



4-H Shooting Sports 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:

State Specialist for 4-H Shooting Sports

TIME REQUIRED/DURATION OF APPOINTMENT:

During Camp Session

LOCATION:

Lake Cumberland 4-H Camp, Jabez

SPECIFIC RESPONSIBILITIES:

Adult Leaders will have the following responsibilities:

1. Reside in a cabin with campers. An adult leader must never be alone with campers while in the cabin. Another adult, or teen leader, must always be present when in the cabin.
2. Provide leadership and supervision for Teen Leaders/Coaches assigned to your cabin.
3. All leaders must attend camp training and orientation programs offered on the first day of camp.
4. Responsible for health, safety and well-being of each camper in their cabin and/or group.
 - a. Some Adult Leaders may be assigned youth from outside of their county to supervise during camp. If this occurs the leader will notified prior to camp and will be provided the campers name.
5. Responsible for seeking aid from proper sources when the need arises.
6. Travel to classes or other group activities with the campers and teen coaches that have been assigned to the adult leader.
7. See that campers carry out responsibilities such as cabin cleanup, grounds cleanup, dining hall, etc.
8. Assist coaches/class instructors where needed in teaching or in maintaining control of campers so learning can occur.
9. Report discipline or possible child abuse to County Agents, State Specialist and/or Camp Director.
10. Assist Camp Director, State Specialist, and County Agents in managing emergency events, e.g. severe weather, tornado warning, missing camper. Specific tasks will be assigned.

Volunteer Signature

Date





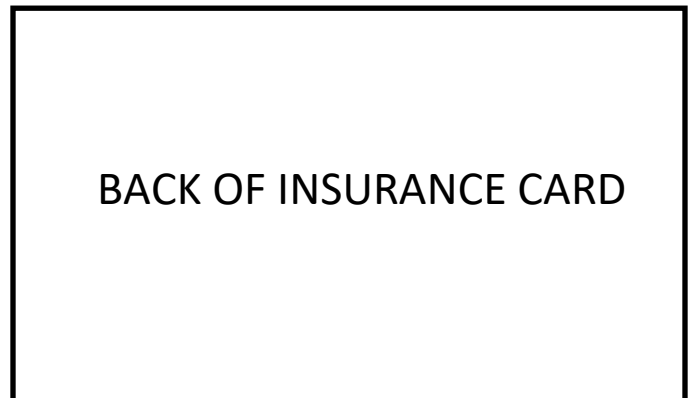
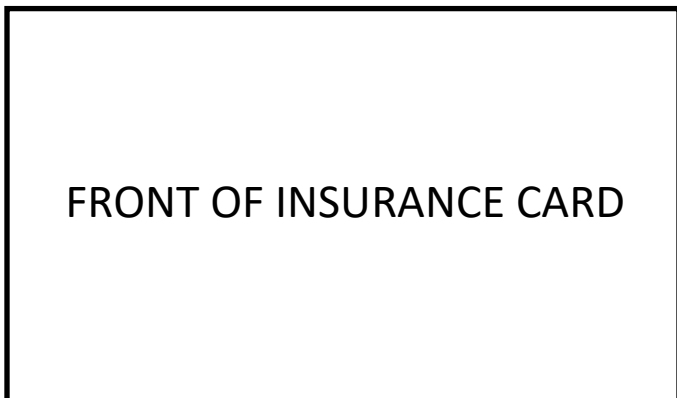
University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



Kentucky 4-H Camping – Shooting Sports Camp 2022

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	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Email Address:
		County:	Date of Birth:
Participant's Home Address:			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
			Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		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? <input type="checkbox"/> YES (<i>Attach a copy – front and back – of the insurance card in the boxes below. Use tape; DO NOT staple.</i>) <input type="checkbox"/> NO (<i>No worries! The camp provides excess medical insurance coverage in the event of injuries or illnesses.</i>)			





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 Kentucky 4-H Camp, the University of Kentucky, Kentucky State University, and its members, trustees, officers, employees, independent contractors, volunteers and extension staff 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 further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

Participant Signature: _____

Date: _____





Kentucky 4-H Camp Medication Form 2022

Participant's Name	County	Sleeping Facility <small>(e.g., cabin #2, yurt #1)</small>	Age	Weight

	Name of Medicine	Dosage	Time of Medicine <small>(Check all that apply)</small>					Notes <small>(e.g., as needed, take w/ food)</small>
			Breakfast	Lunch	Dinner	Bedtime	Other	
1								
2								
3								
4								
5								
6								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								





Kentucky 4-H Camping – Shooting Sports Camp Code of Conduct and Expectations

1. Campers are not permitted to bring cell phones to camp
2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
3. Use of tobacco products, such as cigarettes and E-Cigarettes (Vapes), are not allowed for campers/teens at 4-H camp. Should a county(s) decide to permit adults (18 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products in cabins, woods or other areas of camp.
4. Boys and girls cabin areas are restricted. A camper of the opposite gender is not, at any time, to enter a restricted area.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, he/she is to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Campers are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
7. Absolutely no phone calls are to be made by campers (camp phone or cell phone) without approval of the State Extension Specialist. The State Extension Specialist should be informed of incoming calls to campers.
8. Accidents or illnesses, no matter how minor, are to be reported to the Healthcare Provider and County Agent.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time during camp.
10. Fireworks are not to be used by campers at any time during camp.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined at camper orientation.
13. Campers are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Campers are not permitted to leave the grounds at any time without notifying and receiving approval from the Camp Program Director and the State Extension Specialist.
15. All campers are expected to be in their cabins, with lights out, as designated on the camp program.
16. No visitors, other than parents or immediate family, may visit campers during the camp.
17. No camper is to be around or on maintenance equipment.
18. Campers who are having personal conflicts with other campers should discuss these with their cabin chaperone, or the State Extension Specialist.
19. Campers are to work with chaperones in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Campers are expected to leave the cabins, facilities and grounds clean and orderly.





20. Campers are to respect camp property. Any malicious or intentional damage to camp property or buses shall be paid for by the camper and/or parent or guardian, including graffiti.
21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
22. Camp is not responsible for personal property of any camper, volunteer or staff.
23. We care about the safety of all camp participants, incidents of serious misbehavior (i.e. fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and State Extension Specialist and an incident report will be completed.
24. Campers should demonstrate respect toward others. Bullying, hazing or malicious pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in the perpetrator(s) being sent home.

Any conduct inconsistent with the above rules may result in consequences such as the camper/family/friend being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick him or her up at camp. There is no refund of the camper fee for an early departure.

Participant Signature

Parent/Guardian Signature

Date

