



**APPLICATIONS AVAILABLE MARCH 1ST** 

## **JOIN US FOR**

# EST KY



**JUNE 21-23** 

**SPRINGS, KY** 

ADULT(S) MUST HAVE A BACKGOUND HECK WITH COUNTY EXTENSION OFFICE



Registration due to the Muhlenberg **County Extension Office (3690 State** Route 1380 Central City, KY 42330) **BY MONDAY, MAY 13** 

# EVENTS

Ag, Canoeing, Cooking, Crafts, Fishing, Low Ropes, Nature, Recreation, Swimming

For more information contact Mackenzie Pogue:

Phone: (270) 338-3124 Email: mackenzie.pogue@uky.edu



Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available in may be available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.





Lexington, KY 40506





<b>8</b>	Cooperative Extension Service
<b>(4)</b>	<b>Extension Service</b>

#### **Kentucky 4-H Camping 2024**

Camp Participant Registration – Camper/Teen

<b>HCP Approval Stamp</b>	

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
A441-11f2	Fall 2024 School & Grade:	Country	Di-1i1 C
Attended camp before?  ☐ Yes - # years:	Fall 2024 School & Grade:	County:	Biological Sex: ☐ Male
□ No			☐ Female
Shirt Size: (Select One)		Birthdate:	Age on 1st day of camp?
YS YM YLYXL AS AM	M AL AXL A2XL A3XL A4XL	//	
Participant's Home Adda	ress:	I	Participant's Race:
			☐ White ☐ Black
			Asian
			☐ American Indian
			☐ Hawaiian
			Other
			Participant's Ethnicity: ☐ Hispanic
			☐ Non-Hispanic
Legal Parent/Guardian #1 F	2.11 N	Email Address:	Cell/Home Number:
Legai Parent/Guardian #1 F	'uii Name:	Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notific	cations of uncoming statewide Camp-
		Sponsored Events and Promotions at this	email address.
Legal Parent/Guardian #2 F	Full Name:	Email Address:	Cell/Home Number:
		☐ Yes - I would like to receive email notific	
E C + E 11 N		Sponsored Events and Promotions at this	
Emergency Contact Full Na	ame:	Relationship to Participant:	Cell/Home Number:
Physician Name:		Physician Phone Number:	
,			

Buy your participant some camp gear. <a href="www.4hcampstore.com">www.4hcampstore.com</a>

Is your participant looking for more camp opportunities? <a href="www.4hcampevents.com">www.4hcampevents.com</a>

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PARTICIPANT NAME:						
Is the camp participant up to date on immunizations as outlined by Kentucky law required for enrollment in public, private, or home school, based upon the grade the participant will be enrolled for the upcoming school year?  YES  NO (If marked NO, check with your 4-H Agent for a waiver of liability form.)						
Does the participant have health insurance coverage?						
☐ YES (Insert a JPEG or PNG file – front and back – of the ins ☐ NO (No worries! The camp provides excess medical insurance)						
☐ ACTIVE DUTY MILITARY (not required to provide a copy	,					
FRONT OF INSURANCE CARD	BACK OF INSURANCE CARD					
	n the staff should be made aware of to provide a better camp experience may allow us to make accommodations based on their individualized home or school to have a successful experience.					
Behavioral (i.e., mental, emotional, physical)						
Medical (i.e., asthma, autism, seizures, sleepwalker, etc.)						
Allergies (check the applicable boxes below and de	escribe the allergy and reaction seen)					
No known allergies: Food:	Medication: Seasonal/Environmental:					
<u>Dietary (check the boxes below if applicable)</u>						
Vegetarian: Gluten Intolerant:	Alpha Gal: Does not eat Pork:					
Other accommodations or important details (use a	Other accommodations or important details (use additional sheet of paper if needed):					
(400						







# Kentucky 4-H Camping 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 is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director. Absolutely no tobacco products are to be used in cabins, woods or non-designated areas of camp.
- 4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
- 5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
- 6. Camp participants 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 office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
- 8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
- 9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
- 10. Fireworks are not to be used by camp participants at any time.
- 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 in the 4-H Camp Dress Code.
- 13. Camp participants 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. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
- 15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
- 16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
- 17. No camp participant is to be around or on maintenance equipment.
- 18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
- 19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.







