Grays Harbor County
WASHINGTON STATE UNIVERSITY EXTENSION

October 2017

Thank you for your interest in becoming a Grays Harbor County 4-H camp counselor this year! This letter is intended to provide you with some additional information that will be helpful in planning your busy schedules and prepare you for this exciting process.

If you are in the 9th grade or above, you are encouraged to apply to become a 4-H camp counselor (youth staff member) for the 2018 session. This year, camp is being scheduled for July 8th through July 13th. Details are still being finalized to determine when youth staff will arrive for set-up and depart after staying to wrap up, debrief, and clean up.

To become a youth staff member for the Grays Harbor County 4-H Youth Development Program, you will need to complete the steps outlined below. Please contact me using the information below if I can help to guide you through the process.

A. ***Review and complete the steps in this letter***
(also found online at http://extension.wsu.edu/graysharbor/4-h/camping/)
Step 1: *Complete the annual 4-H enrollment process*. Visit https://www.4honline.com/ or find links and step-by-step guides at http://extension.wsu.edu/graysharbor/4-h/forms/
Step 2: *Complete the "Youth Camp Staff Application,"* including participant health forms. Please note that this will include:
> **Signatures from the youth staff member and parent/guardian** (for those youth staff under 18 years old), granting permission to run a background check through the Washington State Patrol WATCH system.
> **One simple letter of recommendation** describing how you are qualified to be a camp counselor. This letter should be from an adult who is not in your family, but who knows you personally and knows about your accomplishments. Examples include 4-H leaders, teachers, coaches, employers, etc.

B. ***Submit all of the forms above to the WSU Extension Office on or before the first training*** on Sunday, November 19th at the WSU Extension Office in Elma (noon – 4pm)

C. ***Attend the staff training and informational meetings that are being scheduled to take place throughout the year.*** Once the dates are scheduled, make sure to save the following in order to meet the statewide 4-H requirement for counselor training hours; either 32 hours of training for new counselors, or 16 hours of training for returning counselors.

> For more info, contact volunteer camp director, Rhonda Borden, at nooperdoo@aol.com or Taylor Sample tsample1993@gmail.com

D. Once you have accomplished the steps above, you will be notified if you have been selected as a counselor. At that point, you will need to set aside time for additional youth staff training sessions!

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
Developed by Tracie Hanson, 2012, Revised 2017
G:\Extension\4H\Camps\PANHANDLE\2018\Youth_Staff_Forms\CounselorApplicationProcess.doc

4-H CAMP YOUTH STAFF APPLICATION

Name_____ Phone_____ Grade in School ____ Age _____

Address_____Town_____Zip_____ Cell #_____

E-mail_____ Emergency Contact _____

Number of years in 4-H_____ 4-H Club Name_____

How many years have you been coming to 4-H camp? _____ as a counselor? _____

Names of other camps you have attended: _____

Why do you want to be chosen as a staff member? _____
_____
_____
_____
_____

Which of your personal qualities make you a good staff member? _____
_____
_____
_____

Why do you like working with children? _____
_____
_____
_____

What other activities have you worked with younger children? _____
_____
_____

What is the difference between being a staff member and being a camper? _____
_____
_____
_____
_____

(More questions on the other side)

What kind of leadership skills do you have? (Give examples from your 4-H club, church, school, other groups or teams) _____
_____
_____
_____

What other outside activities or organizations are you involved in?_____
_____
_____
_____

What kind of community service activities have you participated in? _____
_____
_____

What kind of hobbies do you enjoy? _____
_____
_____

Do you have any special talents or skills that you would like to teach at camp? (Other than our regular classes, ex. dancing, cheerleading, fly tying, painting, drawing, biking, etc.) ____
_____
_____

In what ways can you be "responsible" at camp? (Give examples)_____
_____
_____
_____
_____

What could you do to make camp fun for your campers?_____
_____
_____

Submit a simple letter of recommendation describing how you are qualified to be a camp staff member. This letter should be from an adult who is not in your immediate family, but who knows you personally and knows about your accomplishments.

