



Dear Counselor/Youth Staff Applicant

Enclosed you will find the 2017 4-H Camp Wahoo! Counselor / Youth Staff Application. This application is for both new and returning applicants. To be considered for a Camp Counselor, the applicant must be currently enrolled as a 4-H member in Santa Barbara County and have completed at least 1 year in 4-H. At a minimum, Counselor and Youth Staff applicants must be 15 years old by July 23, 2017, and not older than 19 years old by December 31, 2016

Youth Staff must have been a cabin counselor one year.

For an **application to be considered complete**, it must include:

- 4-H Camp Wahoo! Counselor / Youth Staff Application
- Counselor / Youth Staff Memorandum of Understanding
- 4-H Camp Policies and Procedures Signature Form
- Medical Release & Questionnaire Form
- Counselor / Youth Staff Release Form
- **\$100 Training Fee - Made payable to Santa Barbara County 4-H (NOT CAMP WAHOO!)**

Applications are due on or before December 1, 2016

LATE APPLICATIONS WILL NOT BE CONSIDERED

Please mail your completed application and registration fees to:

**Trudy Shank
4910 Pinal
Sisquoc, CA 93454**

Screening Day

The Counselor/Youth Staff screening day **TBA**

Wahoo! Workshop Dates:

All Staff are required to attend the **entire week of camp, ALL (100%) 4-H Camp Workshops.**

The 4-H Camp Workshops are **TBA**. The schedule will be finalized by the screening date and will be provided to applicants at that time; however, all workshop dates & times are subject to change.

4-H Camp Wahoo! (Staff) arrival & departure dates/times

Arrival: Saturday, July 22, 2017 3:00 pm – Camp set up starts immediately after arrival

Departure: Saturday, July 29, 2017 4pm – Camp must pass inspection before anyone leaves

Questions Please Contact:

Camp Director

Trudy Shank

(805) 937-1583

*Thank you for applying for a staff position at the
Santa Barbara County 4-H Camp Wahoo!*

4-H Camp Wahoo! 2017

COUNSELOR & YOUTH STAFF APPLICATION

Application must be postmarked by 12/1/16 to qualify

NAME _____ GENDER: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: _____
BIRTH DATE: _____ AGE AS OF JULY 23, 2017: _____
NAME OF 4-H CLUB: _____
NAME OF PARENT or GUARDIAN: _____
EMAIL: (print clearly) _____
YEARS ATTENDING CAMP WAHOO! AS A: _____ (indicate number of years)
CAMPER: _____
Jr. COUNSELOR: _____
COUNSELOR: _____
YOUTH STAFF: _____

I AM APPLYING FOR A POSITION AS:

- ☐ Cabin Counselor ONLY
☐ Youth Staff or Cabin Counselor (returning counselors or YS only)
☐ Youth Staff ONLY (returning counselors or YS only)

T-Shirt Size: ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

RETURNING COUNSELORS AND YOUTH STAFF MUST USE THEIR PREVIOUS CAMP NAMES
Returning Applicant – Previous Camp Name: _____

NEW Staff APPLICANTS: You need to decide on your camp name. It should be a fun name that is easy to remember and one to which your campers can relate. The camp name will be approved by the camp advisory committee. Don't forget, this name will stay with you throughout your Camp Wahoo years.

My three choices for a camp name are:

1. _____
2. _____
3. _____

CABIN COUNSELORS (new and returning counselors). If you become a cabin counselor you will have to decide on a cabin name / theme. The camp name will be approved by the camp advisory committee. The cabin name / theme should be fun, easy for camper to relate to; also, keep in mind how you will decorate your cabin – some names/themes are easier to locate decorations for than others.

My three choices for a cabin name / theme are:

1. _____
2. _____
3. _____

GOOD LUCK!



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2016** to **December 31, 2017**

EMERGENCY CONTACT INFORMATION:

First & Last Name: _____ Home/Work/Other Phone: _____

Relationship: _____ Cell Phone: _____

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name	Last Name	County	Date of Birth
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Date of last Tetanus Vaccination: ☐ Not Sure ☐ None

Please check over-the-counter medications that may be administered:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being?:

☐ Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

Counselor / Youth Staff Memorandum of Understanding

Please read the following Memorandum of Understanding that is required between you and the Camp Advisory Board in order to attend Camp Wahoo as a Counselor or Youth Staff. If this sheet is not signed and returned with your completed application, your application might not be accepted.

Wahoo Communications:

Communication between all members of the Wahoo! staff is best served through phone calls and mail.

Wahoo Workshops:

The Wahoo Workshops are in the process of being scheduled and will be held at Blochman Union School. Workshops start time is TBD, unless advised otherwise. Attendance for the full 3 hours of each Workshop is required. Arriving late or leaving early could count as a missed Workshop. Attendance at **ALL** Workshops is **mandatory**. Some of the workshops may require transportation to locations other than Blochman Union School; prior notice will be provided.

Trainings:

In order to qualify to be a Counselor or Youth Staff the following trainings are mandatory. These trainings are conducted at the Workshops. Make-up trainings are not possible due to our schedule. In order to be entrusted with the care of the campers, successful completion of these trainings is essential. Some of these trainings may require transportation to locations other than Blochman Union School; prior notice will be provided.

