


Reply to:
Cooperative Extension Service

Fayette County
1140 Harry Sykes Way
Lexington, KY 40504-1172
(859) 257-5582
Fax: (859)254-3697
fayetteextension.com

To: Prospective 4-H Camp Adult Counselors

Date: February 2017

From: 
Chaquenta "Quen" Smith
County Extension Agent for 4-H Youth Development

Greetings! This application is for adult leaders for the 2017 4-H Camping season. Age for adult counselors 20 and older. All applications must be received no later than May 1, 2017.

The following application needs to be completed and **returned by May 1st**. Within this packet, you will find an application checklist, volunteer information page, position description, consent form for a criminal records check, a recommendation form and a statement of understanding. To ensure the safety of all of our campers, all adult leaders must successfully pass a criminal records check.

The camp weeks for 2017 are:

Week 1— J.M. Feltner 4-H Camp; London, KY Week 2— J.M. Feltner 4-H Camp; London, KY
Monday, June 19th – Thursday, June 22nd Monday, July 31st –Thursday, August 3rd

Only those applicants who did not attend camp with us last summer will be interviewed this year. Upon receipt of your application, you will be contacted to schedule an interview time.

Adult counselors wishing to attend both weeks should indicate the 1st week of camp with a 1 and the 2nd week of camp with a 2 on the application. For those wishing to attend only one week, please place a check mark next to the preferred week.

Upon being selected for an Adult Counselor, you will receive the complete 4-H Camp application. All counselors will be required to complete a minimum of 24 hours of training. These 24 hours include an **online training** and it **must be completed by June 1, 2017**. There will be three sessions of **MANDATORY** face-to-face adult counselor training for camp; you are required to attend only one of these three sessions. You must complete the online and face to face trainings in order to go to camp.

Mandatory Training Dates will be:

YOU MUST ATTEND ONE OF THESE TRAINING DATES

Thursday, May 25th	6 - 9pm	Fayette County Extension Service Office
	OR	
Thursday, June 1st	6 - 9pm	Fayette County Extension Service Office

Thank you in advance for your interest in volunteering to be a 4-H camp adult leader for 2017. If you have any questions, please contact me at chaquenta.smith@uky.edu or by phone at 257-5582.





Kentucky 4-H Camping Program 2017

Camp Participant Registration ± Adults Volunteers (Age)

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? Yes - # years: ____ No		Birthdate: ____/____/____	Gender: M F
Participant's home address:			Race (check all that apply) American Indian Asian Pacific Islander White Black Hispanic Non-Hispanic
Emergency Contact:			
Full Name:	Relationship to participant:		Cell/Home Phone:
Medication Allergies (list all known)		Reaction & Management:	
Food Allergies and Dietary Restrictions (list all known)		Reaction & Management:	
Other Allergies (list all known)		Reaction & Management:	
Tetanus:			
As part of the accreditation requirements for American Camp Association, participants must provide camp with the date (month and year) of the most recent tetanus shot/booster.			
Date of most recent tetanus shot/booster (Month/Year): _____ / _____ *REQUIRED*			
Medical Things you should know:			
<ol style="list-style-type: none"> 1. In case of an emergency, we will call the local ambulance service. It takes at least 10 – 15 minutes for an ambulance to get to camp. At the Lake Cumberland location, response time will be 30 – 45 minutes. 2. During your stay, the Camp Health Care Provider (who will be a certified EMT or Nurse) is available to help with your emergent health needs. 3. Our camps have an AED and portable oxygen onsite. 4. All medications must be given to the Health Care Provider (HCP) upon arrival at camp for secure storage or placed in a locked area to be non-accessible to others. 5. There is a clinic/hospital available to you nearby, if needed. 			

CAMP USE ONLY:	
<i>Health History reviewed by camp medical personnel on:</i>	

AUTHORIZATIONS/RELEASES

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

Medical Consent and Vehicle Usage:

I have read the information both on this page and in what was sent to me as an adult participant for the camp program. I understand my health information will be shared with camp medical staff and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation. I grant permission for use of my personal vehicle, if needed. In doing so I state that I have an adequately maintained vehicle, maintain insurance in compliance with state laws and carry basic safety equipment.

