



Name: _____

County or City: _____

Application for 4-H Camp Teen Counselors



**This application is due by 5:00pm (EST) on
Friday, February 16, 2018**

Return to your local Extension office, Attn: Camp Counselor Application

VCE - Alexandria

1108 Jefferson Street
Alexandria, VA 22314

VCE – Arlington

3308 S. Stafford St.
Arlington, VA 22206

VCE - Fairfax

12011 Government Ctr Pkwy,
Suite 1050
Fairfax, VA 22035

Important Information

Camp Dates: July 22 - July 26, 2018

***Teen Counselor Age Policy - All applying teens must be 14 or older as of Jan. 1, 2018 and completed the 8th grade. For questions regarding this policy please contact your local 4-H Extension Agent.**

***ATTENTION ADULTS!** - We are always looking for Adult Volunteers to attend camp as chaperones. Adults camp for free and many employers offer up to 2 days of community service leave that you can take advantage of to come to camp. We prefer if volunteers can commit to the whole week of camp, but we may be able to also work out some short-term volunteer arrangements. Camp cannot occur without the help of volunteers. If you are interested in becoming an adult volunteer please contact your extension agent.

***Camp Transportation -**

Counselors must provide their own transportation to the 4-H Center on Sunday, July 22. We provide transportation from the 4-H center back to a central pick-up location in the Fairfax/Arlington/Alexandria area on Thursday, July 26. Counselors are required to ride the bus back from camp, so you will need to be dropped off on Sunday, July 22. Teens cannot drive themselves to/from camp.

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Jewel E. Hairston, Administrator, 1890 Extension Program, Virginia State, Petersburg.

4-H Camp Counselor Application

Check all sentences that apply.

___ I am applying to be a Camp Counselor at Junior 4-H Camp (will turn 14 or older by January 1, 2018)

Name _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Age (On 1/1/18) _____ Male ☐ Female ☐

Race _____ Ethnicity: Hispanic ☐ Not Hispanic ☐

Teen Email Address: _____

Teen Cell Phone Number _____

Texting OK? ☐ Carrier: _____

School Name: _____

Have you served as a Counselor at 4-H Camp? ☐ If yes, how long and where? _____

T-Shirt Size: Adult Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐

Parent/Guardians' Names _____

Parent/Guardian's Day Time Phone Numbers _____

Parent/Guardian Email: _____

Military Affiliation: _____

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4-H Experience (not camping)

Give a brief background of your 4-H experiences, especially leadership roles you have held.
(Do not include camp experience in this section.)

Summer Camp Experience (4-H or Other)

(List any overnight camps you have attended. Also list any leadership roles you held at any of these camps.)

Name of Camp	Leadership Experience	Calendar Year

What experiences do you have working with and/or providing leadership for children age 9 to 13?

Would you like to be considered for a leadership position? (i.e. Keeper of the Fire, Great Bear, Pack Leader, etc.) Yes ☐ No ☐ (If yes, tell why and list your qualifications.)

Essay

Attach a sheet describing in at least 100 words why you would make a good counselor for the Fairfax, Arlington, and Alexandria 4-H Junior Camp cluster.

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References

List three (3) references other than family members (people who know you well and can attest to your character and to your ability to work with and supervise youth.) Suggested people to ask to be your reference are teachers, coaches, ministers, 4-H leaders, employers, and/or guidance counselors.

Name	Phone Number	E-mail	Relationship (teacher, coach, other)

Have you ever been convicted of a crime? ☐ Yes ☐ No (If yes, describe.)

Have you ever been suspended from school? ☐ Yes ☐ No (If yes, describe.)

