



4-H "A NIGHT IN HOLLYWOOD" 2026 STAFF APPLICATION FORM

This form is due by **Wednesday, October 28, 2026**. It may be dropped off in person at the University of Wisconsin-Madison, Extension Racine County office in Burlington (1072 Milwaukee Avenue) on weekdays between 8:00 a.m.-12:00 p.m. or 12:30-4:30 p.m. by the stated date and time, placed in the drop box in front of the Extension Racine County office in Burlington by the stated date and time, postmarked via USPS mail by the stated date, or emailed (elizabeth.vazquez@wisc.edu). Late forms are unable to be accepted.

Night with the Stars staff positions are available to Racine County 4-H youth who are in 7th grade and above (during the 2026-2027 school year). A limited number of positions are available and selections are based on this application and the needs of this event. A position is not guaranteed. Decisions are made by a committee and these decisions are final.

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- Who:** Racine County 4-H members in 7th grade and above (based on 2026-2027 school year) who want to further develop their leadership skills, responsibility, and gain experience working with younger youth.
- When:** Staff will be expected to arrive at 1:30 p.m. on Friday, November 27th for a training session and set up. Staff will be able to leave by 10:00 a.m. Saturday, November 28th, as long as the facility is cleaned up by that time. Only staff who can commit to the entire overnight experience will be considered.
- Where:** Union Grove Elementary School 1745 Milldrum St., Union Grove, WI 53182
- Cost:** \$10 per staff member (includes a t-shirt, dinner, snacks, and breakfast) **to be paid after staff selections are made.** Please do not send money at this time.
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Name: _____ **Phone:** _____

E-Mail Address: _____ **Club:** _____

Gender: _____ **Youth Grade (2026-2027):** _____

T-Shirt Size: Youth _____ Adult _____

Applicant is enrolled as a 2026-2027 Racine County 4-H member in 4HOnline: Yes or No

(Current enrollment is required for this program. Please go to 4HOnline (wi.4honline.com) to enroll and update your health form before the October 24th staff application deadline.)

**Please rank your interest (#1 being your first choice) in the following Night with the Stars roles:
(Please rank at least two roles.)**

_____ **Counselor:** You will be responsible for actively engaging, leading, and caring for an assigned group of participants.

_____ **Foods Team:** You will prepare, cook, serve, and clean-up dinner, snack, and breakfast.

_____ **Head Counselor:** You will lead, serve as a resource for, and mentor a group of counselors. This role is appropriate for older Junior Leaders with Night with the Stars or counselor experience.

_____ **Counselor in Training:** You will be learning skills while working with the head counselor and counselor of your assigned group of participants.

Short answer questions to be completed by the applicant:

What is an example of what an engaged Night with the Stars staff member looks like? _____

What skills do you hope to gain or learn to do better through the role you selected as your #1 choice? _____

Why will a participant at Night with the Stars look up to you? _____

Why do you think you are qualified for a position at Night with the Stars? _____

Applicant please initial and Parent please initial the statements below:

Applicant Parent

***I understand that my CELL PHONE is to be with my personal belongings until after the movie starts _____

***I understand no CELL PHONES between 5:00 pm and movie /// 6:00 am - 9:00 am _____

***I understand that I am to use appropriate language and behavior and actions **at all times** _____

***I understand that I am a role model to all campers _____

Example of what not to do - - - counselor to not push another counselor

***I will be engaged with campers and keep campers engaged with activities **at all times** _____

We will be holding planning meetings leading up to the Night with the Stars event, so please keep your eyes open for meeting invitations!

You will be notified via email after the registration deadline if you are selected as staff and what your assigned role will be. Know that you may not be assigned to your first choice.

By signing and submitting this application, I (the applicant) agree, if selected:

To be actively engaged with the participants for the duration of the program. If my behavior is found unsatisfactory or inappropriate, I will be asked to leave and/or not to return to a Racine County 4-H overnight or camping program in the future.

To commit to the entire overnight time frame of the program. If I am unable to commit to this entire time frame after the selection of staff members, I understand that I will no longer be able to participate in the event and my spot will be given to another applicant.

To stay within the stated boundaries and be respectful to the space we are using.

Applicant Signature

Date

I give my permission for this applicant to apply for a Night with the Stars staff position.

Parent or Guardian Signature:

Date:

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An EEO/AA employer, University of Wisconsin-Madison, Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX and ADA requirements.



UW-MADISON EXTENSION

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/camp:

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:

**UW – Madison Extension
Youth Event Health Form (Continued)**

Participant Name: _____

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:

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

Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?

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 a University of Wisconsin – Madison Division of Extension 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	
☐	☐	Medication(s) has been brought to event/camp.
☐	☐	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.
☐	☐	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/camp, 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.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

This is the approved health form for 4-H events and camps.