

2017 Cloverbud Day Teen Counselor Position Announcement

Open: Cloverbud Day Teen Counselor Applications should be submitted to the Jefferson County Extension Office by April 30, 2017. Announcement is effective until all positions are filled. **First consideration will be given to those applicants submitting their applications by the April 30, 2017 deadline.**

Types of positions: Teen counselors assist with all aspects of Cloverbud Day. Assignments could include but are not limited to, group helpers, song leader, and Big Chief.

Compensation: There is no salary for this position, however, youth that are accepted to be Cloverbud Day Teen Counselors that fulfill their commitment, and are registered for Tri-County Older 4-H Camp will receive the earliest registration time regardless of when they turn in their camp registration.

Time required: Cloverbud Day is scheduled for Sunday, June 4, 2017. Must be available to assist with set-up, event, and clean-up. Time commitment is approximately 6 hours.

Location: Cloverbud Day will be held at Camp Frame near Hedgesville, WV.

General Purpose: Support the WVU Extension Service Professionals, Volunteers, and Cloverbuds in conducting a meaningful educational experience at Cloverbud Day.

Qualifications:

- Must be at least 15 years of age by June 4, 2017 to be eligible.
- Must be a registered 4-H member in good standing of either Berkeley, Jefferson, or Morgan Counties.
- Must have attended a Tri-County 4-H Camp at least once.

How to Apply:

Read through the materials carefully and ensure that you submit all required documents in order to be eligible. Applicants must complete and submit to the Jefferson County Extension Office:

- A Cloverbud Day Teen Counselor Application with Signed Code of Conduct
- 4-H Resume (worksheet attached)
- Health History Form
- Signed Media Release

Applications should be emailed or mailed to:

Emily Wells
WVU Extension Service-Jefferson County
1948 Wiltshire Rd. Ste. 3
Kearneysville, WV 25430
Emily.Wells@mail.wvu.edu

Cloverbud Day Teen Counselor Code of Conduct

West Virginia 4-H expects youth participating in its programs to behave in an acceptable manner and in accordance with the West Virginia 4-H Member Code of Conduct. Teen counselors agree to uphold all participants' right to dignity and will conduct themselves honorably while at Cloverbud Day. Teen counselors agree to accept supervision and support from the Extension Professional(s) and adult staff while at Cloverbud Day. Teen counselors accept the responsibility to be a positive teen counselor at Tri-County Cloverbud Day with dignity and pride. Teen counselors agree to be courteous and respectful, exhibit good sportsmanship and be a positive role model for cloverbuds and staff. Teen counselors will respect, adhere and follow the rules, policies and guidelines of Tri-County Cloverbud Day. Teen counselors will not abuse any participant by physical or verbal means. **Failure to honor this Code of Conduct may result in the teen counselor being dismissed from Cloverbud Day participation.**

Your Cloverbud Day Teen Counselor Application will be reviewed and successful applicants will be notified by May 12, 2017.

4-H Resume - Worksheet

Every 4-H member who is in at least the 6th grade should begin to develop and maintain a 4-H Resume. The Resume is a record summarizing the 4-H projects and activities that a 4-H member participated in over a period of years. The 4-H Resume can be used to determine 4-H Awards and Achievements and is required for some Achievement Night Awards. The development of a 4-H Resume can help the 4-H member begin to learn how to develop and write a resume that can be used in the future when applying to college or jobs. It should be kept current and updated on a regular basis. The 4-H Resume is also a requirement to apply to National 4-H Congress and Conference. You can use this template to help you begin building your 4-H Resume, however a good resume should be typed when submitting for a 4-H award, or job application.

Name:

Address:

Email:

Phone:

County:

4-H Club:

4-H Experience:

- **4-H Leadership** - List all activities you participated in as a teen leader. Examples can be Club Officer, Committee Chair, Workshop Instructor, etc.
- **4-H Citizenship/Community Involvement** - List all the activities that you participated in that benefited your community in the last year.
- **4-H Activities** - List the important 4-H activities that you participated in the last year. (Note, you should not include activities that you have already listed.)

Education: List the school, year, and graduation date if applicable.

Name of Middle/High School or College:

Year in school or graduation date:

Life Skills: List 4-H projects you have completed and the skills you have learned from completing those 4-H projects.

