

Name: \_\_\_\_\_ Date Received in Extension Office: \_\_\_\_\_

Mail: \_\_\_\_\_ Person: \_\_\_\_\_



# 2019 Application for Volunteer 4-H Camp Teen Counselor/CIT -Virginia Beach -

This application is due by January 31, 2019.

**MUST BE 14 YEARS OLD  
AS OF  
JANUARY 1, 2019  
TO APPLY FOR  
4-H COUNSELOR/CIT POSITION**

Send to: Virginia Beach Extension Office (4-H)  
Bldg. 14, Room 216, Municipal Center  
2449 Princess Anne Road  
Virginia Beach, VA 23456



**Virginia Cooperative Extension**

Virginia Tech • Virginia State University  
[www.ext.vt.edu](http://www.ext.vt.edu)



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If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in a 4-H activity, please contact the Virginia Beach Extension Office at (757) 385-4769 during business hours of 8:00 a.m. and 5:00 p.m. to discuss accommodations 5 days prior to the event.

\*TDD number is (800) 828-1120.

# 4-H Camp Teen Counselor – Counselor-in-Training (CIT) Job Description

A. Be the leaders in developing a wholesome camp spirit:

- Be friendly to everyone.
- Learn and use first names.
- Set a good example.
- Help the campers feel at home.
- Encourage campers to participate in all activities, to take care of equipment and 4-H Center property, etc.
- Respect the camper's right to have ideas.
- Bring out the hidden talents of campers.
- Go over the camp schedule with campers as often as necessary.
- Carry out instructions of camp director(s) or program leader.
- Preside at meals.
  - Inform campers of procedures used in meal service and clearing of tables.
  - Lead and direct table conversation.
- Give special attention to
  - Seeing that no one is left out.
  - Encouraging good eating habits.
  - Checking on illnesses or injuries and, if necessary, reporting them to the 4-H Center nurse/EMT.
  - Getting campers to various locations on time.
  - Promoting safety at all times.
  - Getting quiet after "lights out".
  - Encouraging every camper to be considerate of his fellow campers as well as staff.
  - Maintaining necessary discipline by helping campers understand the limits prescribed for group living situations.
- Promote the six Pillars of Character...trustworthiness, respect, responsibility, fairness, caring, and citizenship.

B. Serve as a class assistant or helper and/or teach a class.

C. Assist with a group of campers (sometimes called by another name such as "pack").

D. Assist with other duties as assigned (ex: pool spotter, program set-up, etc.)

E. Help with recreation, evening programs, and campfire activities.

F. Help to evaluate camp on the basis of the camp objectives.

G. Be responsible to the Camp Director(s) or the person he/she designates.

**4-H Camp Teen Counselor  
Application**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Race: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardians' Names \_\_\_\_\_

Parents/Guardians' Day Time Phone Numbers: \_\_\_\_\_

School Name & Grade \_\_\_\_\_

Have you served as a Counselor-in-Training at 4-H Camp? If yes, when and where?

\_\_\_\_\_

**4-H Experience (not camping)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4-H Camp Experience**

(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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







Date \_\_\_\_\_

1. Name \_\_\_\_\_  
LAST FIRST MI

2. Mailing Address \_\_\_\_\_  
RFD AND BOX NUMBER OR STREET NAME AND NUMBER

\_\_\_\_\_  
CITY OR TOWN STATE ZIP

3. Home Phone (\_\_\_\_\_) \_\_\_\_\_ 4. Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

5. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

6. Racial Groups (check all that apply)

7. Residence (check one)

8. Gender (check one)

- Male  
 Female

- White  
 Black or African American  
 American Indian or Alaskan Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

- Farm  
 Rural Non-farm or town less than 10,000  
 Town/City 10,000 to 50,000  
 Suburb  
 City over 50,000

9. Hispanic Ethnicity (check one)  Hispanic or Latino  Not Hispanic or Latino

10. Grade in school \_\_\_\_\_ 11. Name of School \_\_\_\_\_

12. Years in 4-H, Counting this year \_\_\_\_\_ 13. Member email (if available) \_\_\_\_\_

Parent email (if available) \_\_\_\_\_

Social Media Preference \_\_\_\_\_

14. Parent/Guardian Name \_\_\_\_\_

*Virginia Cooperative Extension periodically uses photographs or video or audio footage or testimonials of 4-H members for local, regional, or state publicity or educational purposes. By my signature below I give permission for Virginia Cooperative Extension to use such reproductions for educational and publicity purposes.*

*I understand that some of the above information is considered private. This information will be used for programming purposes and given to people responsible for each program.*

Signature of Parent/Guardian\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Add, if appropriate, the name, address, and telephone number of second parent, if not residing at address above.

Signature of Youth \_\_\_\_\_ Date: \_\_\_\_\_

Check box if you decline permission for photos to be taken.

15. Projects to be Conducted (see list on back)

CODE	PROJECT NAME
80001	4-H Junior Camp
_____	_____
_____	_____
_____	_____

16. Teen Leader?  Yes  No

17. Office held this year (check one)

- President  Treasurer  
 Vice President  Reporter  
 Secretary  Recreation Leader  
 Other \_\_\_\_\_

18. Name of 4-H Club(s) or Group(s) \_\_\_\_\_

19. All Star?  Yes  No 20. Member of an after-school club?  Yes  No

21. Parent(s)/guardian(s) in the military?  Yes  No 22. Branch? \_\_\_\_\_ 23.  Active  Reserve

24. Member of a military club?  Yes  No



UNIT: \_\_\_\_\_ 4-H YEAR: \_\_\_\_\_

## VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

### Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

### Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

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Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University, 2013

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VT/0613/4H-164NP

11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

**Consequences**

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

**Signature(s)** (Both signatures are required for participants under 18 years old.)

*I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.*

\_\_\_\_\_   
 Participant Printed Name

\_\_\_\_\_   
 Participant Signature

\_\_\_\_\_   
 Date

*I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this "Code of Conduct" may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.*

\_\_\_\_\_   
 Parent/Guardian's Printed Name (for participant under 18 years old)

\_\_\_\_\_   
 Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_   
 Date





**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:

MAILING ADDRESS: \_\_\_\_\_ PARTICIPANT CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_  
RACE: (Optional) WHITE  HISPANIC  BLACK  AMERICAN INDIAN  ASIAN  MULTICULTURAL

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

FATHER'S NAME (OR GUARDIAN): \_\_\_\_\_ FATHER'S EMAIL: \_\_\_\_\_

FATHER'S PHONE DAYTIME: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

MOTHER'S NAME (OR GUARDIAN): \_\_\_\_\_ MOTHER'S EMAIL: \_\_\_\_\_

MOTHER'S 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 (CAL S) 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.)**

## 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:** \_\_\_\_\_

**AIRFIELD 4-H CENTER**

**VOLUNTARY DISCLOSURE STATEMENT**

I, \_\_\_\_\_, attest that I have not been convicted of any crimes against  
Name (print)

children. These crimes may be, although are not limited to, the following:

- Sexual harassment
- Child molestation
- Physical abuse

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if staff member/volunteer is under the age of 18)

\_\_\_\_\_  
Date

**Virginia Beach Cooperative Extension  
4-H Youth Summer Camping Program  
DRESS CODE POLICY**

Virginia Beach 4-H Youth Camp has a dress code policy. This policy is in place to promote an appropriate and safe camping environment for all involved, including campers, counselors in training (CITs) and camp counselors. The dress code policy will be strictly enforced and we ask that all campers, CIT's and camp counselors adhere to this policy. Campers, CIT's and camp counselors who do not adhere to camp dress code policy they will be asked to make changes to meet the code and/or change clothes immediately. If they do not have anything to change into, then an alternative set of clothes will be given to them to wear and must be turned back in after camp.

- Camp nametags must be worn at all times.
- Clothing should not contain inappropriate language, art, or advertisements (i.e., beer, cigarettes, etc.)
- No spaghetti string, tube, or halter-tops. No revealing or sexually suggestive attire. Appropriate undergarments must be worn and not visible. Tank tops are allowed if the cut is not revealing (i.e. nothing that exposes the belly button), and if the strap is at least **one inch wide** at the smallest part.
- Pants, shorts, skirts, and dresses are not to be excessively tight fitting. The length of shorts, skirts, and dresses...use the **six-inch rule** as a guide, no short shorts.
- Closed toe shoes are **REQUIRED** to participate in all activities. For safety purposes, open-toed shoes are not permitted except for when going to and from the pool.
- Body piercing will be limited to the ear. For safety reasons, hoops and dangling earrings should not be worn while at camp. Additional piercing must be removed or covered during camp. ***(If inappropriate piercings are visible, tape will be provided to cover them up.)***
- Body art will be given the same discretion as wearing apparel and must be covered if inappropriate or offensive.

The refusal to adhere to this policy or the use of the clothing alternatives will result in the camper, CIT or camp counselor being sent home at the parent/guardian's expense.

My signature below indicates that I have read, understood, and agree to abide by the dress code policy while attending training and/or camp with Virginia Beach 4-H Youth Summer Camping Program.

\_\_\_\_\_  
Camper's Name (print)

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camp Counselor/CIT Name (print)

\_\_\_\_\_  
Camp Counselor/CIT Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Virginia Beach Cooperative Extension  
4-H Youth Summer Camping Program**

**CELL PHONE/ ELECTRONICS POLICY**

Virginia Beach 4-H Youth Camp has a no cell phone/electronics policy. This policy is in place to promote a safe environment and enhance the camp experience for all involved, including campers, counselors in training (CITs) and camp counselors. The cell phone/electronic policy will be strictly enforced and we ask that all campers, CIT's and camp counselors adhere to this policy. Campers, CIT's and camp counselors who do not adhere to camp cell phone policies will have their cell phones confiscated until camp checkout on Friday afternoon at the 4-H Office.

This policy also helps to ensure that the appropriate forms of communication are followed at camp when conveying events, emergencies and other information and to prevent campers and camp counselors from having access to and/or being exposed to inappropriate material.

**The cell phone/electronic policy list includes but is not limited to:** cell phones, Blackberrys, PDA's, iPADS, IPODS, laptops, or any device that can connect to the internet to is prohibited at camp. **DO NOT BRING** these devices to camp.

**Camp Counselors/CIT's** will be asked to turn in cell phones and/or other electronic devices that can connect to the internet prior to boarding the bus to training and camp. Refusing to turn in the device will result in the Camp counselor/CIT being sent home at the expense of their parent/guardian.

My signature below indicates that I have read, understood, and agree to abide by the cell phone/electronics policy, while attending training and/or camp with Virginia Beach 4-H Youth Summer Camping Program.

\_\_\_\_\_   
Camper's Name (print)

\_\_\_\_\_   
Camper's Signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Camp Counselor/CIT Name (print)

\_\_\_\_\_   
Camp Counselor/CIT Signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Parent/Guardian Name (print)

\_\_\_\_\_   
Parent/Guardian Signature

\_\_\_\_\_   
Date

**Please retain this sheet for your records.**

**\*\*These trainings are considered *MANDATORY*, so please mark your calendars early!!\*\***

The Counselor/Counselor In-Training (CIT) training dates for this year are listed below. All trainings, unless otherwise stated are at the 4-H Office – Virginia Beach Municipal Center, Building #14. A minimum of 24 training hours must be completed, which the combination of these training dates provides. Your attendance is expected at all trainings. If you are unable to attend a training, due to extenuating circumstances (i.e. death in family or illness), please call the 4-H Office at **385-8153** as soon as possible to let us know.

**Training Dates:**

**Wednesday, February 20, 2019 – 6 – 9 pm**

**Wednesday, March 20, 2019 – 6 – 9 pm**

**Wednesday, April 10, 2019 – 6 – 9 pm**

**Saturday & Sunday, April 27-28, 2019 – Training Weekend at Airfield 4-H Center – \$100**

**Interviews – May 14, 15 and 16, 2019 at the 4-H Office – 6 - 9 pm**  
**\*\*You will schedule your interview date at the April training. \*\***

**Wednesday, June 19, 2019 - 6 – 9 pm**

**Wednesday, July 17, 2019 - 6 – 9 pm**

**4-H Camp – July 29-August 2, 2019 – \$50**