





4-HCAMP

JULY 15-19, NORTH CENTRAL 2024 4-H CAMP

UNDER THE BIG TOP



Cooperative **Extension Service**

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 retailation 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.













Adult: 18 and above

Garrard County 4-H Camp Adult Volunteers serve an important role in our camping week. They serve as cabin leaders, class leaders or assistants, kitchen helpers, spotters at the swimming pool, and general managers of their campers. All of these are the easy roles.

Our adult counselors help a camper develop life skills, encourage participation, protect our young people from physical, emotional, and intellectual harm, resolve conflict, praise success, praise and teach to learn from failure, be a shoulder to cry on, a calm voice, a mediator, and the person a kid may look upon in the future as the person who made their camp experience great.

We hope you are that person.





When: July 15 - 19, 2024

Where:

North Central 4-H Camp, 260 Camp Drive, Carlisle, KY 40311

Cost:

No Cost

Classes:

Adult Counselors and Teen Counselors will sign up to assist with or teach a class. You will not be asked to teach something of which you have no prior knowledge.

4-H Summer Camp Adult Counselors must go through the complete UK Extension Client Protection process. This includes a background screening, sex offender registry check, child abuse and neglect check, reference check, interview, and also attend a mandatory training.

Completed Adult Applications will be accepted.



If you have rooming requests, please fill out the following lines with the names of who you would like to be with:

Camper Newsletter, with packing information, will be sent out closer to camp.

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University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.











Kentucky 4-H Camping 2024

Camp Participant Registration – *Adult Volunteer*

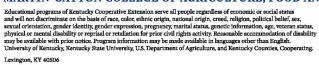
HCP Approval Stamp				

LICD A CA.....

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
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1			
Attended camp before?	Biological Sex:	Cell Phone Number:	Date of Birth:
☐ Yes - # years:	☐ Male	'	
□ No	☐ Female	· ·	
Shirt Size: (Select One)	·	Email Address:	County:
AS AM AL AXL A2XL	A3XL A4XL	'	
		'	
Participant's Home Address:		☐ Yes - I would like to receive	Participant's Race:
Tarticipant 5 Home Hadress.		email notifications of	☐ White
		upcoming statewide Camp-	Black
		Sponsored Events and	☐ Asian
		Promotions at the email address listed above.	☐ American Indian
		address fision above.	☐ Hawaiian
		·	☐ Other
		·	Participant's Ethnicity:
		'	☐ Hispanic
		'	☐ Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:
Emergency Contact Funct.	Relationship to 1 articipants	•	Centrione i none.
'		į	
'		•	
Are there any specific behaviors.	medical needs, dietary needs, a	accommodations, or informative	on which the staff should be made aware
of to provide a better camp exper		,	711 V. 111211 VI. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
of to pressure in a	ienee tot me p 1		
Does the participant have healt			
☐ YES (Insert a JPEG or PNG f	$file-front\ and\ back-of\ the\ ins$	surance card in the boxes belo	w.)
□ NO			
☐ ACTIVE DUTY MILITARY	<u>(not required to provide a copy</u>	of Military ID/Insurance Car	<u>d)</u>
FRONT OF INSU	RANCE CARD	BACK C	F INSURANCE CARD
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Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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









PARTICIPANT NAME:	

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, bu

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

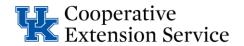
Are you looking for more volunteer opportunities? www.4hcampevents.com

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









Volunteer Application Kentucky Cooperative Extension Service

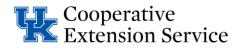
Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications,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

I. GENERAL INFORMATION

Name					
(FIRST)	(MIDDLE)) (LAST)			
e-mail					
Phone: Primary		_Mobile			
Other	Work				
Mailing Address(STREET, BOX, ROUTE, APT	(OLT) (O		(OT A TE	<u>:</u>)	(ZIP)
			`	•	(ZIP)
Residential Address (If different from How long have you lived at present	n above): : address?	(Street, Box, Route, Apt#) _years	(City)	(State)	(Zip)
f less than five years, list your prior	^r addresses	and the length of tir	ne you	lived a	t each.
STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
Ethnicity: (check one): Hispan	ic or Latino	☐ Not Hispanic o	r Latino)	
Racial Groups (check all that appl ☐ American Indian or Alaskan Nati ☐ Native Hawaiian or Other Pacific	ve	☐ Black or African☐ Asian	Amerio	can	
Gender:	∃ Female □	Male □ Other:	_ Occu	pation	
	:mployer:				
f you were a 4-Her, indicate Count	y:		State:		
f you have volunteered with youth	(including 4-	H), how long did yo	ou do so	o?	
f yes, list City:	Co	unty:		State	:
Have you been convicted of two or □ Yes □ No If yes, please explain:	more movin	g vehicle violations	in the	last 12	months



UK CES Volunteer Application, page 2



Extension staff with whom yo	· · · · · · · · · · · · · · · · · · ·		one:
Previous Volunteer Experienc	CC (LIST CURRENT OR MOST RECENT EX	PERIENCE FIRST)	
RGANIZATION	VOLUNTEER ROLE		YEAR(S)
RGANIZATION	VOLUNTEER ROLE		YEAR(S)
. EMERGENCY C	ONTACT INFORMA	TION	
I. EWIERGENCY C	ONTACT INFORMA	TION	
lame	(441221.5)	(1.407)	
		(LAST)	
-mail			
hone: Primary	Mobile		
Other	Work		
olunteer. If you have previous exposed by the from that youth organizes.	ration. Please include complete	e address and pho	one number.
) NAME:	cell phone	work p	hone
address			
ddress(Street)	(City)	(State)	(Zip)
ow do you know this persor	n?	email _	
) NAME	cell phone	work ph	none
ddress(Street)	(City)	(State)	(Zip)
low do you know this persor	n?	email _	
authorize the contact of the reference	s listed above.		
understand an annual Criminal Recor	d Check may be conducted. I under	stand that the misrep	presentation or omission
information requested is just cause f			
accepted as a volunteer, I agree to all e volunteer responsibilities to the best ograms is to develop youth individuate part of the College of Agriculture, in entucky counties share. As a volunter ational origin, creed, religion, political arital status, genetic information, age	st of my abilities. I understand that the Ily and as responsible, productive cit in which USDA, the University of Ken er, I am committing to involve individ belief, sex, sexual orientation, gender	e purpose of 4-H Yo izens. I recognize th tucky, Kentucky Stat uals regardless of ra er identity, gender ex	uth Development at Extension programs e University and all ce, color, ethnic origin,
gnature of volunteer		Date	

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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:

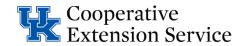
JK Department:Department Number:			_	
Supervisor/Contact:		Supervisor/Cont	act Phone:	
Driver Information: Check One _	Employee	4-H Volunteer	Other:	_
Name: Exactly as it appears on Drivers' li	cense	Phone:		
Address:			ST:	Zip:
Sex:Date of Bi	rth:	County:		
Drivers License Number:		State:		
Years Driving Experience Yrs.:	Mos.:	Date of Hire	e:	
In connection with any application made to concerning matters of motor vehicle inform State, and other agencies which maintain re	nation. I understa	and that you may be requestir	ng information from	
I authorize, without reservation, any party of harmless, the University of Kentucky, its Bo and/or responsibility for doing so. I herel Underwriter's Safety & Claims and/or any or electronic form. I recognize that these income.	pard of Trustees, by give consent f their agents. Th	officers, employees, agents, a to the University of Kentucl is authorization and consent s	and representatives ky to obtain such shall be valid in an o	from any liability information from original, fax, copy
Failure to provide all information requested	may result in a d	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.



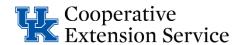
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(signature) (date)

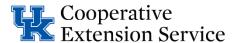




Child Abuse and Neglect Registry Check Authorization

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.

Please complete th	e following:			
Name:(First)	(Middle)	(Maider	n/Nickname/Other)	(Last)
Sex:	Race:	Date of Birth: _		
Social Security/In	dividual Taxpayer	Identification #: _		_
Date:				
Please list your add	dresses for the last	five years. Use an	other sheet of pape	er, if necessary
Present Address:				
	Street	City	State	Zip Code
Previous Address	5 :			
	Street	City	State	Zip Code
Previous Address	s:			
	Street	City	State	Zip Code
Previous Address):			
	Street	City	State	Zip Code
Previous Address	:			
	Street	Citv	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

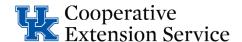








Kentucky CES Volunteer Expectations



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	

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Disabili accomm

Disabilities accommodated





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, www.sterlingvolunteers.com, 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.

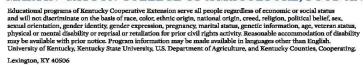
The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and 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 Crimina	I Record Check (Background Report)
Cooperative Extension Service ("CC Background Report. By my signature Volunteers, a consumer reporting ager (855) 326-1860, www.sterlingvolunteers of such reports to the COMPANY and making a volunteer decision involving throughout my volunteerism, to the extereservation, any state or federal law evenicle record agency, credit bureau or cany and all information regarding meauthorize Verified Volunteers to provide ("fax"), electronic or photographic copy of the Co	MPANY") and this Authorization to Obtain Volunteer below, I hereby consent to the preparation by Verified ncy located at 1 State Street Plaza, New York, NY 10004, s.com/ of background reports regarding me and the release its designated representatives, to assist the COMPANY in g me at any time after receipt of this authorization and ent permitted by law. To this end, I hereby authorize, without enforcement agency or court, educational institution, motor other information service bureau or data repository, to furnishe to Verified Volunteers and/or the COMPANY itself and e such information to the COMPANY. I agree that a facsimile of this Authorization shall be as valid as the original.
RIGHTS UNDER THE FAIR CREDIT REPO	ORTING ACT."
Applicant's Name (Printed):	
Applicant's Signature:	
Date:	
Cooperative MARTIN-GATTO	ON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Cooperative **Extension Service**

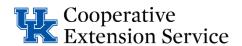
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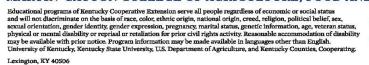


Kentucky Cooperative Extension Service Volunteer Reference Form

Appl	icant's Name					
Reference Name		Ph	one ()			
Addr	ess _					
	ess Street	City	State	Zip		
(Provi	tion applying forde a written volunteer position on description if done by telephone	description if done by letter	. Provide a brief synopsis	s of the volunteer		
Inter	viewer's Signature					
Date (If dor	of Telephone Interview ne by letter, use date of completers	iion.) ********	*******	*******		
1.	How long have you know	wn the applicant?				
2.	What are the applicant's strengths and weaknesses as applied to this position?					
	Strengths:					
	Weaknesses:					
3.	Would you be willing to presponsible under their					
3.	Why do you consider thi	s applicant to be a pos	sitive role model?			

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







	Б /		
	Below	A	Outstanding
Figure 1 in a large 1 with a	<u>Average</u>	<u>Average</u>	<u>Outstanding</u>
Emotional maturity			
Leadership			
Enthusiasm and energy	-		
Self-confidence			
Sense of humor			
Handling emergencies			
Understanding of children Communication skills			
Dependability			
Patience			
Ability to work with children			
7 billy to work with children			
If given the opportunity, would NoYes	d you select this	person for thi	s position?
• • • • • • • • • • • • • • • • • • • •	d you select this	person for thi	s position?
NoYes	d you select this	person for th	s position?
NoYes Why or why not?			
NoYes			
NoYes Why or why not?			
NoYes Why or why not?			