Examples include: 4-H leaders, teachers, coaches, employers, friends, etc.

Letters can be delivered to the next training session or mailed to the Extension Office at:
PO Box 3018, Elma, WA 98541

Developed by Rhonda Borden, Grays Harbor County 4-H Volunteer, Camp Director
Revised in 2014 by Tracie Hanson and Dan Teuteberg, WSU Extension, Grays Harbor

Washington State University Extension - Grays Harbor
Volunteer Application Form (to be completed by all potential teen volunteers)
PART B

Name: _____
(First) (Middle) (Last)

_____
(Former Name(s)) (Legal or Preferred Name(s))

_____ _____
Date of Birth (MM/DD/YY) Driver's License Number

Because the leadership role your son or daughter is applying for as a counselor with the Washington State University 4-H Youth Development Program may involve unsupervised time with children, he or she will be screened through the Washington State Patrol.

_____
Signature of Parent/Guardian Date

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Convicted of any crime against children or other persons.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.
   ANSWER _____ IF YES, EXPLAIN BELOW: _____
   _____
   _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: **List non-family members** who have knowledge of you skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. **Please provide complete addresses and phone numbers.**

Name	Relationship	Home Phone	Work Phone	E-mail

Mailing Address: _____
Street City State Zip

Name	Relationship	Home Phone	Work Phone	E-mail

Mailing Address: _____
Street City State Zip

Name	Relationship	Home Phone	Work Phone	E-mail

Mailing Address: _____
Street City State Zip

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

Grays Harbor 4-H Camp Registration

Please help keep camp fees low! In order to put postage money to the best use, the entire camp registration packet is available online at: http://graysharbor.wsu.edu/4-H/camping.html

Campers also need to enroll in the 4-H Youth Development Program by following the step by step process provided at http://extension.wsu.edu/graysharbor/4-h/forms/. Thank you!

Name_____ Contact Phone_____

Mailing Address _____ City_____ Zip _____

Street Address_____ City_____ Zip_____

Birthday ____/____/____ Age ____ Grade Completed _____ Male◯ Female◯

4-H Club:_____ 1 choice of a friend to share a cabin with: _____

Ethnic Category: African Amer.___ Amer. Indian___ Asian___ Hispanic___ White___

During camp, my child has permission to **SWIM**: Yes◯ No◯ **BOAT**: Yes◯ No◯

Primary Parent or Guardian: Please enter information for whom the camper is presently living with:

Name _____ Relationship to Camper _____

Home Phone _____ Work _____ Cell _____

E-mail address _____

Additional Parent/Guardian: (if custodial care is shared):

Name _____ Relationship to Camper _____

Home Phone _____ Work _____ Cell _____

E-mail address _____

Emergency Contact: List other local persons available during camp who have agreed to care for and are authorized to provide transportation for your child if they become ill, injured, or need to be sent home and you cannot be reached. The people below will be called in the order listed.

Name_____ Relationship_____ Day #_____ Alt. #_____

Name _____ Relationship_____ Day #_____ Alt. #_____

Continued on other side…….

The Grays Harbor 4-H Camp Committee, in order to protect the privacy of parents and campers, and to comply with the requirements of Section 438 of the General Privacy Act, as amended, designates the following categories of personally identifiable information from camper records as registration information.

Camper's name, address, telephone number, date of birth, participation in official camp activities, dates of camp attendance.

We will not release any "registration information" for commercial or other purposes not related to the 4-H camping program.

Every participant has signed a “Code of Conduct” and will be expected to follow the rules of the Panhandle 4-H Camp. We reserve the right to inform the parents and send any individual home at any time if he/she does not follow the set rules of behavior.

*******Outside visitors are not allowed in camp. If a parent or guardian finds it necessary to visit, they are asked to register with the Camp Director in the office immediately upon arrival.*******

Special Concerns and Release of Information: If you have any legal concerns, please note below if there are any current Washington State restraining court orders for:

Mother _____ Father _____ Other _____
(Camp must have a copy of court order on file provided by the parent)

PARENT/GUARDIAN AUTHORIZATION: The parent/guardian signature below serves to acknowledge that all statements above are understood and all authorizations as described are approved for the camper indicated on this form.

