

Reply to:
Cooperative Extension Service
Fayette County
1140 Harry Sykes Way
Lexington, KY 40504-1383
(859) 257-5582
Fax: (859)254-3697
Fayette.ca.uky.edu

Date: Spring 2025

To: Prospective 4-H Camp Counselor In Training (CIT)

From: *Manda Clark*

Manda Clark
County Extension Agent for 4-H Youth Development

RE: 2025 4-H Summer Camp

Greetings! This application is for youth wishing to be a Counselor in Training (CIT) for Fayette County 4-H camp. The age for CITs is 15 years old. The 2025 camp week will be at the J.M. Feltner 4-H Camp, London KY. Camp dates are Monday, June 30–Friday, July 4, 2025. Please read the attached information carefully as we have updated our registration process.

To be considered for this leadership position, you must submit a completed application packet and \$50.00 deposit to the Fayette County Extension office at 1140 Harry Sykes Way, Lexington, KY 40504. Applications will be taken until **June 4, 2025 or when camp reaches capacity**. The full CIT fee for 2025 is \$200.00 and final payment is due by June 4, 2025.

If accepted as a CIT you will be required to attend one of the camper orientations. All CITs will be required to attend leadership class at camp.

To be considered for a CIT, you will need submit the following by June 4, 2025:

- CIT Camp Application Packet
- Recent Color Photo of CIT Applicant
- \$200.00 payment (\$150.00 after nonrefundable \$50.00 deposit has been paid)
- CIT recommendation form (**must be completed by an individual who is not related to CIT and returned to the Fayette County Extension Office by June 4, 2025**)

Thank you in advance for applying to become a 4-H Camp CIT for 2025. If you have any questions, please contact Manda Clark by email (amanda.clark@uky.edu) or by telephone (859 257-5582).



**Thank you for your interest in being a CIT at 4-H Summer Camp!
We are excited for another great week this summer and are looking forward to you joining us!**

When: Monday, June 30, to Friday, July 04, 2025

Where: J.M. Feltner 4-H Camp
380 J.M. Feltner Road
London, KY 40744



Who Can be a CIT: All Fayette County youth and are 15 years old.

*****We are only accepting registrations for youth who reside in or attend schools in Fayette County.*****

Total CIT Cost: \$200.00 Camp fee covers transportation to and from camp, meals (breakfast, lunch, dinner and one snack per day), class fees, and a t-shirt. (Camp fee does not cover the cost of any foods/snacks available for purchase at the Country Store.)

***Information regarding scholarships and UK employee discount on next page**

Payment: Amount: \$200.00 (\$150.00 after deposit) **MUST BE RECEIVED BY JUNE 4, 2025**
-Check or Money **Order made payable to Fayette County 4-H Council.**
-Exact Cash payments can be accepted at the Extension Office M-F 8:00a-4:30p.
-Online at bit.ly/fayettecounty4hpayment (link also located on our webpage)

To Finalize Registration: INCOMPLETE PACKETS WILL BE RETURNED FOR CORRECTIONS.

Fully completed Camp Participant Registration packet and \$50.00 deposit must be delivered to the Fayette County Extension office (1140 Harry Sykes Way, Lexington, KY 40504) M-F 8:00a-4:30p or, outside business hours, can be placed in the blue drop box outside Extension Office front doors.

Deadline: The Camp Participant Registration packet **and** remainder of the camp fee **must** be received **by 4:30 PM on June 4, 2025**. If both are not received by this time/date, the camper's spot will be forfeited.

Orientation: We will be holding a camper orientation at the Fayette County Extension Office. All CITs and one parent/guardian **must** attend orientation at *one* of the following scheduled times.

**Orientation times are: June 16th at 4:00pm OR 5:45pm
June 23rd at 4:00pm OR 5:45pm**

Space is limited for each orientation. You **must** register to attend an orientation. You will register at the same time as you choose your classes. A link will be provided in your confirmation email after your COMPLETED registration packet and \$50.00 deposit have been received.