- 20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
- 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 camp participant or staff.
- 23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, 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 County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
- 24. Camp participants should demonstrate respect toward others. Bullying, hazing, or 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 dismissal from camp.

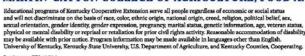
Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/quardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's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

Participant Signature:	Date:
Parent/Guardian Signature:	Date:

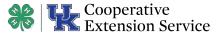
nity and Economic Development

4-H Youth Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







### **Kentucky Residential 4-H Camp Essential Standards for Camp Participants**

It is the policy of the University of Kentucky, Kentucky 4-H and the Kentucky 4-H Camping program to encourage and accept participants without regard to race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental ability. Parents/Guardians of children who have medical conditions or other disabilities requiring special attention should alert the agent to ensure proper care and accommodations are provided. If the camper requires personal care or a level of attention not available through camp staff or volunteers, a family friend or relative of the same sex over age 18 or a parent/guardian must accompany the child as a caregiver. The parent/guardian will agree to pay the individual costs of the caretaker (25% of the camper registration fees.) The Client Protection Process will be performed on the caretaker with favorable results.

To determine whether a caregiver should accompany a camper, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth
- Ability to attend to toileting needs
- Ability to understand and follow oral or written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to participate in a communal living environment with minimal individual attention
- Ability to sustain a 15-hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to dangerous conditions
- Ability to take medications according to a pre-set schedule and with minimal assistance

If a caregiver is not provided and a camper cannot meet the essential standards listed above, they may be dismissed from camp. If a camper must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.

I have reviewed and acknowledge the essential standards for camp participants policy.		
Parent/Guardian Signature:	Date:	



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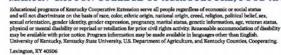




PARTICIPANT NAME:	
	ITHODIZATIONS /DELEASES
	JTHORIZATIONS/RELEASES You must read and understand it before signing it.
MEDIA RELEASE:  I grant the Kentucky 4-H Program and the University of Kereproduce, assign, and/or distribute photographs, films, videpromotion/advertising, educational publications, electronic ☐ Yes. I grant permission for media releases. ☐ No. ☐ Pick-up Release:	ntucky, Kentucky State University, and persons acting through them, the right to use, cotapes, and sound recordings of my minor child without compensation for use in publishing, and personal memorabilia. Participant names may be published.  I do not grant permission for media releases.
relationship to the child. Please inform everyone approved child will be released. <b>Parents, Guardians, and Emergen</b>	en upon return from camp. There will be no exceptions to this policy regardless of by you on this release that he/she must present a driver's license or photo ID before the cy Contacts listed on page 1 and 2 are automatically assumed to have pick up a page 1, the following individuals are granted permission to pick up my child:
NAME: RELATIONSHIP	Phone/Cell#
NAME:RELATIONSHIP	Phone/Cell#
NAME: RELATIONSHIP	Phone/Cell#
medical treatment including ordering x-rays and routine test insurance purposes. I permit the camp to arrange necessary hereby permit the physician selected by the camp to secure CODE OF CONDUCT:  I have read and discussed the Camp Code of Conduct with the guidelines. Violations may result in loss of privileges, responsible for paying, and/or ineligibility to participate in ASSUMPTION OF RISK, RELEASE OF LIABILITY, I acknowledge that there are certain risks, hazards, and dandamage to my personal property as a result of allowing part and traditional camp activities, transportation accidents, we falls, pinches, scrapes, twists, and jolts that could result in sedebilitating or life-threatening hazards. I understand that in materials, or facilities recommended by the University of K unavailability of immediate and adequate emergency medic health or safety of participants, nor does it protect against the tin the camping program, I do hereby release the University Extension District Board(s), the 4-H Camp, Kentucky State and assigns from any and all liability, damages, cost, and exproperty that may occur as a result of participating in the camping Program is based on the challenge by choice philotechniques, but that my child's participation is purely volum (including, but not limited to: high ropes, rock climbing, lo I understand that my participation in this activity may entail understand and acknowledge that there is currently a COV facilities and/or participating in activities and events owned	gers, including the risk of physical injury, disability, or death and risk of loss of use or icipation in the camping program. Risks include but are not limited to recreational games ather-related hazards and natural disasters, infectious diseases, the possibility of slips and cratches, bruises, sprains, lacerations, fractures, concussions, or even more severely ury or loss may result from unknown or unexpected risks and the use of equipment, entucky; environmental conditions; from the acts or omissions of others; or from the al care. I understand that the University of Kentucky does not guarantee the personal are risk of loss of personal property. In consideration for allowing my child to participate of Kentucky, the University of Kentucky Cooperative Extension Service, the county University and their trustees, directors, officers, members, agents, employees, volunteers, repenses arising out of or relating to bodily or psychological injury, loss of life, or personal mping program. I understand that my child's participation in the Kentucky 4-H Summer psophy. I recognize that programs are designed to use experiential, engaging teaching tary, always, and my child will choose his or her level of participation in any activity we challenge elements, rifles, archery, trap shooting, horses, and cave exploration). I certain anticipated and unanticipated risks regarding personal injury or illness. I further ID-19 pandemic in the U.S. and that there may be health risks associated with entering I or operated by the University of Kentucky or the University of Kentucky Cooperative I informed assumption of full responsibility and liability regarding any injuries or illness,
Participant Signature:	Date:
Parent/Guardian Signature:	Date:

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development













### **Kentucky 4-H Camping 2024**

Camp Participant Registration – *Adult Volunteer* 

HCP Approval Stamp			

LICD Assessed Champs

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before?  ☐ Yes - # years: ☐ No	Biological Sex: ☐ Male ☐ Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL	A3XL A4XL	Email Address:	County:
Participant's Home Address:		Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race:  White Black Asian American Indian Hawaiian Other Participant's Ethnicity: Hispanic Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:
Are there any specific behaviors, of to provide a better camp exper		, accommodations, or information	on which the staff should be made aware
Does the participant have healt  ☐ YES (Insert a JPEG or PNG f ☐ NO ☐ ACTIVE DUTY MILITARY	île – front and back – of the i		
FRONT OF INSU	RANCE CARD	BACK O	F INSURANCE CARD

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Disabilities accommodated with prior notification.



#### **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 the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns 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:

Are you looking to buy some camp gear? www.4hcampstore.com

Are you looking for more volunteer opportunities? www.4hcampevents.com

Cooperative **Extension Service**  MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

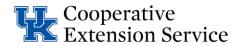
Agriculture and Natural Resources











# Volunteer Application Kentucky Cooperative Extension Service

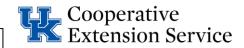
Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

#### I. GENERAL INFORMATION

Name					
(FIRST)	(MIDDLE	E) (LAST)			
e-mail					
Phone: Primary		_Mobile			
Other	Work_				
Mailing Address					
Mailing Address_ (STREET, BOX, ROUTE, APT	#) (CITY)		(STATE	)	(ZIP)
Residential Address (If different from	n above):		(2):		
How long have you lived at presen	t address?	(Street, Box, Route, Apt#)  Vears	(City)	(State)	(Zip)
If less than five years, list your prio		· ·	·		
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
(STREET, BOX, ROUTE, APT#)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
Ethnicity: (check one): ☐ Hispan					
Racial Groups (check all that appl ☐ American Indian or Alaskan Nati ☐ Native Hawaiian or Other Pacific	ve	☐ Black or African ☐ Asian	Americ	can	
Gender:	⊒ Female □	I Male □ Other:	_ Occu	pation	:
	Employer:_				
If you were a 4-Her, indicate Count	ty:		_State:		
If you have volunteered with youth	(including 4	-H), how long did yo	ou do s	o?	
If yes, list City:	Cc	ounty:		State	):
Have you been convicted of two or ☐ Yes ☐ No If yes, please explain	more movir	ng vehicle violations	in the	last 12	months?



