

Last Name _____ First Name _____

T-Shirt size: Adult Small Adult Medium Adult Large Adult Extra Large



4-H Youth Development



UF/IFAS EXTENSION IN CONJUNCTION WITH CHILDREN'S SERVICES COUNCIL OF OKEECHOBEE COUNTY, AND THE BOCC OF OKEECHOBEE COUNTY THANK YOU FOR YOUR INTEREST IN SERVING YOUR FELLOW YOUTH!

Teen Volunteer Application for 4-H Summer Camps *All Teen Counselor Applications must include:*

- Teen Counselor Application Completed**
- Signed Confidentiality Agreement**
- Health/Participation Form Completed**
- Copy of Driver's License or School ID**
- Photograph**
- References - Two letters of recommendation from non-relatives, one must be from a current teacher or guidance counselor**
- Interview (you must call or come in to schedule an interview after you complete and turn in your application) (863)763-6469**
- If selected as a Teen Counselor you must attend the orientation and training that will take place before the first camps begin**



2024 4-H DAY CAMP

TEEN COUNSELOR APPLICATION FORM

Note your Camps Weeks Availability/Choices with an X :

	<u>H2O Camp</u>		<u>History Camp</u>		Fishing and Conservation Camp: July 8-12
	Week 1: June 3-7		Week 1: June 17-21		Shooting Sports and Conservation Camp July 15-19
	Week 2: June 10-14		Week 2: July 8-12		Crafts With Friends Camp: July 15-19
	Week 3: June 24-28				
	Week 4: July 22-26				

Home Phone: _____ Cell Phone: _____

Email address _____ *SS# _____

***SOCIAL SECURITY NUMBERS ARE REQUIRED.**

Participant Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip Code)

Age: ____ Grade Completed (2024): ____ Can you Swim? Yes ____ No ____

***PARTICIPANTS MUST HAVE COMPLETED 9TH GRADE**

Parent/Guardian Information:

Mother or Primary Guardian: _____
(Name) (Address) (Phone)

Father or Second Guardian: _____
(Name) (Address) (Phone)

**Please return forms to and schedule interview with:
UF/IFAS Okeechobee County Extension Service
458 U.S. Hwy 98 N
Okeechobee, FL 34972
863-763-6469**

Camp is open to all youth ages 8-18 without regard to race, color, sex, handicap, or national origin. Participants with special needs can be reasonably accommodated by contacting the Extension Office at 863-763-6469 at least 10 days prior to participating in activities.

FLORIDA COOPERATIVE EXTENSION SERVICE VOLUNTEER SERVICES CONFIDENTIALITY STATEMENT

I, the undersigned, do hereby acknowledge that in my volunteer role for the University of Florida, I may have access to confidential information contained in the application packets of those individuals applying for volunteer positions in the organization, as well as volunteer files of other volunteers serving the organization.

I agree that I shall not disclose any such confidential information maintained by the University of Florida to any unauthorized person, and I will adhere to confidentiality guidelines of the University of Florida.

I acknowledge and agree that disclosure by me of confidential information obtained by me in the course of my volunteer status could be cause for termination from my volunteer position.

X

Volunteer's Signature

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

X

Extension Agents Signature
Date

4-H Participation Form for Youth and Adults

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept.1, 2023): _____
 Choose Gender: Male Female Gender Identity Not Listed Prefer Not to Respond
 Home Address: _____ 4-H County/District _____
 City, ST, Zip: _____ Home Phone (_____) _____
 Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____
 Emergency Contact Primary Phone (_____) _____

This information is utilized for reports for the United States Department of Agriculture:

Residence:

Farm __ Town under 10,000/rural non-farm __ Town/City 10,000-50,000 __ Suburb of city more than 50,000 __ City more than 50,000 __

Ethnicity:

Are you of Hispanic Ethnicity? NO __ YES __

Race: White __ Black __ Asian __ American Indian or Alaskan __ Native Hawaiian or Pacific Islander __

HEALTH FORM

Please provide relevant information for all "Yes" responses. Reporting conditions will not prevent a person from participating.

Does the participant have any special dietary restrictions or requirements? Yes No _____

Does the participant have any airborne food allergies? Yes No _____

Does the participant have any ingested food allergies? Yes No _____

Does the participant have any non-food allergies? Yes No _____

Does the participant have any health needs or recent medical issues, injuries and/or surgeries? Yes No _____

Does the participant use an inhaler and/or an EpiPen? Yes No If yes, mark which is used: Inhaler EpiPen

Do any specific activities need to be restricted for the participant? Yes No _____

Does the participant require accommodations for a disability and/or a special need to participate in 4-H programs? Please provide information about accommodations needed. Yes No _____

Are there any other health related comments you would like to share? Yes No _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

Date Tetanus Vaccination: ____/____/____

MEDICAL CONSENTS

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance. *

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging I have provided. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent. *

Yes No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

Parent/Guardian or Adult Participant Signature _____ **Date:** _____

*** Consent is required to participate in Florida 4-H.**

4-H Participation Form for Youth and Adults: Authorizations/Consents

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, e-cigarettes or vaping devices, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
5. Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)
Failure to abide by the Code of Conduct could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

Youth or Adult Agreement: ____ (Initials) **Yes** **No** **I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.**

Parent/Guardian Agreement: ____ (Initials) **Yes** **No** **I understand and agree to the Florida 4-H Code of Conduct Above. ****

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

____ (Initials) **Yes** **No** **I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant.****

Transportation Policy: I understand that all volunteers and/or parents, faculty and staff who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order.

I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

____ (Initials) **Yes** **No** **I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. ****

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Club Foundation, Inc., or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation, Inc. .

____ (Initials) **Yes** **No** **I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant *****

Survey and Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. person age 18 or older, 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and/or give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and/or I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

____ (Initials) **Yes** **No** **I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult (age 18 or older) Participant *****

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Participant Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____