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Agreement/Consent

- I have read and understand the Volunteer 4-H Camp Teen Counselor Contract. I understand that all teen applicants must successfully complete a screening, selection, and training process before being allowed to attend 4-H Camp as a Teen Counselor. This process includes (a) submission of a completed application, (b) reference checks (3 references), (c) participation in a face-to-face or phone interview, (d) completion of at least two training sessions or approved make-up options, and (e) passing the 4-H Camping Assessment before serving as a volunteer staff member at 4-H Camp.
- If selected as a 4-H Camp Teen Counselor, I will uphold the camp rules and procedures and abide by the 4-H Code of Conduct and Standards of Behavior for Virginia 4-H Volunteers during the entire camp week. I will conduct myself as a responsible young adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. I also understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to Virginia Cooperative Extension.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. Virginia Cooperative Extension is an equal opportunity/affirmative action employer.

Printed Teen Name	Teen Signature	Date
Printed Parent/Guardian Name	Parent/Guardian Signature	Date

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Volunteer 4-H Camp Teen Counselor Contract

I realize we are going to be working together, sometimes in groups, sometimes in pairs, and eventually as a team. It is important that I understand what is expected of me as a team member by the camp director, the other adult camp staff, the 4-H camp staff, the other staff counselors, and most importantly the campers and their parents.

I fully understand and agree to conduct myself in accordance to the following terms of this contract. I understand violation of any one combination of these terms may result in my immediate dismissal as 4-H camp counselor. I will:

1. **Make safety a TOP PRIORITY.** Wherever I am and whatever I am doing, I will take action if I see or hear unsafe actions being planned or carried out.
2. Set a good example by never using profanity or telling off-color jokes or stories.
3. Never have in my possession or use tobacco, alcohol, illegal drugs, firearms, or fireworks while traveling to or from or participating in 4-H camp.
4. Dress appropriately, meaning I will be conscious of the words and images on my clothing and as my general appearance (tank tops should have one-inch wide straps, no baggy pants or short-shorts). If I am dressed inappropriately, I realize I may be asked to change into more appropriate clothing.
5. Not bring valuable personal property to camp. I understand that this includes, but is not limited to the following: expensive watches, cameras, jewelry, cellular phones, palm pilots, laptops, beepers, electronic games, walkie-talkies, musical instruments, sports equipment, I-Pods (mp3 players), etc. If these items are discovered they will be confiscated by the Camp Director and will not be returned to me until I am placed in my parent or guardian's care at the conclusion of 4-H camp.
6. Be physically on time and where I am supposed to be during that designated time (i.e., at meals, in my room, at my class site, at the camp activity) and following through on my responsibilities. If for some emergency I cannot be in a designated location, I will inform the camp director, an extension agent, adult volunteer leader, or 4-H camp summer staff member.
7. Discuss the camp rules with all my room campers, set the example and enforce those rules.
8. Conduct my dining hall responsibilities, during meals, and during clean-up in accordance with policies and procedures as set forth in training meetings.
9. Will not delegate my responsibilities to the CIT's, but make every effort to involve them in experimenting with leadership roles encouraging, supporting, and guiding them in their efforts.
10. Conduct myself in a mature manner and will avoid any public displays of affection during counselor training programs, activities, or camp itself.
11. Remain in my lodge and my assigned room with the campers from lights out until breakfast.

By signing below, I acknowledge that I understand and agree to assume my responsibilities as counselor. I understand that I may be required to call my parents/guardian or person designated on my health form if I do not conduct myself in a mature manner and/or do not abide by the above rules and regulations.

Prospective 4-H Teen Camp Counselor

Date

Parent Signature

Date

Extension Agent, 4-H Youth Development

Date

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Making payments via credit card in DestinyOne

Website: <http://register.ext.vt.edu/index.jsp>

STEPS:

1. From the home page go to the PROGRAMS tab
2. Choose Search Programs and enter your program **N-04-0020**
or
Choose 4-H/Youth and look for your program
(N-04-0015 ARLINGTON 4-H Junior Camp 2018 EARLY BIRD REGISTRATION)
3. Choose the program, add to cart and checkout
4. Follow instructions for creating a user account, *if you don't already have one*, then continue with the checkout process
5. A confirmation receipt will be generated and emailed to you.

Save these Dates!

