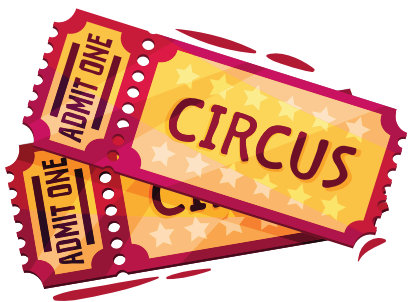


# 4-H SUMMER CAMP 2024

 Martin-Gatton  
College of Agriculture,  
Food and Environment  
University of Kentucky.

## Application for Adult Volunteers



# JULY 2ND-JULY 5TH

## "UNDER THE BIG TOP"

Camp lodging, meals, t-shirt fees covered  
Location: J.M. Feltner 4-H Camp, London, Kentucky

## Why Should I Volunteer for Estill County?

- Mentor kids
- Help build relationships
- Try something new
- It's rewarding
- Something for the entire family
- Give back to your community
- Experience the outdoors
- Give kids the opportunity of a lifetime
- You can be a KID too!
- Have Fun!

Dear Potential Adult Volunteer:

Please read and fill out this application entirely before returning it to the Estill County Extension Office.

- Please complete and return all parts of the health form along with front and back copies of medical insurance card. (Physicals are no longer required).
- Adult Volunteers must undergo the Kentucky 4-H Volunteer application and screening process and be accepted as a volunteer. Must be 16 years of age or older.
- Adult Volunteers are required to attend Training and Camper Orientation.
- Please contact your 4-H Agent for more information.

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

### Cooperative Extension Service

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

### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.  
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.  
Lexington, KY 40506



Disabilities  
accommodated  
with prior notification.

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HCP Approval Stamp

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Kentucky 4-H Camping 2024
Camp Participant Registration – Adult Volunteer

Registration form with fields: Last Name, Legal First Name, Middle Name, Preferred Name, Attended camp before?, Biological Sex, Cell Phone Number, Date of Birth, Shirt Size, Email Address, County, Participant's Home Address, Participant's Race, Participant's Ethnicity, Emergency Contact Name, Relationship to Participant, Cell/Home Phone.

Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?

Does the participant have health insurance coverage?
[ ] YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.)
[ ] NO
[ ] ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Insurance Card)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD





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, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration).

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

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

Date: \_\_\_\_\_

Are you looking to buy some camp gear? [www.4hcampstore.com](http://www.4hcampstore.com)

Are you looking for more volunteer opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)





## 4-H Camp Position Volunteer Adult Leader

### POSITION DESCRIPTION:

Kentucky 4-H/Youth Development Program  
The University of Kentucky Cooperative Extension Service

### POSITION TITLE:

Adult Leader

### SUPERVISOR:

County 4-H Agent and Contact Agent

### TIME REQUIRED / DURATION OF APPOINTMENT:

During Camp Session

### LOCATIONS:

West Kentucky 4-H Camp, Dawson Springs      North Central 4-H Camp, Carlisle  
Lake Cumberland 4-H Center, Jabez              J.M. Feltner 4-H Camp, London

### SPECIFIC RESPONSIBILITIES:

Adult leaders may serve in one of these roles:

1. Dean of Men/Women (where agents are not available)
2. Pool Spotter Coordinator
3. Playground/Gaga Supervisor
4. Dining Hall Supervisor
5. Sally Refreshment Coordinator
6. Teaching Staff
7. Cabin Leader, Group Leader, etc.

We do not recommend any adult leader serving in more than one role during a given camp week. There are far too many demands and responsibilities with each position and asking a leader to fill more than one role is expecting too much of one individual.

Specific responsibilities of the above-listed roles:

8. Dean of Men/Women-see Position Description
9. Teaching Staff-see Position Description
10. Group Leader
11. All leaders must attend camp training and orientation programs offered at the county or multi-county level.
12. Responsible for health, safety and well-being of each camper in their cabin and/or group.
13. Responsible for seeking aid from proper sources when the need arises.
14. Provide leadership and direction while working closely with Teen Volunteers.
15. Move with campers in cabin or whatever grouping is used in a camp week when attending classes or other group activities.
16. See that campers carry out responsibilities, such as flag or meditation program, cabin cleanup, grounds cleanup, dining hall, etc.





17. Assist class instructors where needed in teaching or in maintaining control of campers so learning can occur.
18. Help develop the camping philosophy with other leaders and youth in the home county.
19. Attend and participate in staff meetings.
20. Report discipline or possible child abuse to County Agents, Deans, Contact Agent, and/or Camp Director.
21. Problems with Camp Staff must be handled through Camp Director and through the Contact Agent.
22. Assist Camp Director, Camp Staff, and County Agents with management of emergency event, e.g. severe weather, tornado warning, missing camper, etc. Specific tasks will be assigned.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Revised 10/01/2018