ADDITIONAL INFORMATION

PICK-UP INFORMATION

On the camp registration form, you will need to complete a section about who can pick-up your child **BESIDES** the parent/guardian and emergency contacts. Please make sure to include the name and phone number of each person who can pick-up your child if you are unavailable to do so. **The return date is Friday, July 4, 2025.** Both pick-up and drop-off will occur at the fairgrounds at Masterson Station Park. *Times will be announced in the pre-camp newsletter and at orientation.*

MEDIA RELEASE

There is a media release permission request in the "Authorization/Releases" section of this packet. It is the first item in this section. Please read and be sure that you mark Yes or No. Any registration packet that does not have Yes or No selected will automatically be listed as NO permission given.

CLASS SIGN-UP

Classes at camp are a great opportunity to learn a new skill or try something new! Each CIT will take CIT Leadership class in the morning and select 2 classes for the afternoon. This will be the class schedule for Tuesday, Wednesday, and Thursday. **Upon receipt of the completed camp registration form and deposit**, a confirmation email with a class sign up link will be sent. This email may take up to 3 business days to be received. A class description is included with this packet to allow the parent/guardian to discuss the available classes with the CIT. Prepare to select CIT leadership as the first two class periods and two additional classes for the afternoon class periods. You will also rank the remaining classes from most to least desired. **REMEMBER: classes are on a first-come-first-serve basis and the CIT Leadership class is MANDATORY for all CIT for class period 1 and 2.**

CAMP SCHOLARSHIPS

Scholarships are for campers who live in Fayette County and applications are available on our website **starting February 17th**. You may also request a printed copy be mailed to you by calling the Extension Office at 859-257-5582. If you wish to apply for a scholarship you will need to complete the camper portion of the application then provide it to your school's FYRSC for them to complete and submit to the Fayette County Extension office. **Applications must be received in the office by 4:30PM, Thursday, May 15, 2025, to be considered** and scholarships will be awarded by May 20, 2025. Any questions may be directed to Manda Clark (amanda.clark@uky.edu or 859-257-5582) The scholarship amount is based on available funds. Submitting a scholarship application does not guarantee that a child will be selected to receive a camp scholarship. ***PLEASE NOTE: The Camp Scholarship cannot be combined with any other discount.***

UK EMPLOYEE DISCOUNT

One relative of a current UK employee will receive a 10% discount on the camp fee. To receive discount, a photo copy of a valid UK Employee ID must be submitted with the completed camp registration form and fee. **CIT Fee with discount: \$180.00 (deposits included)**

The UK Employee discount cannot be combined with scholarship and applies to only one camper per employee.

ADULT VOLUNTEERS NEEDED

Adult volunteers are needed for a successful camp week. We cannot take campers without adult counselors. **One child or relative of an adult camp counselor goes for FREE.** Adult counselors will attend camp at no charge. Any adult (ages 18 and above) interested in being a volunteer should contact the 4-H Office by email (amanda.clark@uky.edu) or phone (859 257-5582) to request an application.

Intentionally left blank

2025 4-H Class Descriptions*

Advanced Swimming- A staff lead class; learn swimming stroke techniques and diving skills. Participate in water activities/games.



Archery- A staff lead class; Learn the basics of shooting a bow and arrow!

Beginning Swimming- A staff lead class; learn basic swim techniques; Participate in water activities/games.



Backyard Games- Carpet ball, gaga ball, square 9, and many more!

Board Games- Play a different board game every day and enjoy the air conditioning.

Book Club- Bringing a book to camp? Come hang out and enjoy an hour of reading your favorite book.



Camp Spa- Come take a load off from the heat and stressors of camp – enjoy relaxing techniques, create bath bombs, have your nails painted.

Canoeing- A staff lead class; learn canoeing safety, basic skills, and water games; Use canoes on a lake.



Color Me Calm- If you want to color and sit in air conditioning this is the class for you. Enjoy coloring with friends during this class.

Crafts- Make various crafts during the week to remember camp!



Cupcake Wars- Make a different cupcake each day! Who will make the best?

Fishing- Learn to cast, pick a fishing spot, and catch a fish!



Foods- Learn basic food preparation skills and create your own snack foods.

Friendship Bracelets/Jewelry Making- Consider yourself a ‘Swiftie’? Learn how to make popular bracelets with beads and string.



Handmade Heritage Crafts- Includes leatherworking and more.

