

# 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:

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

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

NON CONSENT

Sign here only if you do not want any form of over the counter medications given to your child.

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:

Acetaminophen (Tylenol) Yes \_\_\_ No \_\_\_
Given for headaches, muscular aches, fever reduction.

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: \_\_\_\_\_

Diphenhydramine (Benadryl) Yes \_\_\_ No \_\_\_
Antihistamine, given for bug bites and bee stings.

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: \_\_\_\_\_

Ibuprofen (Advil, Motrin) Yes \_\_\_ No \_\_\_
Pain reliever, anti-inflammatory, fever reduction.

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: \_\_\_\_\_

Anti-itch gel, cream, or lotion Yes \_\_\_ No \_\_\_
Itch relief for poison oak and bug bites.

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: \_\_\_\_\_

**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.**

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### **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.**

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SIGNATURE OF CAMPER

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SIGNATURE OF PARENT / GUARDIAN

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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

**Permission Form  
Fall 2009  
Staff Training Weekend**

**SATURDAY, October 7 to SUNDAY, October 8**

To attend staff training Weekend, you must have a complete Staff Application on file at the 4-H Office. If you are a non 4-H member, you must also have a complete 4-H enrollment packet on file.

**All forms are available from the 4-H Office.**

Please send signed STW applications to:

**4-H Office  
133 Aviation Blvd. Suite 109  
Santa Rosa CA 95403**

**Due: Friday, October 30**

Transportation to the weekend will be by bus. Busses will pick up and return at two locations

**4-H Center, Rohnert Park**  
Commerce Blvd. & Rohnert Park Expressway

**Pick-up Saturday, 8:00 AM**  
**Return Sunday, 3:15 PM**

**4-H Office, Santa Rosa**  
133 Aviation Blvd.

**Pick-up Saturday 8:30 AM**  
**Return Sunday 3:00 PM**

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I give permission for my child \_\_\_\_\_ to attend the Sonoma County 4-H Camp Staff Training Weekend, Saturday, October 7 to Sunday, October 8, at Las Posadas 4-H Camp.

Parent's Signature \_\_\_\_\_

Emergency Telephone Numbers

Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_



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

Participant's Name \_\_\_\_\_  
Please Print

County Sonoma Club/Unit \_\_\_\_\_

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration of being permitted to participate in any way in *California 4-H Youth Development Activities and Projects*, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor or Adult Participant

\_\_\_\_\_  
Date

Age (if minor) \_\_\_\_\_

## California 4-H Youth Development Program

# Code of Conduct

University of California Cooperative Extension

The following behavior guidelines and expectations are designed to make everyone's experience at 4-H events satisfying to all attending. This means that all participants, members, adult volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. Youth are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

### While attending all 4-H meetings, projects, programs, and events as a 4-H member I will:

1. Be courteous and respect others.
2. Obey all rules established by the California 4-H YDP, the local club/group and all local, state and federal laws.
3. Respect the authority of adult volunteers, youth leaders, 4-H YDP staff, and others in leadership roles.
4. Use appropriate language and wear acceptable clothing at 4-H activities and events.
5. Show kindness to others and give assistance when needed.
6. Be honest and honor commitments.
7. Not use tobacco products, alcohol or drugs (except those prescribed by a doctor).
8. Not carry a weapon or threaten another person with a weapon, bodily force or language.
9. Accept responsibility for personal choices.
10. Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or University policy in accordance with 4-H YDP policy.
11. Not display overly affectionate or sexual behavior.

### While attending overnight events as a 4-H member, I will:

1. Be in my room when attending overnight events by the established hours.
2. Not leave the grounds unless permission is secured from the adult in charge and I am accompanied by two adults.
3. Not be in the sleeping areas of members of the opposite gender nor will I invite non 4-H participants to the sleeping areas.
4. Will be responsible for any damage caused by my actions.
5. Will comply with other rules of the event.

### PENALTIES FOR INFRACTIONS

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The parent/guardian and the County 4-H Office will be notified of action taken. Penalties may include any or all of the following:

- Notification of parents and appropriate staff members.
- Sending the participant home
- Barring the participant from future 4-H events
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

## California 4-H Youth Development Program

# Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

By signature on the enrollment form, the parent/guardian of said minor consents and agrees, individually and as parent or guardian of the minor, to the foregoing terms and provisions.

**PAGE RETAINED BY THE MEMBER**



## University of California Division of Agriculture and Natural Resources 4-H Youth Development Program New Youth 4-H Member Paper Enrollment Form

The 4-H Youth Development Program is in every county in California. 4-H is a place where young people are given many opportunities to build confidence, learn responsibility, and develop skills that will last them a lifetime. It's a place where youth make friends and share interests, ranging from building robots to raising rabbits, from designing web pages to landscape design. It's a place where youth work together to make a positive difference in their community, and adult volunteers make a powerful difference in the lives of young people. Get involved in the 4-H community and make a lasting difference! For more information about 4-H, visit [www.ca4h.org](http://www.ca4h.org).

### Youth are eligible to participate in 4-H if they meet the following criteria:

- **Primary Member** - Must be 5 years old or in kindergarten by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling or turning nine after December 31 must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old or in 4<sup>th</sup> grade by December 31 of the program year and may continue in the program until the end of the calendar year in which they become 19 years of age.
- **Home Schooled Members** - Children are to enroll based on their chronological age, as of December 31.