Important Dates for 4-H Camp Counselors

February 16, 2018	4-H Camp Counselor Applications and payment due to your local extension office. After this date, Counselor fees increase to \$150.
April 13-14, 2018	Camp Counselor Lock-In & Interviews MANDATORY FOR ALL COUNSELORS. <i>Charles Houston Community Recreation</i> <i>Center 901 Wythe St, Alexandria, VA 22314</i>
May 12, 2018	Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS. <i>Fairfax Government Complex, Pennino</i> <i>Building 12011 Government Center Pkwy,</i> <i>Fairfax, VA</i>
June 16, 2018	Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS. <i>Fairlington Community Center</i> <i>3308 S. Stafford St. Arlington VA 22206</i>
July 7, 2018	Camp Counselor Training, 10am – 2pm MANDATORY FOR ALL COUNSELORS. <i>Lee Center, 1108 Jefferson St. Alexandria VA</i>
July 22 – July 26, 2018	4-H Junior Camp! Northern Virginia 4-H Educational Center, Front Royal, VA

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Volunteer 4-H Camp Teen Counselor Application Checklist

Did you...

Complete and sign the following documents for your application?

- ☐ Health History Form (including media release & tetanus shot date?)
- ☐ Volunteer Standards of Behavior
- ☐ Volunteer 4-H Camp Teen Counselor Contract
- ☐ 4-H Camp Teen Counselor Application
- ☐ 100 word essay
- ☐ Class Selection Form

If submitted by 5:00 PM February 16, 2018: Include a payment of **\$50** for your 4-H counselor training and camp fee.

If submitted after 5:00 PM February 16, 2018: Include a payment of **\$150** for your 4-H counselor training and camp fee.

If serving as a teen counselor causes you a financial hardship, a limited number of scholarships are available and are strictly confidential. Please call 703-746-5546.

REFUND POLICY

- If you paid before February 16, 2018, your \$50 is nonrefundable as that income was used to pay for required trainings.
- If you paid AFTER February 16, 2018, \$85 of your payment is nonrefundable as that income was used to pay for required trainings.

Payment can be made by Checks or Destiny One
(see attached payment instructions)

Please make checks payable to *"The Treasurer of Virginia Tech"*.

Checks must be mailed to your Extension Office

--Do not deliver checks in person

**☑ Mail or deliver all materials to your local extension office by
5:00 p.m. on Friday, February 16, 2018.**

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Virginia Cooperative Extension

4-H Health History Report Form

REVISED 2012

PUBLICATION 388-906

INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: DATE(S) OF

EVENT:

LOCATION:

PARTICIPANT IDENTIFICATION

NAME:

FEMALE:

MALE:

*Last**First (Underline name by which you like to be called) Middle*

MAILING ADDRESS:

PARTICIPANT CELL PHONE:

CITY:

STATE:

ZIP:

HOME PHONE: (

AGE:

BIRTHDATE:

HOME EMAIL:

RACE: (Optional)

WHITE

HISPANIC

BLACK

AMERICAN INDIAN

ASIAN

MULTICULTURAL

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

o FATHER'S NAME (OR GUARDIAN):

FATHER'S EMAIL:

FATHER'S PHONE DAYTIME:

EVENING:

CELL:

o MOTHER'S NAME (OR GUARDIAN):

MOTHER'S EMAIL:

MOTHER'S PHONE DAYTIME:

EVENING:

CELL:

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT?

ADDRESS, IF DIFFERENT THAN CHILD:

PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME:

PHONE: (

DENTIST / ORTHODONTIST NAME:

PHONE: (

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?:

YES

NO

(Check ☐ one)

CARRIER:

POLICY ID #:

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY? LOCATION

PHONE: (

N

) CELL

PHONE: (

)

2. IF YOU **CANNOT** BE REACHED, WHO SHOULD BE NOTIFIED? NAME:

HOME PHONE: (

WORK PHONE: (

CELL PHONE: (

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt

of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

☐ YES ☐ NO

PARTICIPANT HEALTH AND MEDICAL HISTORY**(Questions 1-5 must be completed.)****1. SPECIAL DIETARY NEEDS**

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following? [Check (✓) all that apply]

<input type="checkbox"/> Asthma disorders	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Attention disorders (ADHD)	<input type="checkbox"/> Eating disorders
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Wears contacts	<input type="checkbox"/> Behavior
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Non-food allergies			

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

YES NO If YES, please explain:

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

YES NO If YES, please explain:

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you can- not sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.

