



Virginia Cooperative Extension
Virginia Tech • Virginia State University
www.ext.vt.edu



Name: _____

County or City: _____

Application for 4-H Camp Teen Counselors



**This application is due by 5:00pm (EST) on
Friday, January 11, 2019**

Return to your local Extension office, Attn: 4-H Camp Counselor Application

VCE - Alexandria

1108 Jefferson Street
Alexandria, VA 22314

VCE – Arlington

3308 S. Stafford St.
Arlington, VA 22206

VCE - Fairfax

12011 Government Ctr Pkwy,
Suite 1050
Fairfax, VA 22035

Important Information

Camp Dates: June 30 - July 4, 2019

***ATTENTION ADULTS!** - We are always looking for Adult Volunteers to attend camp as chaperones. Adults camp for free and many employers offer up to 2 days of community service leave that you can take advantage of to come to camp. We prefer if volunteers can commit to the whole week of camp, but we may be able to also work out some short-term volunteer arrangements. Camp cannot occur without the help of volunteers. If you are interested in becoming an adult volunteer please contact your extension agent.

***Camp Transportation -**

Counselors must provide their own transportation to the 4-H Center on Sunday, June 30.

We provide transportation from the 4-H center back to a central pick-up location in the Fairfax/Arlington/Alexandria area on Thursday, July 4. Counselors are required to ride the bus back from camp, so you will need to be dropped off on Sunday, June 30.

Teens cannot drive themselves to/from camp.

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Jewel E. Hairston, Administrator, 1890 Extension Program, Virginia State, Petersburg.

4-H Camp Counselor Application

___ I am applying to be a Camp Counselor at Junior 4-H Camp (will turn 14 or older by January 1, 2019)

Name _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Age (On 1/1/19) _____ Male Female

Race _____ Ethnicity: Hispanic Not Hispanic

Teen Email Address: _____

Teen Cell Phone Number _____

School Name: _____

Have you served as a Counselor at 4-H Camp? If yes, how long and where? _____

T-Shirt Size: Small Medium Large X-Large XX-Large

(All are adult sizes!)

Parent/Guardians' Names _____

Parent/Guardian's Day Time Phone Numbers _____

Parent/Guardian Email: _____

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4-H Experience (outside of camping)

Give a brief background of your 4-H experiences, especially leadership roles you have held.
(Do not include camp experience in this section.)

Summer Camp Experience (4-H or Other)

(List any overnight camps you have attended. Also list any leadership roles you held at any of these camps.)

| Name of Camp | Leadership Experience | Calendar Year |
|--------------|-----------------------|---------------|
| | | |
| | | |
| | | |

What experiences do you have working with and/or providing leadership for children age 9 to 13?

Would you like to be considered for a leadership position? (Keeper of the Fire, Great Bear, Pack Leader, etc.) Yes No

If yes, tell us why and list your qualifications:

Essay

Attach a sheet describing in at least 100 words why you would make a good counselor for the Fairfax, Arlington, and Alexandria 4-H Junior Camp cluster.

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References

List three (3) references other than family members (people who know you well and can attest to your character and to your ability to work with and supervise youth.) Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H leaders, employers, and/or guidance counselors.

| Name | E-mail | Relationship (teacher, coach, other) |
|------|--------|---|
| | | |
| | | |
| | | |

Have you ever been convicted of a crime? Yes No (If yes, describe.)

Have you ever been suspended from school? Yes No (If yes, describe.)

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Agreement/Consent

- I have read and understand the Volunteer 4-H Camp Teen Counselor Contract. I understand that all teen applicants must successfully complete a screening, selection, and training process before being allowed to attend 4-H Camp as a Teen Counselor. This process includes (a) submission of a completed application, (b) reference checks (3 references), (c) participation in a face-to-face or phone interview, (d) completion of at least two training sessions or approved make-up options, and (e) passing the 4-H Camping Assessment before serving as a volunteer staff member at 4-H Camp.
- If selected as a 4-H Camp Teen Counselor, I will uphold the camp rules and procedures and abide by the 4-H Code of Conduct and Standards of Behavior for Virginia 4-H Volunteers during the entire camp week. I will conduct myself as a responsible young adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. I also understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to Virginia Cooperative Extension.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. Virginia Cooperative Extension is an equal opportunity/affirmative action employer.

| | | |
|------------------------------|---------------------------|-------|
| _____ | _____ | _____ |
| Printed Teen Name | Teen Signature | Date |
| _____ | _____ | _____ |
| Printed Parent/Guardian Name | Parent/Guardian Signature | Date |

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Volunteer 4-H Camp Teen Counselor Contract

I realize we are going to be working together, sometimes in groups, sometimes in pairs, and eventually as a team. It is important that I understand what is expected of me as a team member by the camp director, the other adult camp staff, the 4-H camp staff, the other staff counselors, and most importantly the campers and their parents.

