



February 3, 2025

Dear 4-H Camp Adult Leader:

The 2024 Nelson County 4-H Camp will be held July 7-11, 2025. 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 16, 2025 at the Nelson County 4-H Office:

- 6:30 – 8:30 p.m. New Adult Counselors
- 6:30 – 7:30 p.m. Returning Adult Counselors

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 11.

Checklist for Paperwork:

- Camp Participant Registration Form
(includes code of conducts & information 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. Extra help will be needed on the following days – June 26, 27, 30 and July 1 – 3.

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 J. Gabbard
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 7-11, 2025
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 7-11 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



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.

Cooperative Extension Service
Agriculture and Natural Resources
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LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.



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





Cooperative Extension Service

HCP Approval Stamp

Kentucky 4-H Camping 2025
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. |
| Emergency Contact Name: | | 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 |
| Relationship to Participant: | | Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| 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? (Check all boxes that apply) <input type="checkbox"/> YES (Provide the required information below) | | |
| Insurance Provider: _____ Policy Number/Member ID: _____ | | |
| Provider's Phone: _____ Group ID (if applicable): _____ | | |
| <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE DUTY MILITARY | | |

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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



Disabilities accommodated with prior notification.

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 hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: _____

Date: _____

Are you looking to buy some camp gear? www.shop4hcamp.com

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

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Lexington, KY 40506

