



October 2017

Thank you for your interest in becoming a Grays Harbor County 4-H camp volunteer this year! Each adult who volunteers at 4-H camp provides the opportunity for 6-10 youth to attend camp and have a fun, educational, and memorable positive youth development experience!

Adults who are excited about supporting youth staff (counselors) as they prepare to mentor and connect with younger campers are encouraged to start the process to become an official 4-H camp volunteer for the 2018 session. This year, camp is being scheduled for July 8th - July 13th. Details about arriving early for set-up and staying to wrap up, debrief, and clean up are still being arranged.

This letter is intended to provide you with some additional information to help plan your busy schedule and prepare for this powerful youth-adult partnership.

To meet the 8 hour training requirements outlined in the WA State 4-H Resident Camp Standards (available online at: <http://extension.wsu.edu/graysharbor/4-h/camping/>), you will need to complete the steps outlined below. These steps are necessary to ensure the safest environment possible for our youth and volunteers.

1. **Attend staff training and informational meetings** to meet the statewide training requirements noted above. More information will be available from volunteer camp director, Rhonda Borden, at nooperdoo@aol.com or Taylor Sample at tsample1993@gmail.com
2. **Complete the Volunteer Application Packet**, which can be found at: <http://extension.wsu.edu/graysharbor/4-h/camping/>
All adults who volunteer for the Grays Harbor County 4-H Youth Development Program must review and complete the steps outlined at: <http://extension.wsu.edu/graysharbor/4-h/become-a-4-h-volunteer/>,
All new and returning adult volunteers must log in to their profile and enter 4-H enrollment information directly at <http://wa.4honline.com>
4. Viewing the 4-H Camp video resources referenced in the **Camp-Specific Forms** can be counted towards the 8 hour chaperone-training requirement.
5. **Submit all of the forms to the WSU Extension Office before attending the first in-person session.**

We are looking forward to working with you to prepare to mentor the youth in our community! As always, feel free to contact me if I can answer any questions about the volunteer process or 4-H in general. Thank you!

Tracie Hanson, 4-H Program Coordinator
WSU Extension / Grays Harbor County
<http://graysharbor.wsu.edu> tracie.hanson@wsu.edu

4-H teaches life skills that lead young people to become self-directing, positive, contributing members of our society. Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office

*Developed by Tracie Hanson, 01-2013, Revised 10-2016 G:\Extension\4H
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32 Elma-McCleary Road • P.O. Box 3018 • Elma, WA • 98541 • Phone: 360-482-2934 • TDD 1-800-833-6388

Cooperating agencies: Washington State University, U.S. Department of Agriculture, and Grays Harbor County. Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW: _____

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW: _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: **List non-family members** who have knowledge of you skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. **Please provide complete addresses and phone numbers.**

Name Relationship Home Phone Work Phone E-mail

Mailing Address: _____
Street City State Zip

Name Relationship Home Phone Work Phone E-mail

Mailing Address: _____
Street City State Zip

Name Relationship Home Phone Work Phone E-mail

Mailing Address: _____
Street City State Zip

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

Extension programs and employment are available to all without discrimination.
Evidence of noncompliance may be reported through your local Extension office.

Grays Harbor 4-H Camp Registration

Please help keep camp fees low! In order to put postage money to the best use, the entire camp registration packet is available online at: <http://graysharbor.wsu.edu/4-H/camping.html>

Campers also need to enroll in the 4-H Youth Development Program by following the step by step process provided at <http://extension.wsu.edu/graysharbor/4-h/forms/> Thank you!

Name _____ Contact Phone _____

Mailing Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

Birthday ____/____/____ Age ____ Grade Completed _____ Male ____ Female ____

4-H Club: _____ 1 choice of a friend to share a cabin with: _____

Ethnic Category: African Amer. ____ Amer. Indian ____ Asian ____ Hispanic ____ White ____

During camp, my child has permission to **SWIM**: Yes ____ No ____ **BOAT**: Yes ____ No ____

Primary Parent or Guardian: Please enter information for whom the camper is presently living with:

Name _____ Relationship to Camper _____

Home Phone _____ Work _____ Cell _____

E-mail address _____

Additional Parent/Guardian: (if custodial care is shared):

Name _____ Relationship to Camper _____

Home Phone _____ Work _____ Cell _____

E-mail address _____

Emergency Contact: List other local persons available during camp who have agreed to care for and are authorized to provide transportation for your child if they become ill, injured, or need to be sent home and you cannot be reached. The people below will be called in the order listed.

Name _____ Relationship _____ Day # _____ Alt. # _____

Name _____ Relationship _____ Day # _____ Alt. # _____

Continued on other side.....

The Grays Harbor 4-H Camp Committee, in order to protect the privacy of parents and campers, and to comply with the requirements of Section 438 of the General Privacy Act, as amended, designates the following categories of personally identifiable information from camper records as registration information.

Camper's name, address, telephone number, date of birth, participation in official camp activities, dates of camp attendance.

We will not release any "registration information" for commercial or other purposes not related to the 4-H camping program.

Every participant has signed a "Code of Conduct" and will be expected to follow the rules of the Panhandle 4-H Camp. We reserve the right to inform the parents and send any individual home at any time if he/she does not follow the set rules of behavior.

Outside visitors are not allowed in camp. If a parent or guardian finds it necessary to visit, they are asked to register with the Camp Director in the office immediately upon arrival.