High Ropes- A staff-led class, learn rock climb wall safety and skills for climbing; learn zipline safety; climb 40 foot mock rock wall and zipline down on the other side.



CIT Training – Open only to CITs. MANDATORY for CIT class 1 and 2

We will learn more about leadership in preparation to being a future camp counselor.

Jurassic World– Make dinosaur crafts, snack, and much more!



Mad Scientist- Come do some science experiments – explosions, weird ingredients, and messy fun! We might play with drones and robots!

Media- A staff-led class for photography.



Nature- A staff-led class; learn about nature and take hikes on trails around camp.

Outdoor Cooking- Learn to cook outdoors over a campfire.



Recreation- A staff lead class; learn and participate in various games and camp dances.

Riflery- A staff-led class; learn rifle safety, basic skills, and use equipment at range.



Rocketry- Make a different rocket each day!

Shuffleboard/Pickleball- Enjoy playing shuffleboard and pickleball.



Sports- Come enjoy learning and playing some of your favorite sports.

Tie--Dye- Learn different tie-dye techniques by completing a variety of tie-dye products.

Wizarding World- Come learn how to be a wizard! Potions will be made, crafts and many more.



Woodworking- Learn basic woodworking skills and complete a project.

***Classes subject to change depending on available instructors.**



HCP Approval Stamp

Kentucky 4-H Camping 2025 Camp Participant Registration – Camper/Teen

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Fall 2025 School & Grade:	County:	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Shirt Size: (Select One) YS YM YL YXL AS AM AL AXL A2XL A3XL A4XL		Birthdate: ____ / ____ / ____	Age on 1st day of camp?
Participant's Home Address:			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
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Legal Parent/Guardian #1 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Legal Parent/Guardian #2 Full Name:	Email Address: <input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at this email address.		Cell/Home Number:
Emergency Contact Full Name and Cell/Home Number:	Relationship to Participant:	Left Blank For Office Use:	
Physician Name:	Physician Phone Number:		

Buy your participant some camp gear. www.shop4hcamp.com

Is your participant looking for more camp opportunities? www.4hcampevents.com



PARTICIPANT NAME: _____

Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?

- YES
 NO (If marked NO, check with your 4-H Agent for a waiver of liability form.)

Does the participant have health insurance coverage? (Check all boxes that apply.)

- YES (Provide the required information below.)

Insurance Provider: _____ Policy Number/Member ID: _____

Provider's Phone: _____ Group ID (if applicable): _____

- NO (No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.)

- ACTIVE DUTY MILITARY

What is specific information about your camp participant which the staff should be made aware of to provide a better camp experience for the camp participant? Information disclosed in this section may allow us to make accommodations based on their individualized needs. **List all specific items** that the participant is provided at home or school to have a successful experience.

Behavioral (i.e., mental, emotional, physical) Are there any recent circumstances that may lead to your child needing extra support?

Medical/Physical (i.e., asthma, autism, seizures, sleepwalker, sensitivity to lights and sounds, etc.)

Allergies (check the applicable boxes below and describe the allergy and reaction seen)

No known allergies: **Food:** **Medication:** **Seasonal/Environmental:**

Dietary (check the boxes below if applicable)

Vegetarian: **Gluten Intolerant:** **Alpha Gal:** **Does not eat Pork:**

Requests for accommodation or other important details (use additional sheet of paper if needed):

Contact your 4-H Agent with questions about available accommodations.



Kentucky 4-H Camping Code of Conduct and Expectations

1. Campers are not permitted to bring cell phones to camp.
2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
3. Use of tobacco products is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products are to be used in cabins, woods or non-designated areas of camp.
4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
10. Fireworks are not to be used by camp participants at any time.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
17. No camp participant is to be around or on maintenance equipment.
18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.



PARTICIPANT NAME: _____

20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
22. Camp is not responsible for personal property of any camp participant or staff.
23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camp participant must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PARTICIPANT NAME: _____

Kentucky Residential 4-H Camp Essential Standards for Camp Participants

The University of Kentucky is an equal opportunity university. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers, a family friend, relative of the same sex over age 19, or a parent/guardian must accompany the child as a full-time 1:1 caretaker. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) Any person accompanying a camper as a caretaker must successfully complete the Client Protection Process and is expected to follow all camp code of conduct policies for volunteers. To determine whether a caretaker should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand, follow, and respond to oral/written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caretaker is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standards for camp participants policy.