2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary.

I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNED: X _____

(Parent / Legal Guardian or participant over 18 years old)

Date:

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME: _____

SIGNED: X

(Participant under 18 years old)

Date: **IMMUNIZATION HISTORY (This must be completed)**

Are your child's immunizations up to date?

☐ YES ☐ NO

Date of most recent tetanus shot: (month/year)

 /
RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event: Name(s):

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): Signature: Date:



Standards of Behavior for Virginia 4-H Volunteers

Trustworthiness, respect, responsibility, fairness, caring, and citizenship are the six core ethical values which the CHARACTER COUNTS! program calls the "Six Pillars of Character." These values reflect those of the Virginia 4-H program and each 4-H member, volunteer, and staff member should strive to practice these values. The following standards for 4-H volunteers identify how these values will be reflected in volunteer performance. These standards help to ensure the safety and well-being of all 4-H participants and the integrity of the 4-H program.

- ☐ I will teach, enforce, advocate, and model the Six Pillars of Character, which are trustworthiness, respect, responsibility, fairness, caring, and citizenship.
- ☐ I will represent the Virginia 4-H program by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- ☐ I will dress in a manner that is appropriate for a given 4-H program/event in accordance with that program/event's dress code.
- ☐ I will support and promote the Virginia 4-H mission, *"To develop youth and adults working with those youth to realize their full potential – becoming effective, contributing citizens through participation in research-based, non-formal, hands-on educational experiences."*
- ☐ I will actively participate in, and complete, Virginia 4-H program orientation and training that prepares me to satisfactorily accomplish the tasks for which I have volunteered.
- ☐ I will abide by all applicable laws and Virginia 4-H program policies, guidelines, and procedures. This includes, but is not limited to those regarding, child abuse, risk management, above suspicion, substance abuse, and limits of authority.
- ☐ I will accept supervision and support from salaried 4-H Extension staff or designated management volunteers and understand that I work under the guidance, supervision, and leadership of the Extension staff in charge.
- ☐ I will handle 4-H funds and engage in 4-H fundraising (when applicable) in an ethical manner.
- ☐ I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
- ☐ I will not use (or allow others to use) alcohol or illegal drugs at any 4-H program or event. I understand that tobacco products can only be used in approved areas at approved times during approved events if I am of legal age. I understand the Virginia 4-H Search and Seizure policy regarding alcohol, drugs, or weapons.
- ☐ I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license in accordance with Virginia Tech and Virginia 4-H policies. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by properly operating seat belts when applicable.
- ☐ I will conduct myself in a manner that is in the best interest of youth and the Virginia 4-H program and will not use the volunteer position for purposes of private or personal gain.
- ☐ When applicable to my 4-H responsibilities, I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- ☐ I will use technology in an appropriate manner in accordance with 4-H, Virginia Cooperative Extension, and Virginia Tech policies.
- ☐ I will complete all necessary paperwork in a timely manner.

I understand that these standards represent a contractual agreement between volunteers and the Virginia 4-H program (of Virginia Cooperative Extension and Virginia Tech). My signature below indicates that I have read, understand, and agree to abide by these standards for volunteers. I understand that immediate suspension or termination of my position as a volunteer could result if I do not meet these standards.

 VOLUNTEER (Print)

 VOLUNTEER SIGNATURE

 DATE

 EXTENSION SUPERVISOR (Print)

 SUPERVISOR SIGNATURE

 DATE

 PARENT/GUARDIAN (Print)

 PARENT/GUARDIAN SIGNATURE

 DATE

(NOTE: This line must be signed for volunteers under 18 years old.)