Adult Participant Signature: _____ Date: _____

Media Release:

I grant the Kentucky 4-H Program and the University of Kentucky, 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 promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

Adult Participant Signature: _____ Date: _____

Assumption of Risk and Release from Liability:

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 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/or adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety for 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 Kentucky 4-H Camp, the University of Kentucky, and its members, trustees, officers, employees, independent contractors, volunteers and extension staff 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.

Adult Participant Signature: _____ Date: _____





Fayette County 4-H Camp Adult Counselor Application Checklist

(Eligible: Adults, Ages 20 and older)

Please return this checklist with your application.

- _____ Counselor Information Page
- _____ Camp Adult Counselor Position Description
- _____ Camp Counselor Recommendation Form
Do not include relatives or Fayette County 4-H Staff members.
- _____ Counselor Statement of Understanding
- _____ Current color photo of applicant - (please attach below)

Application Received: _____



FOR OFFICE USE ONLY:

Interview Date & Time: _____

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: _____





Fayette County 4-H Camp Counselor Statement of Understanding

By signing below, I am stating that I understand the following items and/or requirements:

1. If I am chosen as a counselor, the attendance of many campers is solely dependent upon my attendance. In the event that my availability changes, I will immediately notify one of the three 4-H Agents responsible for my week of camp.
2. Applicants who did not attend camp in Summer 2016 only. I am required to attend an interview where I will be asked questions regarding my experience in camping and programming with youth. Counselors that have previously attended 4-H Summer Camp will also be asked to provide feedback on their experiences.
3. I am required to successfully complete the online camp counselor training by June 1, 2017. **I will not be permitted to attend camp without completing this online training.**
4. I am required to attend one of the following three trainings. **I will not be permitted to attend camp without attending one of these face to face trainings.**

Thursday May 25th	6 - 9pm	OR	Fayette County Extension Service Office
Thursday June 1st	6 - 9pm		Fayette County Extension Service Office

Adult Counselor Applicant Signature

Date





4-H CAMP POSITION

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 (BOTH online and face to face)
Five (4) days/(3) evenings

LOCATION:

4-H Camp Ground located at: Feltner 4-H Camp
Face to Face Training at: Fayette County Cooperative Extension Service Office
Camper Orientation at: Fayette County Cooperative Extension Service Office

GENERAL PURPOSE:

- + Supervision of 15- 20 youth, ages 9-14, in a camping setting
- + Join other volunteers in the implementation 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 ensure 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 grounds 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 20 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; including the required Tetanus vaccination

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:

Unsalaries; Volunteer.
 All camp fees paid by the 4-H program
 Transportation provided

MENTOR/SUPERVISING PROFESSIONAL

County Extension Agents for 4-H Youth Development
 Name: Kevin Lindsay, Kristen Kirkland or Chaquenta Smith
 Address: 1140 Harry Sykes Way
 City, State, Zip: Lexington, KY 40504
 Phone: 859-257-5582
 Fax: 859-254-3697
 E-mail: Clsm224@uky.edu

 Signature

 Date

 4-H Agent Signature

 Date





Fayette County 4-H Adult Camp Counselor Recommendation Form

Do not include relatives or Fayette County 4-H Staff members.

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 1st. Thank you.

Fayette County Cooperative Extension
ATTN: Chaquenta "Quen" Smith
1140 Harry Sykes Way
Lexington, KY 40504

How would you rate the applicant's:

	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 leadership position? If yes, please explain in what capacity.

Please describe this applicant's ability to work with others on a team.

Why would you recommend this applicant to be a 4-H Camp Adult Counselor? Why or Why Not? (be specific)

Signature

Date

Relationship to applicant: _____

Please return to the Fayette County Cooperative Extension Office by **May 1, 2017**.

