



EXTENSION
College of Agriculture,
Biotechnology & Natural Resources

2020 Nevada 4-H Camp Adult Chaperone Registration Packet Checklist

Verified at County Level:

- _____ At Least 18 or older at the start of camp
- _____ Accepted as an Official UNR Extension Volunteer/Leader
(successful fingerprint screening & Volunteer/Leader application – to include all required forms – completed and on file in local UNR Extension Office)
- _____ Three Completed References Forms (as per reference checking for a new UNR Extension volunteer)

Sent to Local Extension Office:

- _____ Signed and Completed Adult Chaperone Registration
- _____ Signed and Completed Adult Chaperone Responsibilities
- _____ UNR Extension Health Form and copy of Insurance Card (if applicable)
- _____ Signed and Completed Assumption of Risk
- _____ Signed and Completed Photo/Audio/Video Release
- _____ Signed and Completed Social Media Policy
- _____ Suggested return date for Registration Packet, no later than **May 15, 2020** (sooner is better)
- _____ Attend Scheduled Camp trainings/meetings



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First Name _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is it okay to receive calls at work? Yes No

Email Address: _____

(Please Print)

Years as a 4-H Leader: _____ T-Shirt Size : _____

Are you a former 4-H Member? Yes No

If yes, where: _____ When? _____

Please indicate that you have been informed of the successful completion of the background check/fingerprint screening Yes No

Gender: _____ Female _____ Gender Identity Not Listed Above
_____ Male _____ Prefer Not to Answer

Ethnicity: _____ Non-Hispanic _____ Prefer Not to Answer
_____ Hispanic

Race: _____ White (Caucasian) _____ Asian
_____ Black _____ Multi-Racial
_____ American Indian or Alaskan Native _____ Undetermined
_____ Native Hawaiian or Pacific Islander _____ Prefer Not to Answer

Residence: _____ Farm/Ranch (rural area where agriculture products are raised and sold)
_____ Rural Non-Farm or Town under 10,000 population
_____ Town/City, 10,000 to 50,000 population
_____ Suburban, over 50,000 population
_____ Central City, over 50,000 population

Military: _____ No one in my family is serving in the Military
_____ I have currently am serving or have served in the military

Component: _____ Active Duty _____ National Guard _____ Reserves
Branch: _____ Air Force _____ Navy _____ Coast Guard
_____ Army _____ Marines

Please select the camp(s) dates you are interested in being a counselor. You may select more than one.

CAMPS: _____ Teen Adventure and Leadership Camp, June 7-10
_____ Adventure Camp 1, July 5-9
_____ Wildlife and Outdoor Survival Camp, July 10-14
_____ Adventure Camp 2, July 15-19
_____ STEM Exploration Camp, July 20-24



ASSUMPTION OF RISK

For myself, my heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"); I release, forever discharge and agree not to sue the Nevada System of Higher Education (NSHE), its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which 4-H activities may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way, to any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the Nevada 4-H Program including travel to and from events or activities in which I may be a participant, spectator or volunteer. I hereby waive all such claims, which I have now or may hereafter have against the above organizations or persons, however caused.

Initials _____

*I have read and agree to all of the information and statements on both sides of this form. Signatures are required.
I hereby give permission for my child to become a member of 4-H:*

Print Name of Applicant

Signature of Applicant

Date

The University of Nevada, Reno is an Equal Employment Opportunity/Affirmative Action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, sexual orientation, genetic information, gender identity, or gender expression in any program or activity it operates. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States.

Date: 11/9/17

PHOTO/VIDEO/AUDIO/QUOTE/NAME/TOWN RELEASE:

I give permission, without restriction, to the University of Nevada Cooperative Extension/Nevada 4-H to:

photograph me	please circle.....yes.....no
video record me	please circle.....yes.....no
audio record me	please circle.....yes.....no
quote me	please circle.....yes.....no
state/use my name	please circle.....yes.....no
state/use my hometown	please circle.....yes.....no

I grant the right to use the materials/information listed above for educational and promotional use, as directed by the university (without payment or remuneration) for any appearances, use, or displays. I acknowledge the university's right to crop or treat the display of my photograph at its discretion. I understand that the university may use these materials in printed and Internet publications and presentations that they produce, and that they may also give the material/information to media and other organizations for educational or promotional use. I also understand that the use of this material/information is done without remuneration/payment to me. Please initial that you have read and agree to the above conditions:

Initials _____

Print Name of Applicant

Signature of Applicant

Date



Volunteer Health and Medical Form

Last Name: _____ First Name: _____ MI: _____

Please note, the health care professional and/or adult volunteer/chaperones must be aware of all potential problems or health situations so they are prepared to offer the appropriate supervision, accommodation, or support needed.

