4-H CAMP COUNSELOR APPLICATION

4-H Overnight Camp (Ages 14-19 years old by January 1, 2011)
Cloverbud Camp (Ages 12-19 years old by January 1, 2011)

NAME:____BIRTHDATE:___________________

ADDRESS:__________________________CITY:_________________________AGE:________

PARENT'S NAME:____________________________________PHONE:_____________________

NUMBER OF YEARS IN 4-H:__________ CLUB NAME:_________________________

EMAIL:____

T-shirt Size (check one) Adult: S_____ M_____ L_____ XL_____ 2X_____ 3X_____

Please check all the areas listed below as to your capability (Teaching or Helping with).

Use T for teach and H for help.

_____Sports	_____Waterfront	_____Crafts	_____Other
_____Singing	_____Games	_____Nature	

Are you certified for any of the following (not required)? CPR First Aid Water Front Safety

Please write a paragraph describing your leadership experiences in 4-H and other activities such as school, church, etc.

____

____

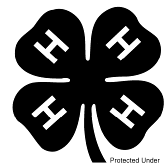
____

____

Check the camps below that you want to work at:

____July 12 & 13 ***4-H Summer Camp*** - overnight camp for 9-13 year olds
(July 11 - Camp counselor training and camp prep)

____July 19 & 20 ***Cloverbud Camp*** - day camp for 5-8 year olds



Due in the MSU Extension office by April 29, 2011!

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: ______

Date: ______

County: ______

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU 4-H are sometimes photographed and videotaped for use in MSU 4-H promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) ______

______

Signature ______

(Parent or guardian must sign here if subject is under age 18.)

Date ______

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name ______

Birth date ______ Phone (____) ______

Mailing address ______

______

Primary care physician's name ______

Physician's address ______

______

Physician's phone (____) ______

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant

______

Policy holder's address ______

______

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address ______

______

Insurance company phone number (____) ______

All policy numbers (please identify) ______

______

If you have HMO insurance, please list emergency treatment authorization phone number (____) ______

Employer's name and address ______

______

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

❒ ❒ Does the participant have any chronic health problem or illness? ______

❒ ❒ Does he or she have any acute illness now?

______

❒ ❒ Has the person been treated recently for some medical problem? ______

❒ ❒ List any medications he or she is now taking for treatment of any medical problem.

______

❒ ❒ Does the participant have any allergies to medication or local anesthetics? ______

❒ ❒ Does he or she have any allergies? ______

______

❒ ❒ Date of his or her last tetanus shot: ______

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), ______

recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature ______

(Parent or guardian must sign here if participant is under age 18.)

Date ______

Mailing address ______

______

Daytime phone (____) ______

Evening phone (____) ______

MSU Extension Background Check Form for 18-, 19- and 20-Year-Olds

This form is to be completed for any youth aged 18, 19 or 20 at the time of the event who is planning to attend an overnight event as a participant. At least one reference check and a criminal history check will be conducted in accordance with the Michigan 4-H Youth Programs Youth-Adult Housing Policy for 4-H Overnight Events.

To protect your privacy, this form will be seen only by Michigan State University Extension staff. Please return the completed form in the attached confidential envelope.

____

Last Name First Name Middle Initial

Michigan Driver License Number ____

____

Other Last Name Other First Name Other Middle Initial

Sex: ___ Male ___ Female Date of birth:_______________________________

Month Date Year

Have you ever been convicted of a felony or a misdemeanor? ___ No ___ Yes

If Yes, Please explain:

____

____

Please list two references such as employers or teachers. Do not list relatives.

____

Name Address City

____

Phone Number(s)

____

Name Address City

____

Phone Number(s)

I give my permission for the above-named references to release information about me and for my criminal history to be verified. I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

_________________________________ _________________________

Signature Date

Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status or family status or veteran status.