

Guidelines for Staff and Leaders

I understand and accept the following:

- there is no "hazing" of campers by campers or counselors
- campers will not be subjected to "initiation" rites that are abusive in any manner
- there will be double coverage of campers by adults during changing times
- younger children should be encouraged to change their own clothes as much as possible
- campers will not be alone with a leader or staff member in his or her quarters
- a leader will under no circumstances share a bed or sleeping bag with a camper
- leaders will set limits with children who "cling" or hang on them
- leaders and staff will not give back rubs unless another adult is present, and then only with clothes on
- tickling or teasing a camper to the point where that camper is out of control is unacceptable
- pillow fights or wrestling matches and the like can become over-stimulating in short order and need to be limited and carefully supervised
- overnights need a minimum of two adult leaders.
- there needs to be at least one leader or staff member present of the same gender as the campers
- leaders of the opposite sex sleeping together on overnights is grounds for dismissal
- romantic lives of leaders and staff can, under no circumstances, be shared with campers
- camp staff should stay out of cabins after lights out at night unless on specific camp business
- male leaders and staff working with adolescent females need to be aware of the tendency for this group to develop hidden or secret romantic fantasies
- whatever is done with campers should be done in broad daylight, with company

Other Instructions

I agree to the following:

- to watch for signs of stress in myself and others as a way of maintaining a safe environment at camp.
- to help other leaders who seem at risk for hurting or abusing campers.
- to alert senior or supervisory personnel the need for more careful supervision, intervention or support.
- to seek help myself if I feel at risk for hurting, over-stimulating or abusing a camper.

By signing this document, I am attesting to the fact that I understand and accept the rules, guidelines and standards of conduct outlined in this document and the *Success Guide for Leaders at Camp*.

Signed _____ Date _____

Witness _____ Date _____

Adapted from: The Camp Line ACA Inc. Vol. III, No.2 ISSN 1072-2866

Name _____

County _____

ADULT ACTIVITY AND EVENT ACCEPTANCE FORM**Volunteer or Paid Staff Member**

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600A.

I. IDENTIFICATIONName _____ Home Phone (_____) _____
Last First Middle

Date of Birth ____/____/____

Sex Male FemaleHome Address _____
Street/P.O. Box City State ZipEmergency Contact _____
NameAddress _____ Home Phone (_____) _____
Street/P.O. Box City State Zip

Relationship _____ Work Phone (_____) _____

II. PUBLICITY RELEASE

As indicated by the signature below, I authorize the University of Tennessee to photograph, film, audio/video record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature _____ Date _____

Date received in 4-H Center or county office _____

Name _____

County _____

III. HEALTH HISTORY AND MEDICAL RECORD

The information on this form will be provided to any health care providers in case of an emergency. This information will not be used to discriminate against a participant on the basis of any disability.

Name of Physician _____ Phone (____) _____

Medical/Hospital Insurance _____ Carrier _____ Policy or Group # _____

CHECK ALL THAT APPLY

Allergy to a medicine, food, plant, or insect toxin. Explain _____

Is participant allergic to the following drugs: Penicillin Sulfa Drugs Tetracycline Aspirin

List allergies to other drugs or allergens _____

Any condition that may require special care, diet or restriction of activities for medical reasons. Explain _____

Asthma Heart Trouble Nose Bleeds Diabetes Convulsions Fainting Spells

Do you wear? Dentures Contact Lens Other (Explain) _____

Is any medication, including medication for behavior modification, being taken at the present time? Yes No

If yes, explain _____

Date of most recent examination ____/____/____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any disease, accident, illness or past/present history related to the following? (If yes, please give dates and full details.)

	No	Yes	Year		No	Yes	Year		No	Yes	Year
Serious Illness/Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Limbs, Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____								

Immunizations	Last Yr. Given
Tetanus	_____
Diphtheria	_____
Polio	_____
Hepatitis (A, B, or C) (circle one/any)	_____

Immunizations	Last Yr. Given
Measles	_____
Mumps	_____
Rubella	_____
Varicella (Chicken Pox)	_____

Have Had
<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella
<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Tuberculosis

IV. EMERGENCY MEDICAL RELEASE

In consideration of my participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. In the event of illness or injury, I hereby authorize the University of Tennessee and its representative(s) or agents(s) to secure any necessary treatment, including the administration of anesthetics and surgery. I further give permission to the University of Tennessee and its representative(s) or agent(s) to provide this medical history form to health care personnel. I authorize my physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. Either the original permission or a photostatic copy thereof is valid as an authorization.

I recognize that the University of Tennessee's sickness and accident insurance does not provide full coverage for participants in this activity or event. I accept responsibility for payments of those medical costs incurred for injuries or illnesses that are not covered by the University of Tennessee's insurance.