### This enrollment form is used for youth in the following delivery modes:

- Organized 4-H Clubs
- Special Interest and Short-term programs meeting for at least six hours and not more than six weeks.
- Overnight Camping Programs

### Step 1: REQUIRED FORMS - The following forms must be completed in order to enroll in the 4-H program.

Required Annually	<b>Form:</b> Enrollment Form with youth and parent/guardian signatures ( <i>kept on file at the 4-H Office</i> )
Required Annually	<b>Form:</b> Waiver of Liability ( <i>kept on file at the County 4-H Office</i> )
Required Annually	<b>Form:</b> Medical Release and Health History ( <i>kept on file by the local 4-H Club/Unit Leader</i> )

### Step 2: PAYMENT - The following payment is required to enroll in the 4-H program.

*In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.*

4-H Club/Unit Program Fees	\$	per youth
County 4-H Program Fees	\$ 2.00	per youth
State 4-H Accident/Sickness Insurance and Program Fees	\$12.00	per youth
<b>Total</b>	<b>\$</b>	

### Step 3: Return the forms and payment to the 4-H Club/Unit Leader or the County 4-H Office.

*Once all steps have been completed, the County 4-H Office must confirm your enrollment.*

### For more information about 4-H Enrollment, please contact:

<b>4-H Club/Unit Leader</b>  <i>[Enter contact information here.]</i>	<b>County 4-H Office</b> University of California Cooperative Extension Sonoma County 4-H 133 Aviation Blvd. Suite 109 Santa Rosa, CA 95403 707-565-2681 <a href="http://www.ucanr.org/soco4h">www.ucanr.org/soco4h</a>
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In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at:

California 4-H Youth Development Office  
University of California  
DANR Building, One Shields Avenue  
Davis, CA 95616-8575  
(530) 754-8518  
fourhstateofc@ucdavis.edu

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, project name and number.

Submission of the above noted information is voluntary. If the information is not submitted by the source, the County 4-H Youth Development Staff may use his or her judgment to complete the information and satisfy Federal reporting requirements.

Other personal information on this form is being collected to provide the County Extension 4-H Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian.

Submission of the above noted information is voluntary for membership in all organized 4-H Clubs and in some 4-H Groups and activities as designated by the County 4-H Youth Development Staff in charge. If the information is not submitted, the County 4-H Youth Development Staff may not contact and/or include the individual in 4-H programs within the county. In addition, the information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident insurance coverage.

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.



**University of California Agriculture and Natural Resources 4-H Youth Development Program**

# University of California Division of Agriculture and Natural Resources 4-H Youth Development Program

UNIVERSITY OF CALIFORNIA



CITIZENSHIP

LEADERSHIP

LIFE SKILLS

# 4-H

## Youth DEVELOPMENT PROGRAM

The 4-H Youth Development Program (4-H YDP) provides a wide variety of enrichment activities with the ultimate goal of engaging youth in reaching their fullest potential while advancing the field of youth development. The focus of all programs is the development of citizenship, leadership, and life skills through a variety of projects and activities. 4-H is available through several different delivery methods including clubs, special interest, day camps, overnight camping, school enrichment programs, school-age child care programs, and individual study.

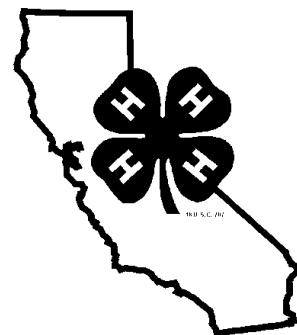
The purpose of 4-H YDP is to help young people discover and develop their potential in partnership with a caring adult. 4-H encourages young people to set their own goals and make their own plans and decisions. This helps boys and girls mature and build self-confidence. By being part of a group, 4-H members learn to understand and cooperate with others.

### The core values of the California 4-H Youth Development Program:

- Support the University of California Division of Agriculture and Natural Resources' mission and strategic planning assumptions.
- Recognize that 4-H Youth Development staff provides the youth development framework for volunteers and other cooperators who bring the knowledge, experience, and passion to work with youth in their communities.
- Appreciate, respect, and value diversity through a commitment to inclusion of diverse Californians.
- Respond to local needs within a context of statewide criteria, practices, and priorities for 4-H programming.
- Innovate to maximize impact and resources while documenting the unique youth development contributions of our 4-H Youth Development programs.

### The goals of the 4-H YDP are to help young people:

- Develop citizenship, leadership, and life skills.
- Develop initiative and assume responsibility.
- Develop the ability to live and work cooperatively with others.
- Acquire knowledge and skills and explore careers.
- Achieve satisfaction from work and accomplishments.
- Develop a positive self-image.



***Learn by doing in an atmosphere where learning is fun*** is a basic philosophy of the 4-H YDP. The project is where learn-by-doing or the experiential education model takes place. Within the project, members find things to learn, to do, to make, to explore, and then receive feedback. A 4-H project is:

- Planned work in an area of interest to the 4-H member.
- Guided by a 4-H adult volunteer who is the project leader.
- Aimed at planned objectives that can be attained and measured.
- Summarized by some form of record keeping.

Each year, a 4-H member enrolls in at least one project. Members enrolling for the first time should be encouraged to take on only one project. As members gain experience, the size of the project may be increased or additional projects may be selected. With their project leader and parent/guardian as consultants, members should select a project that will be a challenge, but not one that is larger than they can handle. Any project a 4-H member selects should be based on:

- Interests, needs, and time available.
- Family situation.
- Suitability to area of residence.
- Availability of necessary tools and equipment.

For more information, please visit <http://www.ca4h.org/>

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