Special Concerns and Release of Information: If you have any legal concerns, please note below if there are any current Washington State restraining court orders for:

Mother _____ Father _____ Other _____
(Camp must have a copy of court order on file provided by the parent)

PARENT/GUARDIAN AUTHORIZATION: The parent/guardian signature below serves to acknowledge that all statements above are understood and all authorizations as described are approved for the camper indicated on this form.

Print Name _____ **Signature** _____ **Date** _____

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Documents will be reviewed by 4-H club leader, filed for confidentiality,
and kept on hand for emergency use during the event.

These documents will be shredded after the event.

**2017-2018 4-H Year
Grays Harbor County
Camp Counselor Training**

PARTICIPANT HEALTHFORM
Page 1/3

As soon as possible, mail this form to:
PO Box 3018
Elma, WA 98541
Or deliver to:
32 Elma-McCleary Rd, Elma

Various attendance dates from: **October 1, 2017** to **September, 30 2018**

Participant Name: _____
First Middle Last

Male Female **Birth Date** _____ Age on arrival at program _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. Complete **pages 1, 2 and 3** of this form (and **make a copy for yourself**).
2. Send the **original, signed form** to program by requested date.

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Allergies: No known allergies. This participant is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)
 This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

Diet, Nutrition: This participant eats a regular diet.
 This participant eats a vegetarian diet (describe details below).
 This participant has special food needs. *(Please describe below.)*

Immunizations:

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.
- My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the participant:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?..... Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the participant's life?..... Yes No
(History of abuse, physical or sexual trauma; conduct disorders such as oppositional defiance, developmental disability, Autism Spectrum Disorder?, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
5. Depression (Bipolar)?..... Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The staff may contact you for additional information.

Participant Name: _____

First

Middle

Last

(For Camp Use) Cabin Number _____

(For Program Use) Session Code(s) _____

<p>2017-2018 4-H Year Grays Harbor County Camp Counselor Training</p> <p>PARTICIPANT HEALTHFORM</p> <p>PAGE 2/3</p>	Participant Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Last </div> Birth Date: _____ <div style="display: flex; justify-content: center; width: 100%;"> Month/Day/Year </div>
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General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does this participant::

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Ever had surgery?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had a recent injury?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have diabetes?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Had seizures?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 21. Had Sickle Cell disease or traits?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Had headaches?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 22. Had high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 23. Had cardiovascular disease or other heart problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24. Have a history of heart disease (not limited to conjunctive heart defect, cardiomyopathy, ahbrythemia?)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Passed out/had chest pain during exercise?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

- Medication:**
- This participant will not take any daily medications while attending the activities.
- This participant will take the following daily medication(s) while attending the activities.¹

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

Name of medication	Date started	When it is given	Amount or dose given	How it is given
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other time: _____		

- Restrictions:**
- I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
- I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations. **(Please describe below.)**

¹ Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.



GRAYS HARBOR COUNTY 4-H

“WSU Extension 4-H Resident Camp Standards and Video Resources”



As a youth development organization, 4-H strives to ensure the safest environment possible for our youth and volunteers. In order to provide all Grays Harbor County 4-H volunteers with the tools needed to accomplish this vital task, we require that each prospective volunteer completes the document below after watching the following camp videos.

I, _____, have watched the following video(s) on the dates below:
(first and last name, printed)

(month/date/year)

- 04-27-16 4-H Camp Staffing and Reasonable Accommodation
https://zoom.us/recording/play/JiKh5WsQc9OYJ0d6O1DdLjPjU6KBJmPOlfgBRV1UQ0vIxUeSzPr7_o7KfjBtWab_m
- 04-26-16 WA State 4-H Resident Camp Standards
https://zoom.us/recording/play/FfvdeIOTxPiRh--P_sqZm_KkdbtjrkXnS_weRAm5PLWneX4Z67egv5KBqXfvOrYK
- 03-17-16 WSU 4-H Intent to Conduct a 4-H Resident Camp
https://zoom.us/recording/play/Q7p-6c_QGC2G3WN5Pmu-hi76E9SLzvsXoJCHoqIGNfa4P805cXHxBygFS8BnZ7OP
- 06-17-15 Food Allergies at 4-H Camp
https://www.youtube.com/watch?v=7_Dezpl0NxA
- 04-09-15 Newton’s Law of Camp Risk Management
<https://www.youtube.com/watch?v=4x0J3A8Fkd8>
- 02-12-15 4-H Camp Planning “The Business of Camp”
<https://www.youtube.com/watch?v=tDlrwxYhhOI>
- Other Topic _____

and have become familiar with WSU Extension 4-H Resident Camp Standards Document, which can be found online at: <http://4h.wsu.edu/staff/documents/ResidentCampStandardsNov2013.pdf> and <http://ext100.wsu.edu/graysharbor/4-h/camping/>

I understand that these are some of the required steps toward being eligible to volunteer at 4-H Summer Camps through Washington State University Extension with the Grays Harbor County 4-H Youth Development Program.

(Signature)

(month/date/year)

(Extension Staff Signature)

(month/date/year)

Return this completed document to:

WSU Extension – Grays Harbor
4-H Youth Development Program
PO Box 3018
Elma, WA 98541



Grays Harbor County

WASHINGTON STATE UNIVERSITY
EXTENSION

Created by Dan Teuteberg and Tracie Hanson (2015). *Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.*