VIRGINIA POLYTECHNIC INSTITUTE AND
STATE UNIVERSITY

political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer. Issued in furtherance of
Cooperative
Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating.
Mark A. McCann, Interim Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Alma C. Hobbs, Administrator, 1890 Extension
Program, Virginia State, Petersburg.
VT/0305/W/426109

VIRGINIA STATE UNIVERSITY



RESOURCE 19: Special Dietary Needs Form

Special Dietary Needs Form

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Please complete this form and send it to your 4-H center (Attention: Program Director and Food Service Manager/Director) no less than 2 weeks prior to your 4-H camp.

NAME: _____

UNIT (County/City): _____

CHECK ONE:

- ☐ Camper (5-13 years old)
 ☐ Counselor-in-training (13-14 years old)
- ☐ Teen Counselor (14-18 years old)
 ☐ Adult volunteer or Extension faculty/staff

In the space below, please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

Virginia Cooperative Extension

4-H Form



REVISED 2009

PUBLICATION 388-036

* 18 U.S.C. 707

4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event only if he/she is taking any medication. Please read the following information related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

Medication Policy

- 3 Youth under 18 years old will not be allowed to keep ANY medicines with them.
- 3 All medications submitted at the 4-H event registration must be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name printed on the bottle.
- 3 Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, will not be accepted.
- 3 Actual dosage listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

I have read and understand the above policy.

Parent/Guardian initials: _____

Date: _____

Member's Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Medication Name (include any special instructions)	As Needed	Break- fast	Lunch	Dinner	Bedtime
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.

Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

Parent/Guardian Signature: _____

Date: _____

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VT/0109/W/388036



VIRGINIA STATE UNIVERSITY



Camp Class Interest

Read through the attached class descriptions of the classes that were offered at camp last year. The class selections for 2016 are still being finalized, but will most likely resemble the list from last year. After reading through the classes, please list your top 10 choices below in order with 1 being your top choice. If you wish to teach a class that is not listed, please see the requirements at the end of the list!

Choice 1 _____

Choice 2 _____

Choice 3 _____

Choice 4 _____

Choice 5 _____

Choice 6 _____

Choice 7 _____

Choice 8 _____

Choice 9 _____

Choice 10 _____

What qualifications do you have for any of the above listed classes? _____

Would you be comfortable taking the lead on a class without the assistance of a summer staffer, such as T-shirt art, arts and crafts, outdoor sports, etc.? _____

Classes that are not in the Class Descriptions List:

In order to hold these classes, we will need at least 2 teens to lead the class. Either find a buddy, or put down what you'd like to teach, and if there's someone else we will pair you up! You will have to come up with a lesson plan for the week and present it to the extension agents for approval. Here are some suggestions from the group last year:

Weird Science, Cheerleading/Dance, Tae Kwon Do, Fiber Arts/Knitting/Crocheting, Scrapbooking, Entomology, Spanish, Tennis, Basketball, Sewing, Music, Model Rocketry, Jewelry Making, Zumba, Choir

Class I'd be interested in teaching: _____

Qualifications/Experience with the subject matter: _____

Ideas for class activities – just a few ideas, doesn't have to be your whole lesson plan: _____

Estimated Materials Cost: _____

How many campers would you be willing to have in a class (up to 16): _____

Location/Space Requirements: _____

Other Requirements/ Notes: _____

If you are a person with a disability and desire assistance or accommodation, please notify Octavia Walker in the City of Alexandria at (703) 746-5546 during business hours of 8 a.m. and 5 p.m. TDD number is (800) 828-1120.

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Class Descriptions

Adventure Class: Take this class if you are interested in exploration, adventure, discovery, and “wow” moments. With nature as our classroom, we will spend time investigating Happy Creek, hiking on the Appalachian Trail, building habitats for wildlife, exploring the diversity of life that Lake Culpeper supports, and finding out cool facts about the day’s “creature feature.”

Archery: What do fletching, quivers, Katniss Everdeen, and Robin Hood all have in common? Find out when you learn basic archery skills in this class taught by a trained instructor. Class will have a strong emphasis on SAFETY. Close-toed shoes required.

Arts & Crafts: Be creative and learn how to make some fun art. Learn how to make a new craft every day!