Insurance and Contact Information

Insurance Information: Is the participant covered by family medical/hospitalization insurance _____ Yes _____ No

Family Health Insurance Company: _____ Policy No: _____

Name of doctor: _____ Phone Number: _____

Emergency Contact:

(1) Name: _____ Phone: (____) _____

(2) Name: _____ Phone: (____) _____

Allergies

Food Allergies (Please List Foods)	Life Threatening?	Yes No Don't Know
Medication Allergies (Please List Medications)	Life Threatening?	Yes No Don't Know
Insect Allergies (Please List Insect)	Life Threatening?	Yes No Don't Know
Other Allergies (Please List)	Life Threatening?	Yes No Don't Know

Personal Medical History

Current/Chronic health problems or recent surgery/hospitalizations <i>If yes, please explain (attach another piece of paper if necessary):</i>	Check Yes if any apply: Yes No
Current emotional, behavioral, or mental health challenges we should know about? <i>If yes, please explain and include accommodations or ways of responding that might be useful (attach another piece of paper if necessary):</i>	Check Yes if any apply: Yes No
Physical Limitations? <i>If yes, please explain and include accommodations that might be helpful (use another piece of paper if necessary):</i>	Check Yes if any apply: Yes No

Any other information regarding the Adult Volunteer applicant's health:



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Authorization for Medical Treatment

I hereby grant permission to the designated 4-H medical professional or UNCE-certified 4-H Volunteer(s) or paid staff member to secure any and all emergency medical care for myself, if I am unable to give that consent. I will assume all financial obligations incurred for all medical care secured on my behalf.

Printed Name of Adult Volunteer Applicant

Signature of Adult Volunteer Applicant

Date

The University of Nevada, Reno is committed to providing a place of work and learning free of discrimination on the basis of a person's age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion. Where discrimination is found to have occurred, the University will act to stop the discrimination, to prevent its recurrence, to remedy its effects, and to discipline those responsible.



2020 4-H Camp Adult Chaperone Responsibilities

Nevada 4-H Camp: Mission Statement: The purpose of the Nevada 4-H Camp is to provide an outdoor, group living environment for youth which stimulates them to become self-directing, productive and contributing members of society. At Camp, youth will experience such programs which will develop attributes necessary for intellectual, emotional, physical and social growth perpetuating the beliefs embodied in the 4-H Creed.

Adult Chaperone Mission: Fulfill the major roles at Camp such as providing leadership and guidance to the Campers and teen counselors. Serve as role models to youth. Teach or assist with an activity center during camp. Help maintain good moral and open lines of communication. Exercise mature judgement and action to ensure physical, mental and emotional health and safety of campers. Provide 24-hour supervision for those youth put in their direct charge. Exercise "on the spot" responsibility for all youth, in carrying out the stated rules of the activity, as well as maintaining socially responsible behavior.

4-H is a community of young people across America learning leadership, citizenship and life skills through a variety of educational activities and experiences. With your guidance, campers will enjoy the opportunity to develop four "H's" – Head, Heart, Hands and Health while participating in a traditional camp experience. UNR Extension greatly appreciates your valuable time, effort and commitment to a successful 4-H camping program for Nevada youth.

All Adult Chaperones are required to:

1. Be an official UNR Extension volunteer/4-H leader including successfully passing a fingerprint screening and completing required volunteer paperwork (**this process must be initiated at least 2 months prior to camp**). A current Leadership Enrollment Form must be on file in your local UNR extension Office.
2. Attend pre-Camp meetings and camp trainings.
3. Share leadership with other Chaperones, partners and mentor Teen Counselors and supervise Campers during camp. Attend scheduled staff meetings. Report any and all problems or concerns to the Camp Director as soon as possible.
4. Share a cabin with another Chaperone, 1-2 Teen Counselors and a group of 10-12 campers. Conduct cabin meetings as needed. Rules and regulations can be reviewed at this time. Questions or problems can also be discussed. See that all campers rise on time and engage in appropriate camp activities. Make sure lights are out at scheduled times.
5. Teach (or assist) in a camp activity center as determined before camp.
6. Interpret social, safety and health regulations and help campers follow them.
7. Oversee camp and cabin cleaning assignments. Make sure final cleanup is completed including sweeping cabins, folding bed covers, and putting all garbage outside into trash cans. Other duties include: supervising evening activities, supervising beach time, overseeing meal duties, and assisting in activity centers and other activities as requested.
8. Guide campers to participate in all camp activities. Check cabins periodically, ensuring campers are participating in workshops/games/evening programs.