Parent/Guardian Signature: _____ Date: _____



PARTICIPANT NAME: _____

AUTHORIZATIONS/RELEASES

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

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 my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

Yes. I grant permission for media releases. No. I do not grant permission for media releases.

Pick-up Release:

It is my responsibility to arrange to pick up my child/children upon return from camp. There will be no exceptions to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a driver's license or photo ID before the child will be released. **Parents, Guardians, and Emergency Contacts listed on page 1 and 2 are automatically assumed to have pick up authorization.** In addition to the parents/guardians listed on page 1, the following individuals are granted permission to pick up my child:

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

NAME: _____ RELATIONSHIP _____ Phone/Cell# _____

CONSENT TO TREAT:

The health history reported on page one and two are correct and complete to the best of my knowledge. 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 my child. In the event I cannot be reached in an emergency, 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 discussed the Camp Code of Conduct with my participant. We (parent/guardian and participant) 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 allowing my child to participate 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 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 child's participation is purely voluntary, always, and my child will choose his or her 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 hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Fayette County Counselor In Training Information Page

Please print

Applicant's Name: _____

Years at camp: _____ Years in 4-H: _____

E-mail address: _____

Cell Phone: _____

Permission for CIT applicant to receive/send text messages? _____ Yes _____ No

List any 4-H activities (including camp) that you have been involved in over the past year.

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

Counselor in Training Volunteer Agreement

By signing this document, I understand that, if I am new to 4-H summer camp, I will be expected to attend the camp orientation. I also agree to abide by the University of Kentucky's 4-H Counselor Responsibilities (enclosed in this application packet). I understand I could be dismissed from camp and not allowed to return in the future for inappropriate behavior.

CIT Signature

Date

Parent/Guardian Signature

Date

**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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Disabilities
accommodated
with prior notification.

Fayette County 4-H Camp Counselor In Training Statement of Understanding

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

1. In the event that my availability changes, I will immediately notify the 4-H Agent responsible for my week of camp.
2. I am required to attend one of the camper orientations listed below.

Camper Orientation: June 17th at 4:00pm OR 5:45pm
June 23rd at 4:00pm OR 5:45pm

After being accepted as a CIT, you will need to select one date/time to attend. Orientation will be held at the Fayette County Extension Office, 1140 Harry Sykes Way, Lexington.

3. At camp, I am required to attend 4 classes per day, including the CIT Leadership class, just as a camper would.

Counselor In Training Signature

Date

Applicant Parent/Guardian Signature

Date

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1140 Harry Sykes Way
Lexington, KY 40504-1383
(859) 257-5582
Fax: (859) 254-3697
<http://fayette.ca.uky.edu/>

Fayette County 4-H Camp Procedures

Notification of Changes

If there are changes in the camp schedule to alter camp pickup time and/or location, parents/guardians will be notified by the best possible form of communication indicated on your camper's paperwork. This could include one or more of the following methods: telephone, text, email or media. It is your responsibility to have someone at the site to pick up your child at the new time/location.

Injury or Illness

If your child is injured at camp and the Camp Health Care Provider (HCP) decides that your child needs to receive medical treatment off-site, parent/guardian and/or emergency contact will be notified by the County Extension Agent or by County Extension Office personnel.

If your child becomes ill while at camp, the County Extension Agent or County Extension Office personnel will notify parent/guardian and/or emergency contact to come to camp to pick up the child to prevent the spread of illness to other campers.

Please make sure that you have listed numerous methods by which you can be contacted in case of emergency.

Emergency Situations

If an emergency situation arises at camp that involves your child, parent/guardian will be notified by County Extension Office personnel or the County Extension Agent using one of the following forms of communication: email, personal telephone call, or text, at a time deemed appropriate and safe by County Extension personnel.

Disciplinary Procedures of Youth at 4-H Camp

Only County Extension Agents/Program Assistants and Adult Camp Counselors can enforce disciplinary action at 4-H Camp. Adult Counselors and County Extension Program Assistants must inform the County Extension Agent if disciplinary action is necessary prior to taking action. Only the County Extension Agent has the right to change the discipline steps if a problem is continuous or if endangerment of camp participants or others is possible.

