ (4) evenings

LOCATION:

4-H Camp Ground located at: J.M. Feltner or North Central 4-H Camp
Trainings at CES office

GENERAL PURPOSE:

- + Supervision of 15- 20 youth, ages 9-14, in a camping setting
- + Join other volunteers in the planning of camp programs
- + 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 all 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 in
- + Counsel homesick campers
- + Follow all guidelines and policies of the University of Kentucky and 4-H Program
- + Recruit campers
- + Actively participate in the program planning and implementation for the week

- + Assist in keeping camp ground clean
- + Encourage campers to try new activities

QUALIFICATIONS:

- + Must complete the Volunteer Application process and be approved by the Youth Protection/Risk Management Committee
- + Camp counselors must have a valid background/ criminal record check on file
- + Must be 18 years or older at time of camp
- + A sincere interest in youth
- + Ability to work and communicate effectively
- + Willingness to follow rules
- + Being able to get along with others
- + Sincere interest in youth development
- + Completed health form

BENEFITS:

- + Seeing youth develop and gain skills
- + Appropriate training, teamwork and support
- + Opportunity to share in an exciting week of activities with 15-20 youth
- + Chance to share ideas with leaders from other areas

SALARY:

Unsalared; Volunteer.

All camp fees paid by the 4-H program

Transportation provided if desired

MENTOR/SUPERVISING PROFESSIONAL

County Extension Agent for 4-H/Youth Development

Name: Eric Comley

Address: 1140 Red Mile Place

City, State, Zip: Lexington, KY 40504

Phone: 859-257-5582

Fax: 859-254-3697

E-mail: eric.comley@uky.edu

Signature

Date



2012 Registration /Health Form

Kentucky 4-H Camp for ALL CAMPERS, VOLUNTEERS, and STAFF



For Office Use Only:

Return to: Fayette County 4-H Camp
1140 Red Mile Place
Lexington, KY 40504

Choose Week:

July 9-13, 2012 (London)
 July 30-August 3, 2012 (Carlisle)

This information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves. Update required annually.

It is required that the Health Exam be completed by approved licensed medical personnel at least every two years. The Camper Medication Form (separate page) must be completed just prior to attending camp.

Name _____ Birth Date _____ Age at Camp _____
Last First Middle

Home Address _____
Street Address City State Zip

Phone _____ Male Female

Race* Check all that apply: American Indian Asian Black Pacific Islander White

Hispanic Non-Hispanic *Necessary to comply with affirmative action-Civil Rights Standard

Have you ever attended 4-H week-long camp before? YES NO For how many years? _____

Custodial parent/guardian _____ Phone: _____ Cell: _____

Home Address _____
Street Address City State Zip

Business Address _____ Phone: _____
Street Address City State Zip

Second Parent or Guardian or Emergency Contact _____ Cell _____

Address _____ Phone: _____
Street Address City State Zip

If not available in an emergency, notify: _____
Name Relationship

****IMPORTANT- THIS BOX MUST BE COMPLETE FOR ATTENDANCE****

Parent/Guardian Authorizations: this health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over the counter medication, assist in administering camper'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 give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp.

Photo Use Permission: I grant the Kentucky 4-H Program and the University of KY, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing (websites) and personal memorabilia. Campers' names may be published.

*SIGNATURE APPLIES TO BOTH CONSENT TO TREAT AND PHOTO PERMISSION
*CHECK "NO" BOX BELOW IF PHOTO PERMISSION IS DENIED



Signature of parent/guardian (or adult volunteer/staff) _____

Printed Name _____ Date: _____

No To PHOTO PERMISSION

General Questions (Explain "yes" answers below.)



Disabilities accommodated with prior notification.

Has/does the Participant:	Yes	No		Yes	No
1} Had any recent injury, illness or infectious disease?	<input type="radio"/>	<input type="radio"/>	16} Ever had back problems?	<input type="radio"/>	<input type="radio"/>
2} Have a chronic or recurring illness/condition?	<input type="radio"/>	<input type="radio"/>	17} Ever had problems with joints; e.g., knees, ankles?	<input type="radio"/>	<input type="radio"/>
3} Ever been hospitalized?	<input type="radio"/>	<input type="radio"/>	18} Have an orthodontic appliance being brought to camp?	<input type="radio"/>	<input type="radio"/>
4} Ever had surgery?	<input type="radio"/>	<input type="radio"/>			
5} Have frequent headaches?	<input type="radio"/>	<input type="radio"/>	19} Have any skin problems (e.g., itching, rash, acne)?	<input type="radio"/>	<input type="radio"/>
6} Ever had a head injury?	<input type="radio"/>	<input type="radio"/>	20} If female, have an abnormal menstrual history?	<input type="radio"/>	<input type="radio"/>
7} Ever been knocked unconscious?	<input type="radio"/>	<input type="radio"/>	21} Had problems with diarrhea/constipation?	<input type="radio"/>	<input type="radio"/>
8} Wear glasses, contacts or protective eye wear?	<input type="radio"/>	<input type="radio"/>	22} Had mononucleosis in the past 12 months?	<input type="radio"/>	<input type="radio"/>
9} Ever had frequent ear infections?	<input type="radio"/>	<input type="radio"/>	23} Have diabetes?	<input type="radio"/>	<input type="radio"/>
10} Ever passed out during or after exercise?	<input type="radio"/>	<input type="radio"/>	24} Had problems with sleepwalking?	<input type="radio"/>	<input type="radio"/>
11} Ever been dizzy during or after exercise?	<input type="radio"/>	<input type="radio"/>	25} Have asthma?	<input type="radio"/>	<input type="radio"/>
12} Ever had an eating disorder?	<input type="radio"/>	<input type="radio"/>	26} Have a history of bed-wetting?	<input type="radio"/>	<input type="radio"/>
13} Ever had chest pain during or after exercise?	<input type="radio"/>	<input type="radio"/>	27} Ever had seizures?	<input type="radio"/>	<input type="radio"/>
14} Ever had high blood pressure?	<input type="radio"/>	<input type="radio"/>	28} Ever had emotional difficulties for which professional help was sought?	<input type="radio"/>	<input type="radio"/>
15} Ever been diagnosed with a heart murmur?	<input type="radio"/>	<input type="radio"/>			