I have read this Release and Assumption of Risk Agreement and signed it on behalf of myself, my heirs, assigns and anyone entitled to act upon my behalf.

*Signed _____ Date _____
Volunteer or Paid Staff Member's Signature Month, Day, Year

*If for any reason you do not sign this, you must complete and sign Form 600C.

TENNESSEE LAW ON MANDATORY REPORTING OF CHILD ABUSE AND CHILD SEXUAL ABUSE

All members of the University community are responsible for compliance with Tennessee laws on mandatory reporting of child abuse and child sexual abuse. Please go to the following website to find detailed information from the Tennessee Department of Children's Services on how to identify and report child abuse and child sexual abuse: <http://www.tn.gov/youth/childsafety.htm>.

The following is a summary of key provisions of Tennessee law on mandatory reporting of child abuse and child sexual abuse.

Who Must Report

Tennessee law mandates reporting by **any person** who has knowledge of physical or mental harm to a child if: (1) the nature of the harm reasonably indicates it was caused by brutality, abuse, or neglect; or (2) on the basis of available information, the harm reasonably appears to have been caused by brutality, abuse, or neglect.

Tennessee law also mandates reporting by **any person** who knows or has reasonable cause to suspect that a child has been **sexually abused**, regardless of whether it appears the child has sustained an injury as a result of the abuse.

The Tennessee mandatory reporting laws define a child as a person under 18 years of age.

How to Report

Call 911 if the situation is a life threatening emergency. In other cases, a report of child abuse or child sexual abuse must be made **immediately** to one of the following four authorities:

- The Tennessee Department of Children's Services (reports can be made by calling the Central Intake Child Abuse Hotline at 1-877-237-0004);
- The sheriff of the county where the child resides;
- The chief law enforcement official of the city where the child resides; or
- A judge having juvenile jurisdiction over the child.

Please note that University police departments are not included in the list of authorities. Reporting to University police, a supervisor, or any other University official or employee does not satisfy an individual's duty to report child abuse or child sexual abuse to one of the authorities listed above.

Criminal Penalties for Failure to Report

Any person who knowingly fails to make a report of child abuse as required by Tennessee law commits a Class A misdemeanor.

Any person who knowingly and willfully fails to report known or suspected child sexual abuse, or who knowingly and willfully prevents another person from doing so, commits a Class A misdemeanor.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE REQUIREMENTS OF TENNESSEE LAW DESCRIBED IN THIS DOCUMENT.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____



ADULT VOLUNTEER APPLICATION FORM

Mission of Tennessee 4-H Youth Development

To provide research-based Extension educational experiences that will stimulate young people to gain knowledge, develop life skills and form positive attitudes to prepare them to become capable, responsible and compassionate adults.

Vision of Volunteer Involvement in Tennessee 4-H Youth Development

Volunteers will be woven into the fabric of Tennessee 4-H Youth Development, playing a key role in fulfilling the mission of the organization. Caring and knowledgeable volunteers will deliver quality programs that enhance life skill development for Tennessee's youth. This group of diverse volunteers will be vital to the organization, providing innovative ideas and serving as key resources and 4-H ambassadors in their local communities. The effective engagement of trained volunteers will multiply the efforts and accomplishments of UT Extension personnel.

UT Extension aims to provide a safe environment for all persons involved in 4-H Youth Development activities. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interests with the appropriate position description and needs of the organization. Answers given by the applicant may be verified.

GENERAL INFORMATION

Name Last First M.I. Name you prefer
Home Address Street, Box, Route, Apt. # How long at this address?
City State ZIP County
Mailing Address (if different)
Email Address How long have you resided in this county?
Phone Daytime Evening Last Four Digits of Social Security Number (required)*

*The last four digits of your social security number or personal tax identification number is required by UT Risk Management for any volunteer or friend of UT. The last four digits of your social security number will be used only once for the assignment of a special UT personnel number. Your SSN will not be released and will remain confidential.

4-H EXPERIENCE

Are you a 4-H alumnus/alumna? Yes No
If yes, where? City County State
If yes, what year(s) were you a 4-H'er?
Have you ever been a 4-H volunteer? Yes No
If yes, where? City County State
Why are you interested in a 4-H volunteer position?
Have you ever worked with youth before? Yes No

If yes, please explain briefly. _____

What time commitment and duration are you considering?

_____ Hrs./week _____ Hrs./month 1-3 months 3-6 months 6-12 months

Do you prefer to work directly with youth adults both

If you prefer to work directly with youth, what age level(s) do you prefer? (Check all that apply.)

