Arkansas 4 – H Activity Application
For Youth Leadership Roles

Name

County

Read Carefully. This application should be filled out in detail. Please print or type. Use blue or black ink. Consult current Arkansas 4-H Events Packet in the county Extension office or at (http://www.kidsarus.org/go4it/Activities_Events/event_packet/default.htm) for program information and due dates.

Please check the 4-H activity for which you are making application.

A SEPARATE APPLICATION SHOULD BE SUBMITTED FOR EACH ACTIVITY FOR WHICH YOU ARE APPLYING.

This application must be filled out in its entirety including all required signatures. Incomplete applications will be returned to the county Extension office. All fees/deposits should be paid to the county Extension office. No individual checks will be accepted.

Please refer to the event description in the Events Packet for the criteria for the selection of participants. Additional information regarding application and selection procedures may be found in the Arkansas 4-H State Policy Handbook (http://www.kidsarus.org/4hpolicy/default.htm).

Mail to State 4-H Youth Development Office

☐ National 4 – H Conference (program fee required)
☐ Operation Military Kids Camps
☐ State 4 – H Ambassador – (must be a 4 – H Teen Star)
☐ State 4 – H Officer (must be a State 4 – H Ambassador; Ambassador re-certification form required with application) Position: ____________________________.
☐ Other ____________________________.

If applying for more than one OMK counselor role, rank first, second, and third choice:

1st choice ____________________________.
2nd choice ____________________________.
3rd choice ____________________________.

* 18 U.S.C. 707
Print or Type (blue or black ink)

I. General Information

Name ___________________________ ___________________________ ___________________________ ___________________________ Last First Middle County

Mailing Address _______________________________________________ _______________________________________________ _______________________________________________ Route, Box or Street Town Zip

E-mail address ________________________________________________

Name as desired to appear on nametag ____________________________ ☐ Female ☐ Male

Have you attended this activity before as a participant? ☐ Yes ☐ No What Year(s) ____________________________

Have you attended this activity before as a counselor? ☐ Yes ☐ No What Year(s) ____________________________

Have you attended Teen Counselor Training? ☐ Yes ☐ No What Year(s) ____________________________

Are you a Certified Lifeguard? ☐ Yes ☐ No

Are you: ☐ CPR Certified? ☐ First Aid Certified? Certification Expiration Date: ____________________________

For Counselor applications only:

Have you been cleared through the Arkansas Central Registry? ☐ Yes ☐ No

(If not, please attach a signed and notarized EHIRE-164 – Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Registry.)

Check one

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic ☐ White

Disabled ☐ Yes ☐ No List Disability ____________________________

Grade in school ___________________________ Age ___________________________ Date of Birth (Mo-Day-Yr) ___________________________

In emergency contact: (two required for in-state activities; three required for out-of-state)

1. Name ___________________________________________ ☐ Parent ☐ Guardian Phone ___________________________ (H) ___________________________ (W)

2. Name ___________________________________________ Relationship ___________________________ Phone ___________________________ (H) ___________________________ (W)

3. Name ___________________________________________ Relationship ___________________________ Phone ___________________________ (H) ___________________________ (W)

T-Shirt Size ☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ Extra Extra Large

☐ Check if parent is in the military or retired from the military.

☐ This information is requested solely for the purpose of determining compliance with federal civil rights laws, and your response will not affect your eligibility to participate in Extension programs. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.
II. 4-H Accomplishments

A. Number of years enrolled as a 4-H member (counting current year) ___________________________

B. List major 4-H accomplishments including project work, leadership, and community service. Include any special skills or talents that you would be willing to share.

C. List some of the statewide 4-H activities in which you have participated.

D. List your experience in public speaking and conducting workshops in and out of 4-H. Give the year of the activity and the approximate number of people you reached.

E. List some of the most important community service projects in and out of 4-H in which you have participated.

F. List honors received from 4-H, school, or other organizations.

G. List your experiences working with other youth (example: 4-H offices and leadership roles held, counselor responsibilities held and year held, 4-H teen leader, church work, babysitter, etc.)

III. Personal Qualifications

A. List several character traits which accurately describe who you are and the way you relate to people.
B. What contributions do you feel you can make to this 4-H activity/position as a 4-H teen leader/counsellor/coordinator/ambassador/state officer?

C. Realizing that a 4-H activity a counselor/coordinator is responsible for the welfare of participants, please make a statement relative to what you think your responsibility to the participants would be.

