

To: Potential 4-H Camp Junior Counselor

Date: March, 2012

From: *Eric Comley*
Eric Comley
County Extension Agent for 4-H Youth Development

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

Greetings! This application is for leaders wishing to be a junior counselor for Fayette County 4-H camp. Ages for junior counselors are youth age 15 to 17. To be considered for a leader position, please complete and return the following application as soon as possible. To be considered, your application must be received by May 16th.

All counselors will be required to complete a minimum of 24 hours of training. There will be one session of MANDATORY training for each camp. At the summer camp training you will be both screened and selected to be junior counselor. **YOU MUST ATTEND SUMMER CAMP TRAINING TO BE ELIGIBLE TO GO TO CAMP!!** All new counselors will also be required to complete a training packet that will be given to you at camp training. If you are selected at the camp training, we will send you the complete 4-H Camp Application.

You will need to have a teacher, counselor, or coach fill out the attached Recommendation Form. This cannot be filled out by a relative.

Junior counselors will be considered for two weeks based on the number of counselors who apply and the screening process. If you would like to be considered for both weeks, you should rank your preference by putting 1 for your first choice and 2 for your second choice. If you can only attend one week, mark it with a 1.

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

Mandatory Camp Training Dates:

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

To be considered as a counselor you will need to have the following returned by May 16th.

- Fayette County Information Page
- Signed Position Description
- Recommendation Form

Thanks in advance for applying to become 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.

Fayette County Information Page

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: ___/___/___ Emergency Contact: _____ Phone: _____
E-mail Address: _____ Cell Phone: _____
Years at camp: _____ Years in 4-H: _____

Place a check by the classes you are interested in:

- Archery
- Basketball
- Canoeing
- Challenge Course
- Outdoor Group Games
- Fishing
- Jewelry Making
- High Ropes
- Nature
- Recreation
- Riflery
- Swimming-Advanced
- Swimming-Beginning
- Paper Crafts
- Future Camp Leadership
- Trap (North Central)
- Photography (North Central)
- Tailgate Cooking (Feltner)
- GPS / Treasure Hunt (Feltner)
- Nature Journaling (Feltner)
- Tie-Dye (North Central)
- Yard Games
- Woodworking

I would like to attend camp: _____ July 9 - 13 (Feltner) _____ July 30 – August 3 (North Central)

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

How do you feel you could help with these classes? (Be specific)

List any 4-H activities (including camp) that you have been involved in:

What abilities and/or personal strengths do you have that you can use as a Camp Counselor?

Describe leadership experiences you have achieved in 4-H, school or your community?

Teen Volunteer Agreement Form

By signing this document, I understand that I will be expected to attend leader training prior to camp. I also agree to abide by the University of Kentucky's 4-H Camper/Counselor Expectations (enclosed in this application packet) and I understand I could be dismissed from camp for inappropriate behavior.

Signature

Date



CAMP TEEN COUNSELOR

VOLUNTEER POSITION DESCRIPTION

Kentucky 4-H Youth Development Program; Fayette County
The University of Kentucky Cooperative Extension Service
The University of Kentucky

POSITION TITLE:

4-H Camp Teen Counselor

TIME REQUIRED:

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

LOCATION:

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

GENERAL PURPOSE:

- + Supervision of 12-16 youth, ages 9-14, in a camping setting
- + 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
- + Encourage all campers to participate in camp activities
- + Counsel homesick campers
- + Follow all guidelines and policies of the University of Kentucky and 4-H programs
- + Be responsible for the health, safety and happiness of each camper in their cabin
- + Actively participate in implementing the camp's programs
- + Assist in keeping camp ground clean

- + Assist campers in making choices in activities
- + Encourage campers to try new activities
- + Stay with cabin/tribe at all times, unless permission is granted by camp director
- + Assist adult counselors, permanent staff and agents, upon request, with special activities such as quiet time, flag raising/lowering, etc.
- + Assist with bus loading and unloading
- + Assist class instructors where needed in teaching or in managing campers' behavior
- + Project a positive and enthusiastic attitude about camp which campers may model
- + Report any problems to your adult counselor or Dean of Men/Women

QUALIFICATIONS:

- + Must be 15 years or older at time of camp
- + A sincere interest in youth development
- + Ability to work and communicate effectively
- + Willingness to follow rules
- + Ability to get along with others
- + Positive attitude

BENEFITS:

- + Developing positive relationships with campers, adult counselors and CES staff
- + Seeing youth develop and gain skills
- + Appropriate training, teamwork and support
- + Opportunity to share in an exciting week of activities with youth
- + Chance to share ideas with other adult and teen leaders

SALARY:

Unsalaries; Volunteer.

Fees for Junior Counselors are paid; Counselors in training pay camper fee

Transportation provided

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

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?

- Measles
- Chicken Pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Please give all dates of immunization for:

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	_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Date of last test	Hepatitis B	_____	_____	_____	_____	_____	_____
Result <input type="radio"/> Positive <input type="radio"/> Negative	Varicella (chicken pox)	_____	_____	_____	_____	_____	_____

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 County Office Use:

For Camp Use Only

Health History Reviewed by Camp Medical Personnel on: Date _____

Revised 11/10/2011



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PICK-UP/RELEASE FORM

This form must be completed or your child will not be permitted to attend 4-H Camp.