Explorer (4th grade) Junior (5th & 6th) Junior High (7th & 8th) Senior: Level I (9th & 10th) Level II (11th & 12th)

TRANSPORTATION

Do you have access to a car? Yes No Do you have a valid driver license? Yes No

Driver License Number

State

Date of Expiration

Have you ever been cited for a traffic violation? Yes No

If yes, please explain. _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra pages as necessary.)

1. _____
Current Occupation/Volunteer Position Employer/Organization Name

Employer/Organization Address

Employer/Organization Telephone

City/State/ZIP

Email Address

Employed From/To

2. _____
Previous Occupation/Volunteer Position Employer/Organization Name

Employer/Organization Address

Employer/Organization Telephone

City/State/ZIP

Email Address

Employed From/To

3. _____
Previous Occupation/Volunteer Position Employer/Organization Name

Employer/Organization Address

Employer/Organization Telephone

City/State/ZIP

Email Address

Employed From/To

4. _____
Previous Occupation/Volunteer Position Employer/Organization Name

Employer/Organization Address

Employer/Organization Telephone

City/State/ZIP

Email Address

Employed From/To

EDUCATIONAL BACKGROUND

Name of Last High School Attended _____ State _____ County _____

Did you graduate? Yes No

If not, please circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED

Education Beyond High School (Please begin with current or most recent.)

Institution/City/State _____ Attended From (Month/Year) To (Month/Year) _____ Degree _____ Major _____

Institution/City/State _____ Attended From (Month/Year) To (Month/Year) _____ Degree _____ Major _____

Languages Spoken (other than English) _____

Other Educational or Special Training (CPR training, First Aid training, etc.) _____

REFERENCES

Please list three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

1. _____
Name _____ Street Address _____ City/State/ZIP _____

Day Phone Number _____ Evening Phone Number _____ Email Address _____ Relationship _____

2. _____
Name _____ Street Address _____ City/State/ZIP _____

Day Phone Number _____ Evening Phone Number _____ Email Address _____ Relationship _____

3. _____
Name _____ Street Address _____ City/State/ZIP _____

Day Phone Number _____ Evening Phone Number _____ Email Address _____ Relationship _____

I authorize contacting the references listed on page 3, previous employers and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension and the Tennessee 4-H Youth Development program and to fulfill my volunteer responsibilities to the best of my ability. I also understand that UT Extension may contact other individuals as needed to verify my fitness and experience in working with youth.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature _____ Date _____

13-0104 10/12
Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.





BACKGROUND DISCLOSURE FORM

Last Name

First Name

M.I.

UT Extension aims to provide a safe environment for all persons involved in 4-H Youth Development activities. This form is designed to be an information-gathering aid in order to successfully match the applicant with a volunteer position.

A "yes" answer does not automatically exclude you from becoming a registered volunteer. If there are any changes in answers to these questions, the volunteer should immediately contact the local Extension office.

1. Have you ever had problems with

- a. Substance abuse? Yes No
- b. Criminal behavior? Yes No
- c. Child abuse or neglect? Yes No
- d. Suspension or revocation of your driving privileges? Yes No

2. Have you ever had an indictment, conviction, imprisonment or fine for any criminal violation including, but not limited to, DUI, substance abuse, child abuse or child neglect? Yes No

3. If yes, to any of the above questions, give date(s), location(s) and complete name at the time(s).

4. If yes, to any of the above questions, please describe what steps you have taken to correct the problem(s).

5. Other than the above, is there any other fact or circumstance involving you or your background that would affect your ability to be entrusted with the supervision, guidance and care of youth under the age of 18? Yes No (If yes, please explain.)

6. Do you currently have the minimum vehicle insurance coverage required by the State of Tennessee? Yes No



BACKGROUND SCREENING CONSENT

Form with fields: Last Name, First Name, M.I., *Last Four Digits of Social Security Number, Current Street Address, How long?, Date of Birth, City, State, ZIP, County, Home Phone, Driver License Number, State, Date of Expiration

*The last four digits of your social security number are collected for the sole purpose of conducting background clearances. Providing the information is optional; however, for those positions that require criminal background checks, this information is necessary for program participation.

List below any previous residence(s) (beginning with the most recent) and any alias, maiden or other names for the past seven years. (Include city, state and zip code.)

Three numbered sections for previous residences with fields: Previous Street Address, How Long at This Address, City, State, ZIP, Alias, Maiden or Other Names

Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation? [] Yes [] No

If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. A criminal record will not necessarily prevent an applicant from becoming a 4-H volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)

I hereby authorize the 4-H agent or authorized representative of the organization bearing this application to obtain a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature and Date lines

13-0104 10/12 Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.