Canoeing: A paddle, a life jacket, and a canoe – it doesn’t get much better than this! Come to class prepared to learn some basic canoeing strokes, safety, and have fun as you navigate the wild, wonderful waters of Lake Culpeper!

Create, Innovate, Solve: Inspired by the Maker movement, learning by doing. This fun, new, and interactive class where you get to learn practical skills in a creative way. Working with your hands to build creations the whole camp will get to see. You can be an inventor for a week developing your problem solving skills. Who knows maybe you will be the next Steve Jobs!

Fishing: Learn the basics of catch and release fishing on Lake Culpeper.

Multimedia Arts: Ever wonder what it’s like for reporters grabbing the scoop on exciting breaking stories? Find out using technology (computers, digital cameras, video production equipment, etc.) to report on all the most exciting camp events as they occur during the week. Campers will produce a multimedia presentation that will be featured at the camp closing ceremony!

Performing Arts: Show-off your dramatic and comedic chops in this class of role-playing, improv, and original production. Learn the skills – both onstage and backstage – you’ll need to conquer Hollywood and Broadway. With the instruction of our master thespian, you too may one day hear, “The Best Actor Golden Globe for a Dramatic Role goes to....”

Low Challenge Course: Test your skill on the low challenge course. Your team will learn to communicate and work together as you tackle the Great Wall, Wild Woozy and Nitro Crossing. Just don’t get stuck in the Spider Web! This class will not feature any of the High Ropes elements.

High Challenge Course: Having survived the Low Challenge Course, 11-13 year-old adventurers can advance their skills through the challenging Eagle Walk, Postman’s Walk and Vine Walk; sail through

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over 100 feet of forest on the Zip Line; and scale the 26 feet of the incredible Climbing Wall. Make no mistake: these elements require as much -- if not more -- teamwork as the Low Challenge Course.

Outdoor Cooking: Ever wonder how to make dinner if the power goes out? You can learn what the chefs do – in the great outdoors! Campers will learn how to make simple, nutritious and fun foods by the campfire. Be sure to leave room for dessert!

4-H Gardening Class: Learn how to grown your head, heart, hands, and health in 4-H Gardening! Crisp vegetables to eat (health) and beautiful flowers to grow; make new friends and connect with the earth (heart); learn about plants and helpful insects (head); cultivate and nourish the soil (hands). Plant a tree on the last day of class. And if all that isn't exciting enough, we have chickens this year and need your help to care for them!

Outdoor Living Skills: Learn all about the skills it takes to thrive and survive in the outdoors. Pitching tents, learning to use a GPS, and even cooking outdoors will be the theme of this class. Oh, yeah, every brave person who takes this class gets to spend a night out camping in the wild!

Outdoor Sports: From the baseball fields to the volleyball courts, you will learn the ins and outs of a variety of sports. You want the official rules of Gau-Gau? Hey, we've got 'em! You want a soccer competition? It's your decision. A future Hall-of-Famer will help you learn the essentials to team sports throughout your active week.

Riflery: Can you hit a bull's-eye? Find out under the instruction of a trained, qualified instructor while focusing on SAFETY, shooting, and marksmanship skills

Spa Class: Relax in style. Learn to make quality bath scrubs, soaps, and more. You'll be the best smelling group at camp!

Swimming: Beginning swimming is for campers with little or no swimming experience, or who are not comfortable in depths over 4 feet, this class will help you learn to have fun in the water. Covers basic strokes, learning to swim under water, floating, and treading water. Intermediate swimming is for campers who can swim, unaided, across the pool and feel comfortable in depths over 4 feet. Covers more advanced strokes, using the diving board, and other fun water activities **Swimming Counselors will assist with all periods of swimming.**

T-Shirt Art: Dazzle your peers, friends, and family with your amazingly creative artistic skills. Use paint, pieces of nature, various dyes, fabric markers, tie dye, puff paint, and other mediums to create wearable art that will last and last.

Woodworking: For the craftspeople in the bunch, join us in creating with wood! This is a class you won't want to miss. Everyone will take home a quality wood creation.

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