I fully understand and agree to conduct myself in accordance to the following terms of this contract. I understand violation of any one combination of these terms may result in my immediate dismissal as 4-H camp counselor. I will:

1. **Make safety a TOP PRIORITY.** Wherever I am and whatever I am doing, I will take action if I see or hear unsafe actions being planned or carried out.
2. Set a good example by never using profanity or telling off-color jokes or stories.
3. Never have in my possession or use tobacco, alcohol, illegal drugs, firearms, or fireworks while traveling to or from or participating in 4-H camp.
4. Dress appropriately, meaning I will be conscious of the words and images on my clothing and as my general appearance (tank tops should have one-inch wide straps, no baggy pants or short-shorts). If I am dressed inappropriately, I realize I may be asked to change into more appropriate clothing.
5. Not bring valuable personal property to camp. I understand that this includes, but is not limited to the following: expensive watches, cameras, jewelry, cellular phones, laptops, electronic games, walkie-talkies, musical instruments, sports equipment, I-Pods (mp3 players), etc. If these items are discovered they will be confiscated by the Camp Director and will not be returned to me until I am placed in my parent or guardian's care at the conclusion of 4-H camp.
6. Be physically on time and where I am supposed to be during that designated time (i.e., at meals, in my room, at my class site, at the camp activity) and following through on my responsibilities. If for some emergency I cannot be in a designated location, I will inform the camp director, an extension agent, adult volunteer leader, or 4-H camp summer staff member.
7. Discuss the camp rules with all my room campers, set the example and enforce those rules.
8. Conduct my dining hall responsibilities, during meals, and during clean-up in accordance with policies and procedures as set forth in training meetings.
9. Will not delegate my responsibilities to the CIT's, but make every effort to involve them in experimenting with leadership roles encouraging, supporting, and guiding them in their efforts.
10. Conduct myself in a mature manner and will avoid any public displays of affection during counselor training programs, activities, or camp itself.
11. Remain in my lodge and my assigned room with the campers from lights out until breakfast.

By signing below, I acknowledge that I understand and agree to assume my responsibilities as counselor. I understand that I may be required to call my parents/guardian or person designated on my health form if I do not conduct myself in a mature manner and/or do not abide by the above rules and regulations.

Prospective 4-H Teen Camp Counselor

Date

Parent Signature

Date

Extension Agent, 4-H Youth Development

Date

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Save these Dates!

Important Dates for 4-H Camp Counselors

- | | |
|-------------------------------|--|
| January 11, 2019 | <p>Counselor Applications Due Submit payment and application to your local Extension office. After this date, <i>Counselor fee increases to \$150.</i></p> |
| April 5-6, 2019 | <p>Camp Counselor Lock-In & Interviews Mandatory for All Counselors! <i>Charles Houston Community Recreation Center 901 Wythe St, Alexandria, VA 22314</i></p> |
| May 4, 2019 | <p>Camp Counselor Training, 10am – 2pm Mandatory for All Counselors! <i>Fairlington Community Center 3308 S. Stafford St. Arlington VA 22206</i></p> |
| June 8, 2019 | <p>Camp Orientation & Counselor Training, 10am – 2pm Mandatory for All Counselors! <i>Fairfax Government Complex, Pennino Building 12011 Government Center Pkwy, Fairfax, VA</i></p> |
| June 30 – July 4, 2019 | <p>4-H Junior Camp Northern Virginia 4-H Educational Center, Front Royal, VA</p> |

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Volunteer 4-H Camp Teen Counselor Application Checklist

Did you...

Complete and sign the following documents for your application?

- Health History Form (**including media release & tetanus shot date?**)
- Volunteer Standards of Behavior
- Volunteer 4-H Camp Teen Counselor Contract
- 4-H Camp Teen Counselor Application
- 100 word essay

If submitted by 5:00 PM January 11, 2019: Include a payment of **\$50** for your 4-H counselor training and camp fee.

If submitted after 5:00 PM January 11, 2019: Include a payment of **\$150** for your 4-H counselor training and camp fee.

If serving as a teen counselor causes you a financial hardship, a limited number of scholarships are available and are strictly confidential. Please call 703-228-6404.

REFUND POLICY

- If you paid before January 11, 2019, your \$50 is nonrefundable as that income was used to pay for required trainings.
- If you paid AFTER January 11, 2019, \$85 of your payment is nonrefundable as that income was used to pay for required trainings.
- Refunds will be honored until March 29, 2019. After that no refunds may be processed.
- Payment can be made by Checks or Destiny One (see attached payment instructions)
- Please make checks payable to *"The Treasurer of Virginia Tech"*.