I, the parent/guardian/foster parent of _____ have read, understand and agree to the following. My child will return from 4-H camp on _____ at _____ (a.m. or p.m.) The bus will unload at _____. **(Pick up date and location are on page 2 of this application.)**

It is my responsibility to arrange to pick-up my child/children upon her/his return from camp at the above time.

There will be no exception to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a valid driver's license or photo ID before the child will be released. IF A CAMPER'S PARENTS ARE SEPARATED OR DIVORCED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF A KENTUCKY COURT ORDER TO THE CONTRARY, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE ACCESS TO THE CAMPER.

CAMPER NAME _____ COUNTY: _____

FATHER'S NAME: _____ CELL PHONE: () _____

HOME PHONE: () _____ WORK PHONE: () _____

MOTHER'S NAME: _____ CELL PHONE: () _____

HOME PHONE: () _____ WORK PHONE: () _____

If applicable, the custodial parent is: _____
Name

The camper named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from the campgrounds by anyone except his/her guardians unless they are on this list.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

My child has permission to walk home from the Camp bus drop-off site. I understand that this permission may be rescinded due to special conditions (bus arrives after dark, bad weather, etc.), and that I will be contacted if this occurs.

Signature: _____ Date: _____

When a camper is not picked up or when no one listed above is present to pick up a camper, the camper will be turned over to local child protection authorities.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD WHEN HE/SHE RETURNS FROM 4-H CAMP, AND I HAVE INSTRUCTED MY CHILD THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. HE/SHE ALSO HAS BEEN TOLD TO REPORT IMMEDIATELY TO THE AGENT IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE TIME THE BUS ARRIVES.

SIGNATURE _____ DATE _____

RELATIONSHIP TO THE CHILD: _____

Revised 1/26/2011



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PD – 11
 FELTNER 4-H CAMP
 LAKE CUMBERLAND 4-H EDUCATIONAL CENTER
 NORTH CENTRAL 4-H CAMP
 ACTIVITY RELEASE FORM
 AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY
 AGREEMENT, AND RELEASE OF LIABILITY

 PRINT PARTICIPANT'S NAME

 PRINT NAME OF GROUP

Instructions: Read page one for disclosure of perceived risks involved with the Kentucky 4-H Camping program carefully. For parents with children 17 & under, initial specialized activities that you would like to be available to your child. Each participant and parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in these programs.

I understand that my/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/my child's participation is purely voluntary**, at all times, and I/my child will choose my /his or her level of participation in any activity. By signing this form at the bottom of page 2, I am giving permission for my child to participate in classes that he/she may enroll in and other general camp activities. I will indicate below any specialized activities that my child has permission to participate in if he/she enrolls.

I understand that the employees and/or independent contractors of the Kentucky 4-H Camp and the University of Kentucky have received training and will attempt to protect the physical and emotional safety of myself/my child. I acknowledge that during programs that participants have requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, aquatic activities, exposure to wild life, accidents or illness in remote places without medical facilities and the forces of nature. I further understand that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur. I further understand that participants in the selected programs will be exposed to the elements of nature, including temperature extremes and inclement weather.

Specialized Activities

HIGH AND LOW ROPES CHALLENGE COURSE ACTIVITIES:


I understand that climbing, high ropes, ground initiatives and other activities in the High Ropes Course entail certain risk. These include but are not limited to inclement weather; loss or damage to personal property; accidents resulting from climbing, swinging, jumping and other types of outdoor activities; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

SHOOTING SPORTS


For the purposes of summer camp, "Shooting Sports" will include any and all activities involving guns, ammunition, bows or arrows. I understand that these activities have specific inherent risks. These risks include but are not limited to: inclement weather; loss or damage to personal property; injury resulting from misfires, ricochets, dry fires with a bow, and other shooting accidents; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

PARENTAL CONSENT FOR CHILDREN 17 & UNDER FOR SPECIALIZED PROGRAMS

My initials next to a given activity serve as my permission for my child to participate in that specialized activity while attending 4-H Camp. Lack of initials should be assumed as no permission being granted for participation in that activity.

 _____ Shooting Sports (*Required for Archery, Riflery, and/or Trap Shoot)
(Initial Here)


 _____ Low Ropes Challenge Course (*Required for Challenge Course)
(Initial Here)

 _____ High Ropes Challenge Course (*Required for High Ropes)
(Initial Here)

HAVING READ THE PRECEDING INFORMATION ON PAGE ONE OF THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF PERCEIVED RISKS INVOLVED WITH THE CAMPING PROGRAM. I UNDERSTAND THESE RISKS FOR MYSELF/MY CHILD, AND I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK INVOLVED IN MY/MY CHILD'S PARTICIPATION AND DO HEREBY RELEASE THE KENTUCKY 4-H CAMP AND THE UNIVERSITY OF KENTUCKY AND ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS AND AGENTS 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 THIS PROGRAM.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I understand and agree that by executing this form that I waive and release any and all claims that I might have as a result of my/my child's participation in this program.

I have either attended camper orientation, or been informed of leader/camper expectations by my county extension agent and agree to follow the guidelines as presented.

 _____
Signature of Participant (Required)

Signature of parent/ guardian
(Required if participant is under 18)

Age of participant: _____

Date: ____/____/____

Address City State Zip Code

Person to be contacted in case of an emergency:

Name _____ Relationship to participant _____

Home Phone _____ Business Phone _____ Cell Phone: _____

Revised 1/10/2012



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
Emotional maturity/judgment	_____	_____	_____
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 June 16, 2012.



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