#### UK CES Volunteer Application, page 2



			none:
ence (LIST CURRENT	OR MOST RECENT EXP	ERIENCE FIRST)	
V	OLUNTEER ROLE		YEAR(S)
V	OLUNTEER ROLE		YEAR(S)
CONTACT		TION	
CONTACT	INFORMA	IION	
(1	MIDDLE)	(LAST)	
			_
	Work		
	_cell phone	work ¡	ohone
(City)		(State)	(Zip)
son?		email	
	_cell phone	work p	hone
(City)		(State)	(Zip)
on?		email _	
nces listed above.			
cord Check may be	conducted Lunders	tand that the misre	nresentation or omission
se for non-appointme	ent/ termination/dise	ngagement as a vo	lunteer.
best of my abilities. dually and as respon e, in which USDA, th nteer, I am committi cal belief, sex, sexu	I understand that the sible, productive citize the University of Kentung to involve individual orientation, gende	purpose of 4-H Yozens. I recognize th ucky, Kentucky Sta als regardless of ra r identity, gender e	outh Development nat Extension programs te University and all ace, color, ethnic origin,
		 Date	
	CONTACT  (Interpretation of the stand best of my abilities. dually and as response, in which USDA, the nteer, I am committing call belief, sex, sexual call belief.	VOLUNTEER ROLE  VOLUNTEER ROLE  VOLUNTEER ROLE  CONTACT INFORMA  (MIDDLE)  Mobile  Work  EFERENCES  you, who know about your qualificate and a volunteer with a symmetric phone  cell phone  (City)  con?  cell phone  (City)  cond Check may be conducted. I understate for non-appointment/ termination/diservation and as responsible, productive citizen, in and committing to involve individucal belief, sex, sexual orientation, gende	CONTACT INFORMATION  (MIDDLE) (LAST)  Mobile  Work  EFERENCES  you, who know about your qualifications and experi s experience as a volunteer with a youth organization inization. Please include complete address and phone  cell phone work p  (City) (State)  con?  cell phone work p  (City) (State)  con?  cell phone work p  cond Check may be conducted. I understand that the misre, see for non-appointment/ termination/disengagement as a volually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point in the purpose of 4-H You dually and as responsible, productive citizens. I recognize the point individuals regardless of recall belief, sex, sexual orientation, gender identity, gender eage, veteran status, or physical or mental disability.

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

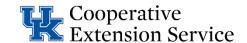
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#### UK Motor Vehicle Record Information Form



### Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to Eausby@uky.edu in UK Risk Management

UK Risk Management 306 Peterson Service Building Lexington, KY 40506-0005 Phone: (859) 257-3708

Services provided by: Underwriter's Safety & Claims Phone: (502) 244-1343 Please attach scan of Drivers' License.

#### **Department Information:**

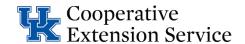
UK Department:		Department Nur	mber:	
Supervisor/Contact:		Supervisor/Conta	ect Phone:	
Driver Information: Check One _	Employee	4-H Volunteer	Other:	_
Name: Exactly as it appears on Drivers' li	cense	Phone:		
Address:		City:	ST:	Zip:
Sex:Date of B	irth:	County:		
Drivers License Number:		State:		
Years Driving Experience Yrs.:	Mos.:	Date of Hire	:	
In connection with any application made concerning matters of motor vehicle inform State, and other agencies which maintain re	nation. I understa	nd that you may be requesting	g information from	
I authorize, without reservation, any party of harmless, the University of Kentucky, its Brand/or responsibility for doing so. I here Underwriter's Safety & Claims and/or any of electronic form. I recognize that these in by me.	oard of Trustees, by give consent f their agents. Thi	officers, employees, agents, at to the University of Kentuck is authorization and consent sl	nd representatives y to obtain such hall be valid in an o	from any liability information from original, fax, copy
Failure to provide all information requested	may result in a de	elay of University of Kentucky	driving privileges.	
Driver's Signature: X			Date:	

Email completed forms to Eunice Ausby at Eausby@uky.edu

Revision 3/16/2021



#### Criminal Record Check Request



#### University of Kentucky Extension Volunteer Criminal Record Check Request

# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS Please Read Carefully Before Signing the Authorization

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 www.verifiedvolunteers.com as well as two personal references.