Notes:

9. Personal items brought to camp are at Chaperone's own risk.
10. Unauthorized purchases are at Chaperone's own expense.



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11. Follow the Volunteer Code of Conduct signed as part of becoming an official UNR Extension Volunteer/Leader.
12. Failure to fulfill responsibilities in an appropriate/responsible manner will result in being required to leave camp.
13. Volunteering to be an Adult Chaperone does not influence the acceptance of your child as a Teen Counselor.
14. 4-H Camp is a tobacco free environment; all adult chaperones will abstain during any camp activity. Smoking is only allowed for adults in a designated area, arrangements must be made with the camp director. All other use of controlled substance is prohibited at camp.

I understand and accept the above responsibilities and understand failure to fulfill these duties in a responsible manner may result in me being required to leave camp.

Printed Name of Adult Volunteer Applicant

Signature of Adult Volunteer Applicant

Date

Printed Name of UNR Extension Personnel

Signature of UNR Extension Personnel

Date

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2020 4-H Camp Social Media Policy

In general, 4-H Camp views online platforms in a positive manner and respects the right of 4-H camp staff, teens and chaperones to use them personally as a medium of self-expression. Because of very real chance that a 4-H Camp staff member, teen or chaperone, s personal online presence may comingle with the 4-H Camp's online presence the following policy must be observed at all times in any/all online platforms.

For the purposes of this policy the term "staff member" will include all 4-H camp staff, chaperones, teens and UNR extension staff. The term "youth" will include all campers. The term "online platform" will include email. Social media, instant messages, website, blogs and all other internet mediums.

Failure to comply with this policy may result in termination/expulsion from camp. Each infraction will be reviewed by the Camp Director and 4-H Program Manager and will be based upon its merit and on a case by case basis. All decisions will be final.

Trademark

- The 4-H Clover logo is owned by National 4-H and USDA and each county 4-H program is authorized to use it. The 4-H logo cannot be used without explicit, written permission of the 4-H Program Manager. 4-H Staff and youth are prohibited from using 4-H logos on online platforms unless approved by the 4-H Program Manager. Wearing 4-H logo items while engaged in activities or locations that may have the potential to reflect negatively on 4-H is highly discouraged.

Video, Photography and other images

- 4-H Camp staff members are prohibited from posting any photos/videos of youth using their personal online accounts. 4-H Camp request written permission from each youth's parents/guardian to use youth's photos/videos in written and online materials. Legal action can be taken against those who violate this policy.

Personal social media

- 4-H members must recognize they are role models for youth at all times, and should limit their public profile to information, comments, photos, etc. that are appropriate should a youth or parent/guardian view them. 4-H Camp staff members must agree to not use online platforms to display behavior (through words or pictures) that is prohibited by 4-H policy, including but not limited to, the use of drugs/alcohol, sexual or delinquent behavior, destruction of property, harassment or intimidation.

Respecting 4-H's Reputation

- 4-H Camp staff will not disparage 4-H while affiliated with the 4-H camp program under any circumstance. 4-H Camp staff must agree to be respectful of 4-H, its employees and volunteers, youth, and its policies in all posting to online platforms. This includes, but is not limited to: engaging in the use of vulgar language; harassment and intimidation; posting derogatory comments regarding an individual's race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, sexual orientation, genetic information, gender identity, or gender expression. Posting explicit, suggestive, humiliating or demeaning comments and posting disparaging words or pictures of campers, yourself, or fellow 4-H Camp staff while engaging in disparaging actions/activities during 4-H camp and camp related functions is strictly prohibited.

Youth Staff Communications

- 4-H Camp understands that interacting with youth after 4-H Camp may be extremely positive. However, as with any such communication, 4-H Camp cannot guarantee the kind of supervision, oversight, or program structure that will be present in such a situation outside of 4-H Camp programming. For the protection of both of the 4-H Camp staff and youth, staff members must refrain from interactions with camp youth once the 4-H Camp is concluded. This includes, but is not limited to: phone calls, letters, text messaging, online platforms and face-to-face interactions.

Failure to comply with this policy may result in termination/expulsion from camp. Each infraction will be reviewed by the Camp Director and 4-H Program Manager and will be based upon its merit and on a case by case basis. All decisions will be final.

Printed Name of Adult Volunteer Applicant

Signature of Adult Volunteer Applicant

Date

Printed Name of UNR Extension Personnel

Signature of UNR Extension Personnel

Date