



Counselor's Name: _____

Daviness County 4-H Camp Adult Counselor Application Checklist

Eligible: Screened & Approved Adult Volunteers

Please return this checklist with your application packet.

_____ 2024 Summer 4-H Camp Adult Registration Form & Copy of Insurance Card

_____ Completed Volunteer Application Packet (*new volunteers only*)

Application Received: _____

FINAL DEADLINE: May 17, 2024

FOR OFFICE USE ONLY:

Completed Volunteer Application Packet: YES NO

Verified By: _____

Clear Background Check: YES NO

Verified By: _____

Online Camp Training Successfully Completed: YES NO

Verified By: _____

Confirmed Attendance of face to face training: YES NO

Verified By: _____

**Cooperative
 Extension Service**

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

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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 Lexington, KY 40506



Disabilities
 accommodated
 with prior notification.



HCP Approval Stamp

[Empty box for HCP Approval Stamp]

Kentucky 4-H Camping 2024
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	Biological Sex: <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
Emergency Contact Name:	Relationship to Participant:	Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
		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?

- 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.)
- ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Insurance Card)

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



Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and his/her parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
Other	ANY DAMAGE TO ANYTHING NOT LISTED INCLUDING PROGRAM EQUIPMENT WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.	

I understand that I am responsible for paying for any damages that my child may cause to camp property.

Parent/Guardian Signature

Date





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

- 3-5 days 24 hours a day
- Between May-August
- 24 hours of education and orientation

LOCATION:

Extension office, camping facility or other meeting facility.

GENERAL PURPOSE:

To supervise 15-20 youth, ages 9-14, in a camp setting. Join other volunteers in the planning of the camp program. 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
- 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: Stacey Potts
 Title: Extension Agent for 4-H Youth Development
 Address: 4800A New Hartford Rd
 City, State, Zip: Owensboro, KY 42303
 Phone: 270-685-8480
 Email: stacey.potts@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