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Lexington, KY 40506



Disabilities
accommodated
with prior notification.

Camper Rules & Expectations are to be followed at all times by all Fayette County Campers. The steps in dealing with inappropriate behavior are as follows:

- First Problem – warning of rules and expectations violation
- Second Problem – loss of activities (e.g., swim or dance time)
- Third Problem – Parent/guardian contact by County Extension Agent to IMMEDIATELY pick-up their camper

Some violations will result in **immediate departure** from 4-H Camp. Please read and understand the ***Kentucky 4-H Camping Code of Conduct and Expectations***. This may include: out of cabin after lights out without adult permission; fighting; possession or use of alcohol or drugs; endangerment of camp participants or others; flagrant violation of any of the camp rules. **This applies to youth campers.**

If a camper is sent home for any reason, it will be at the parent/guardian's time/expense, and there will not be a refund for the camp fee.

Camper Name: _____
(Please Print)

Camper Signature

Date

Parent/Guardian Signature

Date

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 their 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	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





Living Together Peacefully

Camper Pledge

This week, I will do my part to make 4-H camp a peaceful time by:

- Working with others to get the job done.
- Being respectful of the adults in charge.
- Listening and trying to understand what others say.
- Using good manners to act in a polite and respectful way.
- Thinking before I talk or act.
- Caring about others.
- Showing that I understand how other people feel.
- Doing things to help others.
- Talking to someone and getting help if something is bothering me.
- Getting enough sleep so that I will feel good and do well in my activities.
- Being honest about what I say and do.
- Keeping my cabin and the camp grounds clean.
- Not calling names, threatening, picking on, blaming others, fighting or cussing.
- Using only those things which belong to me unless I have been given permission to use someone else's property.

Parent Signature

Camper Signature

VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Youth Development Program
Kentucky Cooperative Extension Service
The University of Kentucky College of Agriculture

POSITION TITLE:

Camp Teen Counselor

TIME REQUIRED / DURATION OF APPOINTMENT

- 3-5 days 1 time a year
- May - August
- 24 hours of education and orientation prior to camp

LOCATION:

Extension office and camp facility.

GENERAL PURPOSE:

Help supervise 12-16 youth, ages 9-13, in a camping facility. 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
- Counsel homesick campers
- Be responsible for the health, safety and happiness of each camper in their cabin
- Participate in implementing the camp's program
- Report any problems to your adult counselor or Dean of Men/Women
- Assist class instructors where needed in teaching or in managing campers' behavior
- Assist adult counselors, permanent staff and agents, upon request, with special activities such as quiet time, flag raising/lowering, etc.
- A willingness to become familiar and work with the philosophy, guidelines and rules of the University of Kentucky CES, Kentucky 4-H Youth Development Program and the county 4-H program

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 15 years or older at time of camp (Counselors in training must be 14 years old)
- Ability to get along with others
- Willingness to follow rules

BENEFITS:

- The opportunity to work with youth and/or adults providing positive support and growth experience.
- Receive intrinsic and extrinsic rewards at volunteer recognition events.
- Volunteer development opportunities.
- Opportunity to share your skills, talents, and interest.
- 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:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

“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

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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.



Fayette County 4-H Camp Counselor In Training (CIT) Recommendation Form

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

Name of Applicant: _____

I am interested in being a Counselor In Training at 4-H Camp this summer. The Fayette County Extension Agents for 4-H Youth Development would like your input about my qualifications to fulfill the responsibilities of a Counselor In Training. A separate sheet can be use if more space is needed.

Please return completed form to Manda Clark at the address listed below by **June 4, 2025**.

Thank you.

Manda Clark

Fayette County Cooperative Extension; 1140 Harry Sykes Way; Lexington, KY 40504

How would you rate the applicant listed above?

	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 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 Counselor In Training? (Please be specific)

Additional comments (please use a separate sheet if needed):

How do you know the applicant? _____

How long have you known the applicant? _____

Printed name

Signature

Date

Email: _____

Phone #: _____