D. What disciplinary measures, if any, would you take with participants who misbehave or do not fulfill your expectations that are not covered by the code of conduct?

E. In your opinion, what do you think is the most important role of a counselor/teen coordinator/ambassador/state officer?

F. List any talents or special abilities you have (i.e., public speaking, singing, playing musical instruments, song leading, clowning, dancing, gymnastics, dramatics, art, writing, photography, story telling, etc.)

G. Please write a short essay on why you want to be a counselor, teen coordinator, state 4-H ambassador or state 4-H officer and why the selection committee should choose you. This is not the time to be modest! Convince the selection committee that they should choose you. (Use space below only.)
Arkansas 4-H Club Event
Health Statement and Parent’s Release
(This information will be kept confidential)

Check if special attention is required  ☐

County

Name of Event

Member’s Name

Last  First  Initial  Age  Sex

Address

Street or Box  City  Zip  Phone

In case of emergency notify:

Name  Address  Phone

Relationship to above member (check one)  ☐ Parent  ☐ Guardian  ☐ Other

Alternate Contact in Emergency

Name  Phone

Family Physician or Clinic

Address

Street or Box  City  Zip  Phone

Parent Authorization
(Must be signed below by either Parent or Guardian.)

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

A. The health history listed below is correct and the above named member has my permission to engage in all program activities except as noted.
B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in order to process claims.
D. I understand that I am financially responsible for charges not covered or paid by the 4-H event insurance and hereby guarantee fully payment to the attending physicians and/or health care units.
E. Water sports as specified below.

Signature of Parent or Guardian        Date

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, sex, age, or disability, and is an Affirmative Action/Equal Opportunity Employer.
Health History

Member has or is subject to: (check if yes)

☐ Asthma    ☐ Bronchitis    ☐ Convulsions    ☐ Diabetes    ☐ Fainting Spells

☐ Heart Trouble    ☐ Other (List)    ________________________________

Allergies or reactions to: (check those appropriate)

Drugs:       ☐ Penicillin    ☐ Aspirin    ☐ Other (list)    ________________________________

Foods: (list)

☐ Hay Fever    ☐ Insect bites or stings    ☐ Ivy, oak and/or sumac poisoning

Date of last Tetanus Immunization:    ☐ Tetanus antitoxin    ☐ Tetanus Toxiod    ________________________________

Member has difficulty with (check if yes)

☐ Eyes, ears, nose, throat    ☐ Digestion    ☐ Menstrual problems    ☐ Lungs    ☐ Bed wetting

☐ Sleep walking    ☐ Other (list)    ________________________________

Member has a condition now requiring medication?    ☐ Yes    ☐ No

If yes, please indicate condition    ________________________________

Is medication in possession of member    ☐ Yes    ☐ No

Name of medication    ________________________________

List any specific activities to be restricted    ________________________________

When water sports are part of the activity, my child may participate in:

Swimming:    ☐ Yes    ☐ No    Diving:    ☐ Yes    ☐ No    Canoeing or Boating:    ☐ Yes    ☐ No

When necessary, Extension personnel may give my child over-the-counter medication (examples: aspirin, Benadryl, Tylenol, etc)

☐ Yes    ☐ No

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☐ A completed Arkansas 4-H Code of Conduct form (FY4-H-686) which I have read and signed is on file in the County Extension Office.

☐ The appropriate fees or deposits, if required, have been paid to the County Extension Office.

Applicant Signature


Date

Parent/Guardian Signature


Date

To Be Certified by Extension Agent: By signing this application, you are certifying that applicant is a current 4-H member in good standing and qualified to attend the activity for which they have applied.

County Extension Agent

Signature


Date

County

Office Phone


Consider this application for any available scholarship for which I am qualified

☐ Yes ☐ No

Due dates will be enforced. Any applications received in the State 4-H Youth Development Office past due date will not be considered unless vacant slots exist.

The following Refund Policy will apply to all 4-H events except those which have specific refund guidelines listed in the information for that specific event:

100% refund 15 working days before the first day of the event
50% refund 7-14 working days before the event
No refund 0-6 working days prior to the event

Exceptions to this refund policy will be based on personal or family illness or death in the immediate family. Notify county Extension office of cancellation (regardless of date) who will in turn notify the State 4-H Youth Development Office so that alternates can be considered.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Equal Opportunity Employer.