



Martin-Gatton
College of Agriculture,
Food and Environment

February 1, 2024

Dear 4-H Camp Adult Leader:

The 2024 Nelson County 4-H Camp will be held July 22-26, 2024. Adult volunteers serve as a cabin chaperones and/or class instructors and should expect to be with campers at all times of camp. An ADULT ORIENTATION is scheduled on Monday, June 24, 6:30-7:30 at the Nelson County 4-H Office. This is a REQUIRED for ALL ADULTS! If you are unable to attend, please contact the office at 502-348-9204.

The 4-H State Office requires each adult leader to complete the enclosed paperwork and requires that all volunteers receive the minimum required training. The Kentucky 4-H State Office also requires that all Adult Volunteers have an up to date Volunteer Application Packet & be approved by our Client Protection Committee. If your file is not current you will find the required paperwork enclosed in this letter. Please fill out the forms and return it by Friday, April 5.

Checklist for Paperwork:

- Camp Participant Registration Form
(includes code of conducts & copy of front & back of insurance cards)
- Position Description signed
- Adult Leader Information Form
- Copy of Any Certifications (ex. CPR & First Aid)

If you have additional time available to donate for camp preparations, please let us know.

If you know someone who would be a great fit for Camp as a first-year Adult or Teen Counselor, please have them call 502-348-9204.

We appreciate your support and time and look forward to hearing from you!

Sincerely,

Samantha Klotz
County Extension Agent for 4-H Youth Development

NELSON COUNTY EXTENSION SERVICE

317 South Third St | Bardstown, KY 40004 | P: 502-348-9204 | nelson.ca.uky.edu

An Equal Opportunity University



Nelson County 4-H Camp
July 22-26, 2024
Adult Camp Leader Information Form

NAME _____

Print your name clearly as you would like it to appear on your name tag

EMAIL _____

_____ Yes, I will attend 4-H Camp July 22-26 as an Adult Leader.

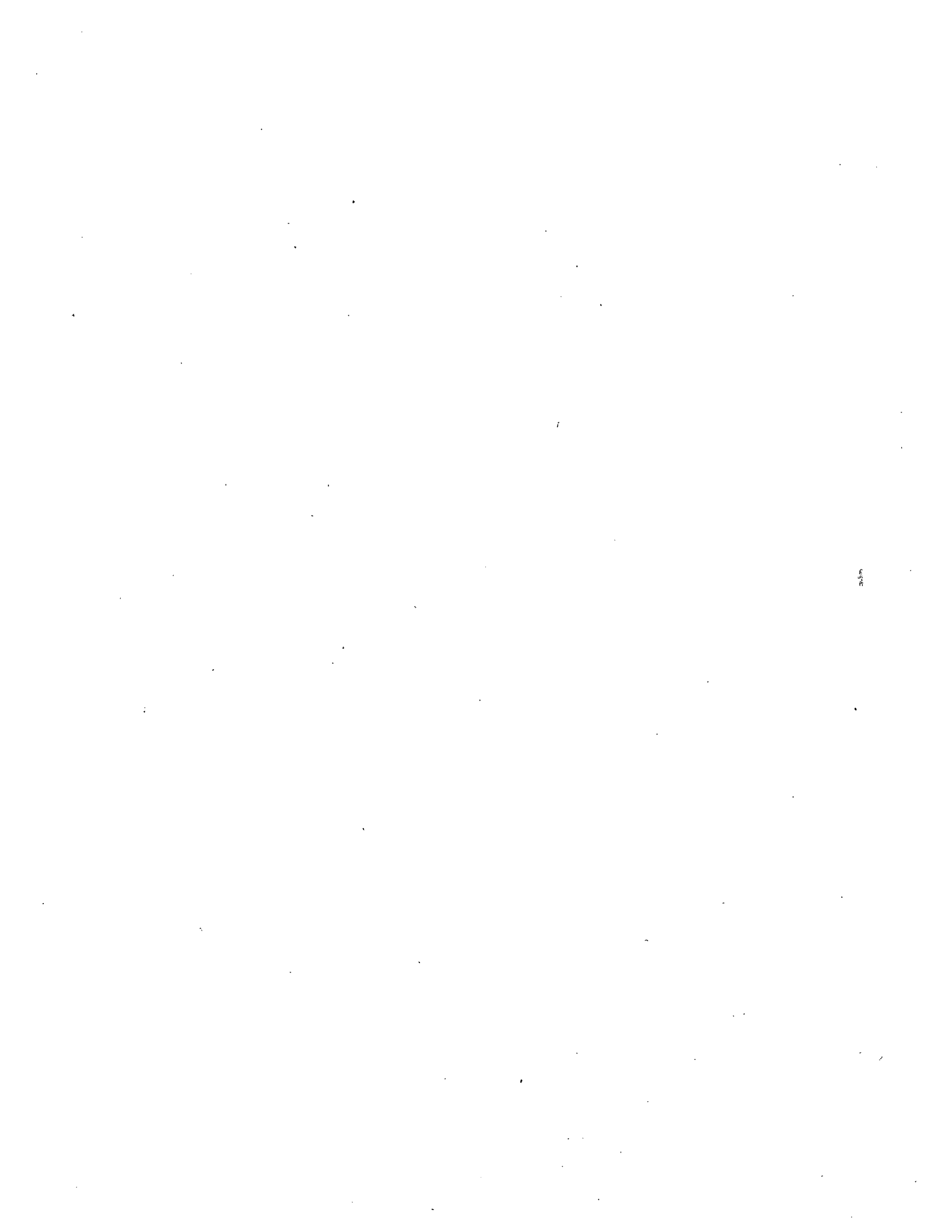
I will need to be in the cabin with my child _____
name/age