For explanation purposes:

- a "criminal record check" is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a "personal reference" is a report of information on your character, reputation, personal characteristics, or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and "A Summary of Your Rights under the Fair Credit Reporting Act." (Note: We will not run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately: First Name: Middle: Last: Social Security Number:\_\_\_\_\_ Email: \_\_\_\_ Date of Birth: Phone Number: \_ Driver's License #:\_\_\_\_\_\_Driver's License State:\_\_\_\_\_ Current Address: 1: From To Seven Year Address History: Address 2:\_\_\_\_\_\_\_To\_\_ Address 3: From To Address 4:\_\_\_\_\_\_\_To\_\_\_\_\_To\_\_\_\_ Address 5: \_\_\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Maiden/Alias Names Used: I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.



Agriculture and Natural Resources

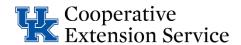
MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, vectean status, physical or mental disability or reprisal or restaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.



(signature) (date)



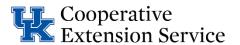


### **Child Abuse and Neglect Registry Check Authorization**

Please complete the following:

In addition to the other background check requirements of the University, volunteering with the University of Kentucky Cooperative Extension Service requires receipt of a letter from the Cabinet for Health and Family Services stating you have no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records. The Child Abuse and Neglect Registry (CAN) check may be updated periodically. Should this process reveal an adverse event, as determined by the University of Kentucky in its sole discretion, or should you falsify your application by neglecting to disclose requested information or by providing incorrect information, your volunteer role may be suspended or terminated.

	3			
Name:(First)		lle) (Maid	en/Nickname/Other)	(Last)
Sex:	Race:	Date of Birth:		
Social Security/Inc	dividual Taxpa	yer Identification #	:	
Date:				
Please list your add	resses for the I	ast five years. Use a	nother sheet of par	per, if necessary
Present Address:				
	Street	City	State	Zip Code
Previous Address:				
	Street	City	State	Zip Code
Previous Address:	:			
	Street	City	State	Zip Code
Previous Address:				
	Street	City	State	Zip Code
Previous Address:	:			
	Street	City	State	Zip Code



PLEASE READ CAREFULLY: I hereby authorize the University of Kentucky to complete a child abuse and neglect registry check ("CAN Check") on me. I further understand and acknowledge that volunteering with the University of Kentucky Cooperative Extension Service is contingent upon the successful completion of the CAN Check, as determined by the University in its sole discretion. I understand and agree that the CAN Check may be updated periodically, and that successful completion of the CAN Check is required. I understand and agree that my full participation in and cooperation with the CAN Check both before and during volunteering with the University of Kentucky Cooperative Extension Service is voluntary, and that should I choose not to participate and/or cooperate with the CAN Check, my volunteer role will be terminated. I further understand and agree that all University of Kentucky Cooperative Extension Service volunteers serve at the will of the University of Kentucky and volunteer roles may be suspended or terminated by the University in its sole discretion with or without advance notice.

I hereby authorize the University of Kentucky to obtain these CAN Check reports from the Kentucky Cabinet for Health and Family Services or any consumer/credit reporting agency for purposes of determining my eligibility to volunteer with the University of Kentucky Cooperative Extension Service.

I hereby assume any and all risks associated with this CAN Check and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to the CAN Check.

Signature	Date

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







#### Kentucky CES Volunteer Expectations



## **Kentucky CES Expectations for Volunteers**

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents, and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I will ensure that educational programs of KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer	Date
Signature of Supervisor or Agent	Date

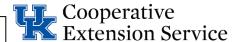
Cooperative **Extension Service** 

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT







## Criminal Record (Background) Check Results (attach here)

#### **Disclosure Regarding Volunteer Background Report**

Kentucky Cooperative Extension Service ("COMPANY") may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860. <a href="https://www.sterlingvolunteers.com">www.sterlingvolunteers.com</a>, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record, and private sources, including credit bureaus, government agencies and judicial records, andother sources.

