



ADULT COUNSELOR APPLICATION

Thank you so much for your interest in attending 4-H Camp! We are excited for another great week this summer and are looking forward to you joining us!

Who Can Attend Camp as an Adult Counselor: All Adult Counselors must be 18 years old prior to attending the first day of camp.

All Adult Counselors are required to interview as part of the extension client protection application process, which will also include a background check, CAN check and additional paperwork.

Adult Counselors are required to attend the 4-H Camp Counselor training on Saturday, June 22nd from 9am - 3pm at the Woodford County Extension Office. In addition, Adult Counselors are asked to attend Woodford County counselor training on Wednesday, June 26th or Tuesday, July 2nd at 5-6 pm as well as the camper orientations on the same days from 6pm-7pm.

Where: North Central 4-H Camp 260 St-1035, Carlisle, KY 40311

<u>Cost</u>: Camp cost is free for all attending Adult Counselors but spots are limited. Attending Adult Counselors may also receive one (1) free camper registration for a <u>family member only</u>.

When: Monday, July 15th - Friday, July 19th, 2024

Deadline: Adult counselor applications are due by Friday, May 31st, or until spots are full.

Cooperative Extension Service







Received by:	88	Cooperative
Date:	E (S)	Cooperative Extension Service
Y:		HCP Approval Stamp

Y:	/	HCP Approval Stamp
ng 2024		
stration – Adult Volunte	er	
T 1 Einst Names	34' 141 Nama	Preferred Name:
Legal First Name.	Middle iname.	Preferred Name:
Biological Sex:	Cell Phone Number:	Date of Birth:
☐ Male	Cell I fione 1	Date of Birdi.
☐ Female		
. A3XL A4XL	Email Address:	County:
	Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Relationship to Participant:		Cell/Home Phone:
rience for the participant?	ecommodations, or information	on which the staff should be made aware
th insurance coverage?	The state of the s	<u> </u>
ile – front and back – ој те ты	trance card in the boxes vetor	w.)
(not required to provide a copy	of Military ID/Insurance Car	cd)
	· ·	OF INSURANCE CARD
MAINCE CARD		
	Relationship to Participant: Relationship to Participant: medical needs, dietary needs, acrience for the participant?	Legal First Name: Middle Name: Biological Sex:

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







AUTHORIZATIONS/RELEASES

This is a legal document. You must read and understand it before signing.

MEDIA RELEASE:

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

CONSENT TO TREAT:

I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

CODE OF CONDUCT:

I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always, and I will choose my level of participation in any activity (including, bu

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I 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

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

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT



Participant Name:	Date Received:	
-------------------	----------------	--

Class Sign-ups

The following classes will be offered this year - please place a check by any classes you'd be interested in serving as the <u>primary</u> instructor for during the camp week.

Х	Beginning Swimming	х	High Ropes		Gaga Ball
х	Advanced Swimming	х	Riflery		Fishing
Х	Archery	х	Trap		Volleyball
х	Nature		Book Club	х	Cooking 101
х	Recreation		Basketball	х	Horticulture
Х	Canoeing		Soccer	х	Mad Science
Х	Outdoor Living		Photography	Х	Outdoor Cooking
Х	Kayaking		Crafts	х	Woodworking
Х	Low Ropes	Х	Art	х	Harry Potter

Cabin Preferences

Please indicate below if you would prefer to be in a cabin with other counselors or if you would prefer to be in the same cabin as family members attending camp with you. While we will try to accommodate any requests, please keep in mind that we cannot make any guarantees.
