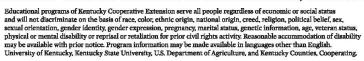


| Daviess Cour                     | ty 4-H Camp Adult Counselor Application Checklist  Eligible: Screened & Approved Adult Volunteers |
|----------------------------------|---|
| lease return this checklist with | your application packet.  |
| 2025 Sum                         | nmer 4-H Camp Adult Registration Form   |
| Complete                         | d Volunteer Application Packet (new volunteers only)  |
|                                  | Application Received:   |
|                                  |   |
|                                  |   |
|                                  | FINAL DEADLINE: May 7,202   |
|                                  | FOR OFFICE USE ONLY:  |
|                                  |   |
|                                  | FOR OFFICE USE ONLY:  Completed Volunteer Application Packet: YES NO                              |

#### Cooperative **Extension Service**



MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT





Lexington, KY 40506







#### **HCP Approval Stamp**

## **Kentucky 4-H Camping 2025**

Camp Participant Registration – Adult

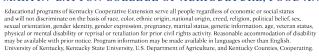
| - Volunteer  |                              |   |  |
|--|------------------------------|---|--|
| Last Name:   | Legal First Name:            | Middle Name:  | Preferred Name:  |
| Attended camp before?  Yes - # years:  No                            | Biological Sex:  Male Female | Cell Phone Number:  | Date of Birth:   |
| Shirt Size: (Select One) AS AM AL AXL A2XL                           |                              | Email Address:  | County:  |
| Participant's Home Address:  |                              | 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:  White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic |
| Emergency Contact Name:  | Relationship to Participant: |   | Cell/Home Phone:   |
| Are there any specific behaviors, of to provide a better camp exper  |                              | ecommodations, or information   | on which the staff should be made aware  |
| <b>Does the participant have healt</b> YES (Provide the required inj |                              | all boxes that apply)   |  |
| Insurance Provider:  | Policy                       | Number/Member ID:   |  |
| Provider's Phone:  | Group                        | ID (if applicable):   |  |
| □ NO □ ACTIVE DUTY MILITARY  |                              |   |  |

Cooperative **Extension Service** 

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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

Lexington, KY 40506









| 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, bu

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: | <br>Date: |
|------------------------|-----------|

Are you looking to buy some camp gear? www.shop4hcamp.com

Are you looking for more volunteer opportunities? www.4hcampevents.com

Cooperative Extension Service

rative MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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









# 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:

Unsalaried; 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 |



## 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 r | ny child may cause to camp property. |
|--|--------------------------------------|
|  |                                      |
|  |                                      |
| Parent/Guardian Signature  |                                      |



Community and Economic Development