Interests/Other Activities: List all other outside 4-H involvement in your school and/or community.

Awards and Achievements: List all special awards and/or recognition you have received.

References: List the names, address, phone, and email contact information for two individuals that can comment on your qualifications and skills. (Note: your references should NOT be family members.) Examples of references could be your 4-H Club Leader, a Camp Counselor, or your Extension Agent.

Cloverbud Day Teen Counselor Application

Name: _____ Age: _____

Phone: _____ Address: _____

Email Address: _____

County: _____ 4-H Club: _____

Years in 4-H: _____ Current Grade in School: _____

Experience:

Years as a Tri-County 4-H Camper: _____

Years as a Cloverbud Day Teen Counselor: _____

Years as a Tri-County 4-H Camp Counselor: _____

Have you attended any state 4-H Camps or Events? (Ex: OMC, Alpha, Dance Weekend, Teen Leader Weekend, State 4-H Days, Civic Engagement Forum, etc.) Circle: YES NO

Why do you want to be a Teen Counselor at Cloverbud Day?

What do you see yourself helping with or doing at Cloverbud Day if you are selected? If you would like to serve as a Cloverbud Group Leader and would like to be paired with another specific Teen Counselor please list his/her name.

Teen Counselor Code of Conduct

1. The purpose of the WVU Extension Service 4-H Program is to provide positive youth development. We believe in creating a safe learning environment that encourages four-fold youth development. All participants of an event sponsored by the WVU Extension Service are required to conduct themselves according to the current West Virginia 4-H Member Code of Conduct and adhere to any code of conduct and/or rules established for a specific 4-H event or program.

2. I am aware that my actions and decision affect me and others. I acknowledge that I have been given a copy of the West Virginia 4-H Member Code of Conduct. I agree to conduct myself in accordance with the West Virginia 4-H Member Code of Conduct at all times. I understand that my failure to do so may result in the loss of privileges during 4-H programs, including involvement in future 4-H events or programs. My signature below demonstrates my agreement to abide by the West Virginia 4-H Member Code of Conduct, as well as any code of conduct established for a specific 4-H event or program I attend.

Signature of 4-H Member

Date

I have read, reviewed, and discussed the current 4-H Member Code of Conduct with my child. I understand that my child will be expected to conduct himself/herself in accordance with the current West Virginia Member Code of Conduct and any future modifications or amendments at all times, and that failure to do so may result in the consequences stated in paragraph 2 above. I also understand that coordinators of 4-H programs, such as camps, overnight events, and livestock shows, often establish specific expectations, guidelines, and consequences, and should my child choose to participate in these events, he/she will be expected to review the rules and expectations for each event and follow them accordingly.

Signature of Parent or Legal Guardian – not required if member is 18 or older

Date

2017 Tri-County Cloverbud Day Media Release

I hereby give my consent for the image and likeness of _____ to be videotaped, audiotaped, or photographed for the following uses:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University, WVU Extension Service, and/or West Virginia University Hospitals, Inc. and their component parts to use this electronic media and/or photographs in any manner-whole, or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

Participant's Name _____

Address _____

Telephone Number _____

Participant's Signature
(Required) _____

A parent or guardian must sign this form if the participant is a minor or if the participant is hindered by mental or physical challenges.

Parent/Guardian's Name _____

Parent/Guardian Signature
(Required) _____

Please return this media release to the Jefferson County WVU-ES county office.



West Virginia 4-H Member Code of Conduct

While attending 4-H activities and events, I will:

- Obey all rules established by the local, state, and national 4-H program, event/program facilities, and all local, state, and federal laws.
- Conduct myself in a courteous manner with others, refraining from the use of profanity or language that is disrespectful and making sure my conduct and participation in 4-H projects, programs, exhibits, and other 4-H activities is above all honest, courteous, and fair.
- Respect the authority of adult volunteers, youth leaders, 4-H staff, and others in leadership roles.
- Refrain from possession, transport, or use of firearms, bows and arrows, knives, and other implements of harm except within the context of an approved shooting sport, archery, or similar educational programs.
- Refrain from the use, transport, or possession of alcohol, drugs, or tobacco. If I encounter anyone using these substances, I will leave their presence immediately and report the incident to adult leaders or program staff.
- Not tamper nor use without permission, or otherwise harm clothing, belongings, or other personal property of participants, staff, or volunteers.
- Respectfully use the facilities, equipment, and grounds made available by the W.Va. 4-H program.
- Remain in the appropriate, assigned program area at all times and dress appropriately for each event.
- Engage in respectful behavior toward my peers, being careful to avoid hazing, pranking, and initiations that involve humiliation, embarrassment, or targeting individuals.
- Make an effort to include all participants in activities.
- Respect local, state, and national 4-H program social media rules and guidelines, and refrain from creating, possessing, or transferring any images that are illegal or disrespectful toward others or the 4-H program. In addition, where appropriate, I will ask permission before I take or transfer images of those participating in 4-H activities.

Please keep for your records

4-H Health History Form:

Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

Name _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female Birth date _____/_____/_____ Age at event _____

CUSTODIAL PARENT/GUARDIAN _____ Phone _____
Name

Home address (if different from above) _____

Home phone () _____ Work phone () _____ Other () _____

SECOND PARENT OR GUARDIAN OR EMERGENCY CONTACT _____

Address _____ Phone _____
Street address City State Zip

If not available in an emergency, notify _____
Name

Relationship _____ Phone _____ Address _____

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Insurance carrier address _____ Phone number _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____ Food allergies (list) _____ Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc. _____

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (describe) _____

PERMISSIONS: Important – This section must be completed for child to attend.

My child has my permission does not have my permission to attend
 has my permission does not have my permission to participate in swimming
 should not participate in the following activities _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp

to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper/staffer _____ Date _____

MEDICATIONS BEING TAKEN:

Camper Name: _____

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- This person **takes NO medications** on a routine basis. OR
- This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer. _____

GENERAL QUESTIONS: (Explain "yes" answers below.)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	▪	▪	16. Ever had back problems?	▪	▪
2. Have a chronic or recurring illness/condition?	▪	▪	17. Ever had problems with joints (e.g., knees, ankles)?	▪	▪
3. Ever been hospitalized?	▪	▪	18. Have an orthodontic appliance being brought to the event?	▪	▪
4. Ever had surgery?	▪	▪	19. Have any skin problems (e.g., itching, rash, acne)?	▪	▪
5. Have frequent headaches?	▪	▪	20. Have diabetes?	▪	▪
6. Ever had a head injury?	▪	▪	21. Have asthma?	▪	▪
7. Ever been knocked unconscious?	▪	▪	22. Had mononucleosis in the past 12 months?	▪	▪
8. Wear glasses, contacts, or protective eye wear?	▪	▪	23. Had problems with diarrhea/constipation?	▪	▪
9. Ever had frequent ear infections?	▪	▪	24. Have problems with sleepwalking?	▪	▪
10. Ever passed out during or after exercise?	▪	▪	25. If female, have an abnormal menstrual history?	▪	▪
11. Ever been dizzy during or after exercise?	▪	▪	26. Have a history of bed-wetting?	▪	▪
12. Ever had seizures?	▪	▪	27. Ever had an eating disorder?	▪	▪
13. Ever had chest pain during or after exercise?	▪	▪	28. Ever had emotional difficulties for which professional help was sought?	▪	▪
14. Ever had high blood pressure?	▪	▪			
15. Ever been diagnosed with a heart murmur?	▪	▪			

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should know.

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Which of the following has the participant had?

- Measles
- Chickenpox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Please give all dates of immunization

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
▪ Diphtheria		_____	_____	_____	_____	_____	_____
▪ Pertussis		_____	_____	_____	_____	_____	_____
▪ Tetanus		_____	_____	_____	_____	_____	_____
▪ Polio		_____	_____	_____	_____	_____	_____
▪ Typhoid		_____	_____	_____	_____	_____	_____
▪ TB Mantoux Test	Date of last test	_____					

All Immunizations are current YES NO

YES NO

▪ Positive ▪ Negative

SCREENING RECORD	(For staff use only)	Screened by _____
Date screened _____	Time _____ AM/PM	Updates/additions to health history noted ▪ Yes ▪ No ▪ None required
Meds received _____		
Current health needs identified _____		
Observational notes _____		