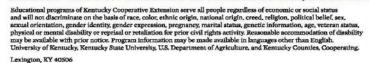
If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal reference.

Applicant's Signature	Date
Authorization to Obtain a Criminal I	Record Check (Background Report)
Cooperative Extension Service ("COMBackground Report. By my signature to Volunteers, a consumer reporting agence (855) 326-1860, www.sterlingvolunteers.cof such reports to the COMPANY and its making a volunteer decision involving throughout my volunteerism, to the extensive eservation, any state or federal law entities reservation, any state or federal law entities are reported agency, credit bureau or otherwise and all information regarding me to authorize Verified Volunteers to provide so ("fax"), electronic or photographic copy of	Volunteer Background Report provided by Kentucky (PANY") and this Authorization to Obtain Volunteer below, I hereby consent to the preparation by Verified by located at 1 State Street Plaza, New York, NY 10004, com/ of background reports regarding me and the release is designated representatives, to assist the COMPANY in me at any time after receipt of this authorization and to permitted by law. To this end, I hereby authorize, without forcement agency or court, educational institution, motor her information service bureau or data repository, to furnish to Verified Volunteers and/or the COMPANY itself and such information to the COMPANY. I agree that a facsimile this Authorization shall be as valid as the original.
Applicant's Name (Printed):	
Applicant's Signature:	
Date:	



MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

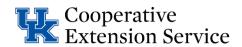
Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development







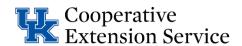




Volunteer Reference Form Placeholder #1

# **Kentucky Cooperative Extension Service Volunteer Reference Form** (attach here)



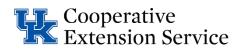


Volunteer Reference Form Placeholder #2

# Kentucky Cooperative Extension Service Volunteer Reference Form (attach here)

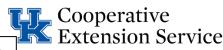


# Kentucky CES Volunteer Interview Notes

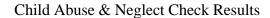


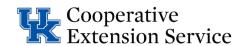
# Interview Notes (attach here)





# Interview Notes & Reactions from Interviewers (attach here)



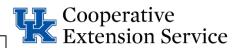


# Child Abuse & Neglect Check Results (attach here)

Staple the Child Abuse & Neglect Results (provided by Kentucky Cabinet for Health & Family Services) onto this page of the Volunteer Application Packet.



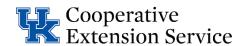
Sex Offender Registry Results



# Sex Offender Registry Results (attach here)

Staple the Sex Offender Registry Results (provided by Sterling Volunteers) onto this page of the Volunteer Application Packet.





# Kentucky Cooperative Extension Service 4-H Volunteer Reference Form

efe	rence Name	P	none ( )	
ldr	ress			
	ress Street	City	State	Zip
ΟV	tion applying foride a written volunteer position on description if done by teleph	description if done by lette	r. Provide a brief synopsi	s of the volunte
er	viewer's Signature			
uor	e of Telephone Interview _ ne by letter, use date of comple	euon.)		
	How long have you kno	wn the applicant?		
	What are the applicant'	s strengths and weakn	esses, as applied to	this position?
	Strengths:			
	Weaknesses:			
	Would you be willing to under the supervision o			
	Explain how this application	ant is a positive role mo	adal for youth	

Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating, Lexington, KY 40506





the following areas?	Dalaw		
	Below <u>Average</u>	<u>Average</u>	Outstanding
Emotional maturity	Average	Average	Outstanding
Leadership			
Enthusiasm and energy			
Self-confidence			- <del></del>
Sense of humor			
Handling emergencies			
Understanding of children			
Communication skills			
Dependability			
Patience			
Ability to work with children			
Why or why not?			
Please feel free to share any ac	dditional inforn	nation about t	his applicant.