➔ Mail or deliver all materials to your local extension office by **5:00 p.m. on Friday, January 11, 2019.**

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INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: _____

Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____ Female: Male:
Last First (Underline name by which you like to be called) Middle

Mailing address: _____ Participant cell phone: (_____) _____

City: _____ State: _____ ZIP: _____ Home phone: (_____) _____

Age: _____ Birthdate: _____ Home email: _____

Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino

Race (choose all that apply): American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: _____ First parent/guardian email: _____

First parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Second parent/guardian name: _____ Second parent/guardian email: _____

Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____

Who has primary custody of the participant? _____

Address, if different than child: _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____

Phone: (_____) _____

Dentist/orthodontist name: _____

Phone: (_____) _____

Do you carry family medical / hospital insurance?: Yes No

Carrier: _____ (Check one)

Policy ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: _____

Phone: (_____) _____

Cell phone: (_____) _____

2. If you **Cannot** be reached, who should be notified?

Name: _____

Home phone: (_____) _____

Work phone: (_____) _____

Cell phone: (_____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

Yes No

PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?
 [Check (✓) all that apply]

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Non-food allergies | <input type="checkbox"/> Other: _____ |

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

- YES NO If YES, *please explain:* _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

- YES NO If YES, *please explain:* _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

- I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
- I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME:

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME:

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? YES NO **Date of most recent tetanus shot:** (month/year) _____/_____/_____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____, _____, _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____



Standards of Behavior for Virginia 4-H Volunteers

Trustworthiness, respect, responsibility, fairness, caring, and citizenship are the six core ethical values which the CHARACTER COUNTS! program calls the "Six Pillars of Character." These values reflect those of the Virginia 4-H program and each 4-H member, volunteer, and staff member should strive to practice these values. The following standards for 4-H volunteers identify how these values will be reflected in volunteer performance. These standards help to ensure the safety and well-being of all 4-H participants and the integrity of the 4-H program.

- I will teach, enforce, advocate, and model the Six Pillars of Character, which are trustworthiness, respect, responsibility, fairness, caring, and citizenship.
- I will represent the Virginia 4-H program by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- I will dress in a manner that is appropriate for a given 4-H program/event in accordance with that program/event's dress code.
- I will support and promote the Virginia 4-H mission, "*To develop youth and adults working with those youth to realize their full potential – becoming effective, contributing citizens through participation in research-based, non-formal, hands-on educational experiences.*"
- I will actively participate in, and complete, Virginia 4-H program orientation and training that prepares me to satisfactorily accomplish the tasks for which I have volunteered.
- I will abide by all applicable laws and Virginia 4-H program policies, guidelines, and procedures. This includes, but is not limited to those regarding, child abuse, risk management, above suspicion, substance abuse, and limits of authority.
- I will accept supervision and support from salaried 4-H Extension staff or designated management volunteers and understand that I work under the guidance, supervision, and leadership of the Extension staff in charge.
- I will handle 4-H funds and engage in 4-H fundraising (when applicable) in an ethical manner.
- I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
- I will not use (or allow others to use) alcohol or illegal drugs at any 4-H program or event. I understand that tobacco products can only be used in approved areas at approved times during approved events if I am of legal age. I understand the Virginia 4-H Search and Seizure policy regarding alcohol, drugs, or weapons.
- I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license in accordance with Virginia Tech and Virginia 4-H policies. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by properly operating seat belts when applicable.
- I will conduct myself in a manner that is in the best interest of youth and the Virginia 4-H program and will not use the volunteer position for purposes of private or personal gain.
- When applicable to my 4-H responsibilities, I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology in an appropriate manner in accordance with 4-H, Virginia Cooperative Extension, and Virginia Tech policies.
- I will complete all necessary paperwork in a timely manner.

I understand that these standards represent a contractual agreement between volunteers and the Virginia 4-H program (of Virginia Cooperative Extension and Virginia Tech). My signature below indicates that I have read, understand, and agree to abide by these standards for volunteers. I understand that immediate suspension or termination of my position as a volunteer could result if I do not meet these standards.

VOLUNTEER (Print)

VOLUNTEER SIGNATURE

DATE

EXTENSION SUPERVISOR (Print)

SUPERVISOR SIGNATURE

DATE

PARENT/GUARDIAN (Print)

PARENT/GUARDIAN SIGNATURE

DATE

(NOTE: This line must be signed for volunteers under 18 years old.)



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Produced by Agriculture and Extension Communications, Virginia Tech

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VT/0305/W/426109





Virginia Cooperative Extension

REVISED 2009

PUBLICATION 388-036

* 18 U.S.C. 707

4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- ✓ Youth under 18 years old **will not be allowed** to keep ANY medicines with them.
- ✓ All medications submitted at the 4-H event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**.
- ✓ Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**.
- ✓ Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____ **Date:** _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

| Medication Name (include any special instructions) | As Needed | Break-fast | Lunch | Dinner | Bedtime |
|---|-----------|------------|-------|--------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: _____ **Date:** _____

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Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University

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VIRGINIA STATE UNIVERSITY



RESOURCE 19: Special Dietary Needs Form

Special Dietary Needs Form

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Please complete this form and send it to your 4-H center (Attention: Program Director and Food Service Manager/Director) no less than 2 weeks prior to your 4-H camp.

NAME: _____

UNIT (County/City): _____

CHECK ONE:

- Camper (5-13 years old) Counselor-in-training (13-14 years old)
 Teen Counselor (14-18 years old) Adult volunteer or Extension faculty/staff

In the space below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered: