

Sonoma County 4-H Camp 2010 Staff Application

DUE DATE: October 30

**(You must have a complete application on file to
attend Staff Training Weekend on November 7&8)**

\$100.00 4-H Club Members
(Must be currently enrolled)

\$114.00 Non-4-H members
(Covers accident and illness
insurance and membership)

Choose One: **CAMP I** _____ **CAMP II** _____ **Either** _____
Monday, June 28 to Saturday, July 3 Sunday, July 4 to Friday, July 9

Name _____ T-shirt size _____

Address _____
Street City Zip

Phone _____ Cell _____ E-mail _____

School _____ Current Grade _____

Age as of January 1, 2010 _____ Years of Camp Experience _____ Years of Staff Experience _____

Previous Camp Staff Positions _____

Name of 4-H Club (if currently enrolled for 2009-10 club year) _____

Staffers will not be allowed to drive to camp. Bus transportation will be available from two locations: The 4-H Center in Rohnert Park and the 4-H Office on Aviation Blvd. in Santa Rosa.

PARENT'S PERMISSION: please print name _____

Signature _____

REQUIREMENTS:

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Your name will not be added to the camp list until you submit

A COMPLETE APPLICATION PACKET which includes:

- 2010 Staff Application completed on both sides and signed by a parent.
- A check for the full camp fee.
- Your photograph attached to the application.
- A signed Medical Treatment Form
- A signed Over The Counter Medication Release Form
- A signed copy of the Camp Rules
- ★ A completed 4-H Enrollment Packet for all Staffers not enrolled in a 4-H Community Club for the 2009-10 club year.

Mail or bring applications to:
4-H Camp, C/O 4-H Office
133 Aviation Blvd. Suite 109
Santa Rosa CA 95403

APPLICATIONS BROUGHT TO CAMP MEETINGS WILL NOT BE ACCEPTED.

Attach Photo
Here

Page Two →

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____	_____	Sonoma County 4-H Camp
First Name	Last Name	Club/Unit Name
_____		_____ to Jul 10, 2010
Sonoma, CA		Dates (From / To)
County and State		

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

_____	_____
Name	Relationship to Youth Identified Above
(_____) _____	(_____) _____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)

Mailing Address	City State Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

_____	_____
Signature of Parent/Guardian	Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

_____	_____
Signature of Parent/Guardian	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Health History Information

_____	Sonoma	____/____/____
First Name	Last Name	County Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds	<input type="radio"/>	<input type="radio"/>	Heart Trouble	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>
Fainting Spells	<input type="radio"/>	<input type="radio"/>	Lung Trouble	<input type="radio"/>	<input type="radio"/>
Bronchitis	<input type="radio"/>	<input type="radio"/>	Sinus Trouble	<input type="radio"/>	<input type="radio"/>
Convulsions	<input type="radio"/>	<input type="radio"/>	Hernia (rupture)	<input type="radio"/>	<input type="radio"/>
Cramps	<input type="radio"/>	<input type="radio"/>	Appendicitis	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	Has appendix been removed?	<input type="radio"/>	<input type="radio"/>
Wear corrective lenses?	<input type="radio"/>	<input type="radio"/>	Do you walk in your sleep?	<input type="radio"/>	<input type="radio"/>
Is hearing good?	<input type="radio"/>	<input type="radio"/>			

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- | | | | | |
|----------------------------------|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Other: _____ | |

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

Sonoma County 4-H Camp 2010

Check one: Camp I _____ Camp II _____

Over The Counter Medical Release Form - Minor

Child's Name: _____

<u>NON CONSENT</u>		
<i>Sign here only if you do not want any form of over the counter medications given to your child.</i>		
_____		_____
PARENT / LEGAL GUARDIAN SIGNATURE		DATE
_____	_____	_____
HOME PHONE	WORK PHONE	CELL PHONE

CONSENT

The following medications may be administered to my child while they are at 4-H Camp:

<p><u>Acetaminophen</u> (Tylenol) Yes____ No____ Given for headaches, muscular aches, fever reduction. <u>If yes:</u> My child has used this before Yes____ No____ My child has had a reaction to this medication Yes____ No ____ If yes, please give details of the reaction: _____ _____</p> <p><u>Diphenhydramine</u> (Benadryl) Yes____ No____ Antihistamine, given for bug bites and bee stings. <u>If yes:</u> My child has used this before Yes____ No____ My child has had a reaction to this medication Yes____ No ____ If yes, please give details of the reaction: _____ _____</p>	<p><u>Ibuprofen</u> (Advil, Motrin) Yes ____ No____ Pain reliever, anti-inflammatory, fever reduction. <u>If Yes:</u> My child has taken this before Yes____ No____ My child has had a reaction to this medication Yes____ No____ If yes, please give details of the reaction: _____ _____</p> <p><u>Anti-itch gel, cream, or lotion</u> Yes____ No____ Itch relief for poison oak and bug bites. <u>If Yes:</u> My child has taken this before Yes____ No____ My child has had a reaction to this medication Yes____ No____ If yes, please give details of the reaction: _____ _____</p>
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Upset stomach / antidiarrheal

(GasX, Tums, Pepto-Bismol.) Yes____ No____

If Yes:

My child has taken this before Yes____ No____

My child has had a reaction to this medication Yes____ No____

If yes, please give details of the reaction:_____

Sunscreen

Yes____ No____

If Yes:

My child has used this before Yes____ No____

My child has had a reaction to this medication Yes____ No____

If yes, please give details of the reaction:_____

Cough Syrup or drops

Yes____

No____

If Yes:

My child has taken this before Yes____ No____

My child has had a reaction to this medication Yes____ No____

If yes, please give details of the reaction:_____

Antibiotic ointment (Neosporin) Yes____ No____

If Yes:

My child has taken this before Yes____ No____

My child has had a reaction to this medication Yes____ No____

If yes, please give details of the reaction:_____

Insect Repellent with deet Yes____ No____
without deet Yes____ No____

If Yes:

My child has taken this before Yes____ No____

My child has had a reaction to this medication Yes____ No____

If yes, please give details of the reaction:_____

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

HOME PHONE

WORK PHONE

CELL PHONE

SONOMA COUNTY CAMP RULES

READ AND SIGN THIS FORM AND RETURN IT WITH YOUR CAMP PACKET

- 1. Campers may go barefoot in shower and swimming pool areas only.**
- 2. Be considerate of others. Do not push people, throw rocks or food.**
- 3. Practice safety. Do not run in camp.**
- 4. Hikers require permission from the Hike Director, must sign up, and an adult must accompany each hiking group.**
- 5. Socks, long pants, and sturdy shoes must be worn on all hikes. Sandals or thongs are not allowed AT ANY TIME.**
- 6. Preserve our camp atmosphere. Leave curling irons, hair dryers, and all food and drink at home.**
- 7. Respect the camp schedule and always stay with the group or program to which you are assigned.**
- 8. Only adults may have cars at camp. Staffers are not permitted to drive to camp.**
- 9. You may leave camp only with permission from the adult advisor, and with an adult chaperone to accompany you.**
- 10. Alcohol, illegal drugs, cigarettes and chewing tobacco may not be brought to camp, or be used by campers at camp.**
- 11. Do not bring knives, slingshots, firearms or fireworks to camp.**
- 12. Campers will remain in their assigned sleeping areas at night unless accompanied by an adult.**
- 13. No boys in the girl's sleeping area, and no girls in the boy's sleeping area after opening ceremony and before closing ceremony.**

PENALTY FOR INFRACTION OF RULES 8, 9, 10, 11, 12, & 13 WILL BE ANY OR ALL OF THE FOLLOWING:

- 1. Your parents will be called to come take you home.**
- 2. You will not be allowed to attend the next Sonoma County Summer Camp session.**
- 3. You will be expelled from 4-H club work.**

SIGNATURE OF CAMPER

SIGNATURE OF PARENT / GUARDIAN

PRINT CAMPER NAME

Sonoma County 4-H Camp Staffer Expectations

Congratulations, your child has chosen to join the staff of Sonoma County 4-H Camp and we are delighted to have him/her be part of our awesome team. The staff members truly run the camp which provides them with experience in the life skills of leadership, cooperation, teamwork, both long-range and short-term planning, time management, conflict resolution and problem solving, to name just a few.

Because there has been some confusion in the past, we want to clarify with you all that is expected of a 4-H Camp Staffer.

- 1.) Attend the full week of Camp. For 2010 Camp I will be June 28 to July 3 and Camp II will be July 4 to July 9.
- 2.) Attend at least one Staff Training Weekend at Las Posadas 4-H Camp. Our fall Staff Training Weekend will be November 7 and 8 and the Spring STW is scheduled for TBA. Buses will be provided for transportation of staffers.
- 3.) Work at least a two hour shift at ChickenQue as a representative of 4-H Camp. Typically we are asked to work the recycle booths throughout the day. Help is also needed at the Camp info booth. If you are unable to work the day of ChickenQue, you can help with set up on Friday afternoon/evening or Saturday. ChickenQue is scheduled for Sunday, May, 2, 2010 and is held at the Sonoma County Fairgrounds. We receive a great deal of support from the 4-H community and this is our opportunity to give back.
- 4.) Put in at least six hours of maintenance at Camp. We get a reduced rate for our staff training weekends with the understanding that the youth participants will do this work. Usually work hours are available on the Sunday of STWs.
- 5.) Take an active part as a committee member or chairperson. This will include one or more meetings which will probably be scheduled in the hour before our regular monthly meetings. Some examples of committees we have had in the past are Education, Night Hike, Candle-lighting and Recreation.
- 6.) Be an active member of a nature education team. Participate in the planning before Camp and in the presentation of the session at Camp.
- 7.) Learn and execute the duties of the staff position assigned such as Dean, Hostess, Tribe Leader or Historian.
- 8.) Help with set-up before one meeting and clean-up after one meeting.
- 9.) Attend at least 80% of the staff training meetings. Meetings are held at the 4-H Center in Rohnert Park on the fourth Monday of each month, September through May except December. Be available for other possible meetings.
- 10.) Be prepared to have FUN all along the way. Camp meetings, trainings, workdays...all of it's fun if you come with the right attitude.

As you can see it is a big job and your child will have several teams he or she will be working with. It is important that the whole family views their position of 4-H Camp Staffer as a job, and makes every effort to see that they are able to attend all meetings. We understand there may be conflicts with school, sports, 4-H club or project activities, etc and in most cases this can be worked around.

Help from parents is also appreciated. We are always looking for chaperones for Camp and Staff Training Weekends. Help is needed with hauling luggage to and from Camp (stock trailers work well for this.) There is some maintenance and repair, such as plumbing and electrical, that requires experienced adults. Parents are always welcome at our monthly meetings, too. If you have any time to donate, please let us know.

We want you to be aware that there is no supervision of staffers outside the 4-H Center before and after meetings. Also, 4-H state policy prohibits 4-H youth from driving other members to meetings, camp or any other 4-H event or activity. If they choose to do that, they are not covered under 4-H insurance.

SIGNATURE OF CAMPER

SIGNATURE OF PARENT / GUARDIAN

PRINT CAMPER NAME