_____ I would like more information about receiving a camp scholarship for one of my children to attend camp. Additional paperwork will follow camper name & age _____)

I would prefer that _____ be my Co-Adult Leader.

_____ I would like to support Nelson County 4-H Camp financially and have enclosed a donation in the amount of _____.

4-H Camp
Nelson County Extension Office
317 South Third Street
Bardstown, KY 40004
April 5, 2024



VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Youth Development Program
Kentucky Cooperative Extension
The University of Kentucky College of Agriculture

POSITION TITLE:

Adult Camp Counselor

TIME REQUIRED/ DURATION OF APPOINTMENT

- 3-5 days 24 hours a day
- Between May-August
- 24 hours of education and orientation
- One year commitment; Expires August 31st each program year

LOCATION:

Extension office, camping facility or other meeting facility.

GENERAL PURPOSE:

To supervise 15-20 youth, ages 9-13, in a camp setting. Join other volunteers in the planning of the camp program. Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth develop social skills.

SPECIFIC RESPONSIBILITIES:

- Be committed to young people and the development in areas
- Being flexible and responsive to emerging issues such as public health emergencies or natural disaster.
- Involve campers in all scheduled activities while at camp, and assume campers are on time for programs
- Supervise group living environment (i.e. housekeeping, personal hygiene, social skills, responsibility, sharing, following rules)
- Participation in camping activities, and encourage all campers to join
- Counsel homesick campers
- Follow all guidelines and policies of the University of Kentucky 4-H program
- Recruit campers
- Actively participate in the program planning and implementation for the week
- Actively participate in the program planning and implementation for the week
- Encourage campers to try new activities

QUALIFICATIONS:

- Must complete the Kentucky 4-H volunteer application and screening process and be accepted by the Youth Protection Committee or County Agent
- Must provide own transportation to meetings and activities.
- Self starter; be able to work with minimal supervision from professional staff.
- Effective communication skills.
- A sincere interest in working with extension staff, volunteers, parents, and youth.
- Organizational skills; ability to organize information and materials in a timely manner.

- Must be 18 years old or older
- Complete Health form
- A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky CES, Kentucky 4-H program and county 4-H program

BENEFITS:

- The opportunity to work with youth and/or adults providing support and growth experiences
- Receive intrinsic rewards at volunteer recognition events
- Volunteer development opportunity
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- Research shows that volunteering promotes improved health
- The opportunity to make a difference in the life of the child.

SALARY:

Unsalariated; volunteer.

MENTOR/SUPERVISING PROFESSIONAL:

Name: Samantha Klotz
 Title: Nelson County Extension Agent for 4-H Youth Development
 Address: 317 South Third Street, Bardstown, KY 40004
 Phone: 502-348-9204

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Signature of Volunteer Date

Signature of Extension Professional Date



**Cooperative
Extension Service**

HCP Approval Stamp

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

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Email Address:		County: Nelson
Participant's Home Address:		<input type="checkbox"/> 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: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
		Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
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

**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

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



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
Are you looking for more volunteer opportunities? www.4hcampevents.com
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 Agriculture and Natural Resources
 Family and Consumer Sciences
 4-H Youth Development
 Community and Economic Development

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 University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
 Lexington, KY 40506