Print Name _____ Signature _____ Date _____

Continued on other side…….

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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.

2017-2018 4-H Year
Grays Harbor County
Camp Counselor Training

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)

2017-2018 4-H Year
Grays Harbor County
Camp Counselor Training

PARTICIPANT HEALTHFORM

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Participant Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does this participant::

1. Ever been hospitalized?	☐ Yes	☐ No	14. If female, have problems with periods/menstruation?	☐ Yes	☐ No
2. Ever had surgery?	☐ Yes	☐ No	15. Have problems with falling asleep/sleepwalking?	☐ Yes	☐ No
3. Have recurrent/chronic illnesses?	☐ Yes	☐ No	16. Ever had back/joint problems?	☐ Yes	☐ No
4. Had a recent infectious disease?	☐ Yes	☐ No	17. Have a history of bedwetting?	☐ Yes	☐ No
5. Had a recent injury?	☐ Yes	☐ No	18. Have problems with diarrhea/constipation?	☐ Yes	☐ No
6. Has asthma/wheezing/shortness of breath?	☐ Yes	☐ No	19. Have any skin problems?	☐ Yes	☐ No
7. Have diabetes?	☐ Yes	☐ No	20. Traveled outside the country in the past 9 months?	☐ Yes	☐ No
8. Had seizures?	☐ Yes	☐ No	21. Had Sickle Cell disease or traits?	☐ Yes	☐ No
9. Had headaches?	☐ Yes	☐ No	22. Had high blood pressure? ……..	☐ Yes	☐ No
10. Wear glasses, contacts, or protective eyewear?	☐ Yes	☐ No	23. Had cardiovascular disease or other heart problems?	☐ Yes	☐ No
11. Had fainting or dizziness?	☐ Yes	☐ No	24. Have a history of heart disease (not limited to conjunctive heart defect, cardiomyopathy, ahbrythemia?)…….	☐ Yes	☐ No
12. Passed out/had chest pain during exercise?	☐ Yes	☐ No			
13. Had mononucleosis ("mono") during the past 12 months?	☐ Yes	☐ No			

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Medication:

☐ This participant will not take any daily medications while attending the activities.
☐ This participant will take the following daily medication(s) while attending the activities.[1]

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

Name of medication	Date started	When it is given	Amount or dose given	How it is given
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		

Restrictions:

☐ I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
☐ I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations. ***(Please describe below.)***

[1] Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.

2017-2018 4-H Year Grays Harbor County Camp Counselor Training **PARTICIPANT HEALTHFORM** PAGE 3/3	Participant Name: _____ First Middle Last Birth Date: _____ Month/Day/Year

Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?

What Have We Forgotten to Ask? ***Please provide in the space below*** any additional information about the participant's health that you think important or that may affect his or her ability to fully participate in the program. ***Attach additional information if needed.***

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. If you fail to advise WSU of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial _____Relationship to Participant: _____

Parent/Guardian:_____ Date: _____ _____

Parent/Guardians: Keep a copy for your records.

WASHINGTON STATE UNIVERSITY EXTENSION

4-H Youth Development Program

Notice to Parents/Guardians of Grays Harbor County 4-H Camp participants:

As a participant in the Grays Harbor County 4-H Camp your son or daughter may be asked to help with the evaluation of the program. At the end of each program or program year, we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. We estimate that it will take the youth participants approximately 10 minutes to complete the survey.

Youths are not required to participate in the evaluation. If your son or daughter decides that he or she does not wish to participate, it will not affect his or her participation in this or future WSU Extension programs. If your son or daughter does not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and your son's or daughter's responses will not be identified in any way.

If you do not want your son or daughter to participate in the evaluation of Grays Harbor County 4-H Camp, please contact Tracie Hanson, GH 4-H Program Coordinator at (360)482-2934 or tracie.hanson@wsu.edu before your child begins attending the program.