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C TB Mantoux Test Date of last test _____ Result <input type="radio"/> Positive <input type="radio"/> Negative	Please give all dates of immunization for: <table border="0"> <thead> <tr> <th style="text-align: left;">Vaccine:</th> <th style="text-align: left;">Dates:</th> <th style="text-align: center;">Mo/Yr</th> <th style="text-align: center;">Mo/Yr</th> <th style="text-align: center;">Mo/Yr</th> <th style="text-align: center;">Mo/Yr</th> <th style="text-align: center;">Mo/Yr</th> <th style="text-align: center;">Mo/Yr</th> </tr> </thead> <tbody> <tr> <td>DTP</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>TD (tetanus/diphtheria)</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Tetanus</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Polio</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>MMR</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>or Measles</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>or Mumps</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>or Rubella</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>Haemophilus influenza B</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>Hepatitis B</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>Varicella (chicken pox)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	DTP		_____	_____	_____	_____	_____	_____	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____	Tetanus		_____	_____	_____	_____	_____	_____	Polio		_____	_____	_____	_____	_____	_____	MMR		_____	_____	_____	_____	_____	_____		or Measles	_____	_____	_____	_____	_____	_____		or Mumps	_____	_____	_____	_____	_____	_____		or Rubella	_____	_____	_____	_____	_____	_____		Haemophilus influenza B	_____	_____	_____	_____	_____	_____		Hepatitis B	_____	_____	_____	_____	_____	_____		Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
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Health History: The following information must be filled in by the parent -guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known
Medications allergies (list)


Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

Please list any **DIETARY RESTRICTIONS** that apply to this individual. _____

Insurance Information

 Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name: _____ Group # _____
Photocopy of front and back of health insurance card or current K-chip must be attached to this form.

Is there any additional information that camp staff should know to help your child be successful and have fun at camp?
(behavioral, physical, emotional, special restrictions, etc.)

If your child receives medication during the school year, we strongly urge you to keep your child on this medication during camp.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

***Each 4-H camp participant is required to have a health exam within the past 24 months.**

The Form below is to be used.

Health Exam for 4-H Camp Attendance
To be completed by Licensed Medical Personnel
A copy of a school or sports physical may be attached instead.

I have examined _____ (individual's name) on _____

(the exam must be within the 24 months of camp attendance). BP _____ Weight _____ Height _____

In my opinion the above applicant [] (is) [] (is not) able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions: _____

Any medical treatments to be continued at camp? _____

Additional information for health care staff at camp _____

Signature of Licensed Medical Personnel _____

LMP Name Printed _____ Title _____

Address _____

Phone _____ Date _____

For Adult Volunteers Only

I _____ an adult volunteer, grant permission for the use of my personal vehicle, if needed for transportation, (e.g. visits to the doctor or hospital in emergencies to and from camp). In doing so, I state that I have an adequately maintained my vehicle, maintain vehicle insurance in compliance with state laws and carry basic safety equipment.

Signature _____

Date _____

For Camp Use Only

Health History Reviewed by Camp Medical Personnel on: Date _____

Revised 11/10/2011



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Fayette County 4-H Camp Counselor Recommendation Form

Name of Applicant: _____

I am interested in being a counselor at 4-H Camp this summer. The 4-H Agents would like your input about my qualifications to fulfill the responsibilities of a camp counselor. Please comment on the following topics and return this form to the address listed below by May 16th. Thank you.

Eric Comley
Fayette County Cooperative Extension
1140 Red Mile Place
Lexington, KY 40504

How would you rate the applicants?

	Above Average	Average	Below Average
Judgment/Decision Making	_____	_____	_____
Leadership Abilities	_____	_____	_____
Flexibility	_____	_____	_____
Communication skills	_____	_____	_____
Enthusiasm and energy	_____	_____	_____
Self confidence	_____	_____	_____
Respect for authority	_____	_____	_____
Completion of tasks	_____	_____	_____
Working with youth	_____	_____	_____
Responsibility	_____	_____	_____

Have you seen this applicant in a group situation?

Would you describe this applicant as a team player?

Do you recommend this applicant to be a Camp Counselor?

Additional comments:

Signature

Date

Relationship to applicant: _____

Please return to the Fayette County Cooperative Extension Office by May 16, 2012.



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