



October 2018

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 2019 session. This year, camp is being scheduled for July 14th - July 19th. Details about arriving early for set-up and staying to wrap up, debrief, and clean up are still being arranged. This letter provides 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, Taylor Sample at tsample1993@gmail.com or Rhonda Borden, at nooperdoo@aol.com
2. **Complete the Volunteer Application Packet**, which can be found at: <http://extension.wsu.edu/graysharbor/4-h/camping/>
3. 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>
WSU 4-H has now selected Verified Volunteers™ as the vendor to conduct our background screens. This service is an online service and sends the results of your screening to both you and the county 4-H office. Your consent to conduct the screen is collected during the online process. Below you will find a link to the Verified Volunteers™ to initiate your background screening. Please complete this screen as soon as possible; your enrollment status will not be approved without a completed screen.
<https://app.verifiedvolunteers.com/promoorder/1e96d4cb-1952-4438-8adb-1850430954e8>
4. Viewing the 4-H Camp video resources referenced at the end of this packet 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

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.

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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.

2018-2019 4-H Year
Grays Harbor County
Camp

PARTICIPANT HEALTHFORM
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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) _____



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://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.*