

2025 4-H Camp Chaperone Application

Racine County and Kenosha County 4-H Camp

July 11-13, 2025

Application deadline: May 30, 2024

This packet contains:

- Brief Descriptions for Adult Volunteer Camp Positions
- Adult Volunteer Camp Application
- Health Form and Media Release Form

The following items are due from you by May 30, 2025:

- Application
- Health Form
- Media Release Form

We look forward to reviewing your application for our 2025 4-H Camp! Please note that **by filling out these application forms, you are officially committing to be a 4-H Camp Chaperone for Base Camp on July 11-13, 2025.**

Please send application materials to

Racine County 4-H
Attn. 4-H Camp
1072 Milwaukee Ave,
Burlington, WI 53105



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Adult Volunteer Position Descriptions

Bus Coordinator (all chaperones will ride the bus and act in a supervisory capacity)

- Helps with initial check in of campers and counselors
- Responsible for the safety, supervision and enjoyment of the youth on the bus
- Works with counselors to make sure youth are comfortable and feeling excited for camp

Health Coordinator

Responsibilities:

1. Review all Youth Health Forms, Health Update Forms, and medication. Maintain confidentiality of all information. Ensure that every youth participant has a completed health form and health update form. Communicate with 4-H Youth Development Staff and parent/guardian for clarification of any concerns. Document communication.
2. Assemble or inventory first aid kit and supplies for infirmary or designated health area.
3. Communicate critical health information to volunteers and staff. All communication should be on a need-to-know basis.
4. At registration/check-in, collect all medication (exceptions allowed for medications that need to stay with the individual); ensure that it is properly labeled and stored in a locked unit.
5. Conduct orientation for participants regarding health station location and procedures in case of injury or illness.
6. Operate health station/infirmary. Set up procedure to dispense and document medication administration.
7. File a critical incident report on all accidents and injuries. Keep a log of all visitors, first aid treatments and medication treatments. Administer medications as directed on Youth Event Health Forms. Health coordinator should "make a record of the action in a bound book with preprinted page numbers, indicating the following information: name of the person receiving the medication or treatment; ailment; name of the medication or treatment; quantity given; date and time administered; initials of person administering; and comments." (ATCP 78.27(5)(b-c))
8. Administer basic first aid as needed. Call rescue squad and/or doctor in case of any accident that cannot be treated by basic first aid. Work with Program Director/Lead Advisor to complete incident report forms.
9. Return all medications at the end of the event.
10. Conduct inventory of supplies at end of event session.
11. Hand in all medical/medication/accident forms, program health log; health supply inventory; first aid kit and any evaluations/areas for improvement at the end of event.

Qualifications:

- Adults who are interested in working with youth and other volunteers
- Organizational, and communication (written & oral) skills
- Enthusiasm, patience, and understanding
- Enrolled as an active volunteer in 4HOnline (background check complete, and all required trainings completed)
- Specific training certifications:
 - Current certification for American Red Cross or American Heart Association First-Aid course and basic CPR and AED, including instructor-led in-person skill session.
 - Health services staff administering medication and not holding licensure in one of these areas (Currently licensed (in Wisconsin) physician, registered nurse, physician assistant, practical nurse, national athletic trainers' association certified trainer, emergency medical services practitioner (as defined in s. 256.01(5), American Red Cross Responding to Emergencies Course (or equivalent), or person currently certified as completing a wilderness first aid course as approved by the department), shall annually take the Wisconsin Department of Public Instruction online course, Medication Administration Principles and shall maintain documentation of the assessment test and passing grade.

General Camp Chaperone

- Responsible for the overall safety, supervision and enjoyment of the youth
- Works closely with youth counselors to support their work with the campers
- Works closely with 4-H Youth Development Staff and assists as needed

4-H CAMP ADULT VOLUNTEER APPLICATION

(Page 1 of 2)

Applications Due MAY 30, 2025

Name: _____ Date: _____
 First Middle Initial Last

Street Address: _____

City/State/Zip: _____
 City State Zip

Home Phone: _____ Cell: _____

Best phone number to reach **YOU**: _____ Gender: _____

E-mail: _____

Preferred Method of Contact: ___ Call ___ E-mail ___ Textl Occupation: _____

Please Check One:

I am a Racine County 4-H volunteer of _____ 4-H Club

I am an Kenosha County 4-H volunteer of _____ 4-H Club

I am a community/non 4-H volunteer

I am a 4-H volunteer from _____ County

Have you completed the volunteer trainings? ___ Yes ___ No

Please select your t-shirt size (All adult sizes) S M L XL XXL XXXL

Have you been a volunteer with 4-H Camp before? ___ Yes ___ No

Do you have any specialized training or certifications (i.e., First aid, CPR, lifeguard)? ___ Yes ___ No
If yes please explain, _____

Do you need any special accommodations while at camp? ___ Yes ___ No
If yes, please explain or speak with the 4-H Youth Development Staff: _____

If selected, would you understand that there are orientation and trainings required prior to attending camp? ___ Yes ___ No

*****More on Reverse Side*****

4-H CAMP ADULT VOLUNTEER APPLICATION (Page 2 of 2)

Please rank the positions you are applying for, in order of preference, with **1** being your first choice, **2** being your second choice, etc. Leave blank if you're not interested

____ Bus Coordinator

____ First Aid Coordinator

____ General Camp Chaperone

Adult Volunteer Expectations and Responsibilities

As a UW-Extension volunteer, I will:

- Attend the Camp Staff Orientation scheduled for February 21 at 6:30-8 pm (location TBD), a meeting for adult camp staff members (date TBD), and other camp staff training sessions which will be scheduled during the orientation.
- Conduct myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, treating others with respect, and demonstrating reasonable conflict resolution skills.
- Conduct myself in a manner that is in the best interest of the program participants and to ensure safety and enjoyment of all.
- Participate in all assigned camp activities and assist with arrangements as needed, unless special accommodations have been discussed previously with 4-H Youth Development Staff.
- Reinforce established rules and policies as set by UW-Extension 4-H Youth Development.
- Make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, sex, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status.
- Follow the guidelines for assigned roles (i.e., First Aid Coordinator, Dining Hall Supervisor, etc.)
- Assist in camper check-in on the day of departure alongside camp counselors.
- Report to and consult with 4-H Youth Development staff in determining appropriate disciplinary action in the case of inappropriate youth behavior.
- Carry out other responsibilities as assigned by 4-H Youth Development staff.

I have read and understand and agree to abide by these expectations for camp volunteers. I understand that I am fully committing to these expectations and that suspension or termination of my position as a volunteer will result if I do not meet these expectations.

Volunteer Signature: _____ Date: _____

**DEADLINE: MAY 30, 2025
FOR QUESTIONS, PLEASE CONTACT**

Elizabeth Vazquez - Racine CO
1072 Milwaukee Ave,
Burlington, WI 53105
elizabeth.vazquez@wisc.edu
262-441-2652
262-767-2915

Carolyn Van Sloten - Kenosha CO
19600 75th Ave
Bristol, WI 53104
carolyn.vansloten@wisc.edu
262-857-1932

PLEASE NOTE: State law requires that all groups must provide a 1:10 ratio of adults to youth at all times, including in cabins at night, therefore all adults will be sleeping in cabins to supervise youth during overnight hours. If special accommodations are needed please contact the 4-H Educator.

Youth Event Health Form

Event Name: _____

Dates: _____

Youth Name: _____ Birth date ____/____/____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home (____) ____ - ____ Work (____) ____ - ____ Cell phone (____) ____ - ____

Home address: _____
Street City State Zip

Second parent/guardian and/or emergency contact: _____ Phone: Home _____
Work _____

Address: _____
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check) List specifics
		Asthma			Insect stings
		Diabetes			Foods
		Epilepsy			Medications
		Psychiatric			Other
		Cognitive/Developmental			Do any allergies require an EPIPEN injection?
		Any dizziness, light-headedness or fainting associated with exercise within the past year?			Is insulin required and carried by youth?
		Any unexplained, rapid or irregular heart beat within the past year?			Is an inhaler required and carried by youth?
		A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)		

Name of Insurance Co.: _____ Policy #: _____

Medications camper will be taking during event:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Participant Name: _____

Youth Event Health Form (Continued)

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #4	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No

Benadryl: Yes No

Ibuprofen: Yes No


CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in an event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	No medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date



Extension
UNIVERSITY OF WISCONSIN-MADISON



**UPHAM
WOODS**

PHOTO RELEASE PERMISSION FORM

___ I grant permission to the University of Wisconsin-Extension to use my photo and comments in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

___ I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) _____, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: _____ Date _____

Address: _____

Phone: _____

Signature: _____

Please sign and return this form to: Upham Woods Outdoor Learning Center, N194 County Rd N, Wisconsin Dells, WI 53965, 608-254-6461.