Health Safety & 1st Aid

Homesickness

Risk Management

Behavior Management

Communication Skills

Leadership Styles + Situations

Conflict Management

Positive Group Interaction

Team Building

Counselor + Youth Staff Role Modeling

Problem Solving

GPS instruction & Tide Pool Instruction

Camp Planning:

As a Counselor or Youth Staff some of your responsibilities are to help plan camp activities, theme meals, etc., and these Camp Planning sessions are conducted at the Workshops. Missing workshops means that others have to do more than their share of the planning.

I have read the above terms that must be met in order to qualify to attend Camp Wahoo as a Counselor or Youth Staff. I also understand that if I fail to meet the requirements stated above that I could be released from the Camp Wahoo Program.

Camper's Signature: _____

Date: _____

Parent/Guardian
Signature: _____

Date: _____

Staff Release Form

My Child ☐ Will ☐ Will Not drive themselves to Camp Wahoo!

Even if your child will be driving themselves to camp, please indicate who has your permission and authorization to pick-up your child from 4-H Camp Wahoo! in the event that you will not do so, or your child is not capable of providing their own transportation. Your child will only be released to a person on this list unless the Camp Director receives written or verbal permission prior to release from you.

Name of
4-H Member: _____

Parent's Name _____

Home Telephone _____

Cell Phone _____

Name	Phone Number	Relationship to Camper

Signature of Parent/Legal Guardian

Date



Member Code of Conduct

(PAGE RETAINED BY THE COUNTY 4-H OFFICE)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.docx>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

County: _____ Member Name: _____

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Camp Wahoo Policies

(Must be read and signed by all parents of 4-H members)

You agree to conduct yourself in a responsible manner and abide by all the expectations of the California 4-H Code of Conduct signed during enrollment and all expectations as stated below:

1. Attend all Camp Wahoo activities. Be on time and participate in all scheduled sessions including recreational activities. Any unauthorized absence is not permitted. Those not feeling well must inform an adult chaperone.
2. Remain on the premises or assigned event areas throughout the conference. No visitors to the 4-H Camp without prior arrangements with the 4-H Camp Director.
3. Engage and interact with other 4-H members, camp staff, camp adult volunteers, 4-H staff, in a courteous and respectful manner. Bullying and Pranks will not be tolerated.
4. Cooperate with adult chaperones and camp staff. Contact the camp director/staff in regard to any conflict or problem during the event.
5. Behavior and/or use of language, gestures, inflammatory statements, and derogatory comments are not permitted.
6. Behave in accordance with applicable federal, state, and municipal laws.
7. Be respectful of the facilities used during Camp Wahoo and assume financial responsibility for any damages, theft, or misuse. Be responsible for your own property. Campers should not bring boom boxes, cellular phones, pagers, or other expensive property to camp.
8. Dress appropriately in accordance with the established dress code. Clothing that is revealing or with obscene language/pictures or with drug, tobacco or alcohol advertising is never allowed. DRESS CODE: Proper dress is required at all times for all participants in the Camp Wahoo! Program. **Not permitted at camp**: open-toed shoes (except sandals for showers) swim suits (except at pool) see-through tops, short-shorts, tank-tops, and/or shirts with offensive language or graphics, and pants that don't stay up. All shirts **MUST** have sleeves with high neckline (like tee shirts).
9. Abide by the cabin assignments. Not allowed to enter any cabin except your own. No one is allowed in the cabins alone or during any of the camp activities. Contact an adult volunteer if you need to go to your cabin for any reason during the day.
10. Abide by established curfew and quiet times or by adult chaperone's spoken words. Lights out each night is 10:00 PM.

(cont.)

11. Visiting the cabins of the opposite sex is not permitted. Kissing, intimate hugging, and other displays of personal affection are in poor taste and is not acceptable behavior.
12. No food or drinks (except water) are allowed in the cabin. Cabin must be kept clean.
13. **Attention:** Absolutely no cell phones are allowed at camp. Any Counselor, Youth Staff, Jr. Counselor, or Camper who brings a cell phone to camp will be immediately dismissed from camp.
14. Possession and/or use of alcohol, tobacco, fireworks, weapons, and illicit drugs or medication(s) are strictly prohibited.
15. I am responsible for:
 - a) Picking up my child in the event he or she is ill or dismissed from camp.
 - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child (this is to insure the safety of the child as to who is picking him/her up).
 - c) Providing an emergency contact and phone number of someone who is responsible for the camper.

Infractions of the California 4-H Code of Conduct and the Conference Code of Conduct must be reported by anyone observing them to the adult in charge of the conference. The person in charge of the event who will bear final responsibility for disciplinary action.

Penalties may include any or all of the following:

- Loss of participation in conference activities
- Notification of parents and appropriate staff members
- Sending the delegate home (no matter what time of day or night)
- Ban the delegate from future conferences and other 4-H events.
- Assessing the participant the cost of repairs due to damage or destruction of property that occurred during the infraction.
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership made by County 4-H Office.

I have read the above stated 4-H Camp Policies and Procedures and agree to be bound by the conditions of the agreement. I acknowledge that if I break one of these rules, I may be asked to leave the camp and I am responsible for transportation home and that the camp fee will be forfeited.

4-H MEMBER NAME:

4-H MEMBER
SIGNATURE:

DATE _____

PARENT'S/GUARDIAN'S SIGNATURE:

DATE _____



I agree to let my child, _____,
(Name of Child)

participate in the *Archery* program at the 2017 Santa Barbara County
4-H Summer Camp Wahoo! at Camp Yeager.

Signature of Parent/Guardian

Date