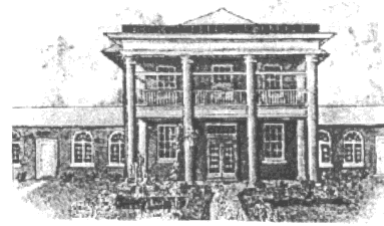


Counselor in Training (CIT) Application

Thanks for your interest in being a leader and role model at the 4-H Rural Life Center this summer. There are some new opportunities available so please read the following carefully!



Our Counselor in Training (CIT) Program is available for the motivated young person who wants to be challenged. Our CIT program accepts youth 14-17 years old. If you are 16 or 17 you may apply for a paid Camp Counselor position. In that case, please fill out the Camp Counselor Application instead. Your completed application does not guarantee employment.

How long does Summer Camp last? Each summer camp session is one week in length, Monday morning to Friday afternoon. There are normally six-eight camps, preceded by two weeks of Staff Training. Training starts around the end of May and most CIT's will work through early August.

A Note from Jerry:

The CIT program doesn't just prepare youth to be Counselors, it prepares them for life. The foundations of what we teach are the same skills they will need to be caring, thoughtful, and productive adults. My approach is to use camp experiences to prepare them for whatever the next five or ten years has in store for them. Parents and guardians, I don't take it lightly that you trust me with your young people. Our staff and myself will commit the resources we have available to us for the benefit of your young people. If ease is the goal of the parties involved there are much easier activities they could fill their summer with. But, for the young people and their parent/guardians that understand that being a part of a team and being challenged is much more productive and FUN we have a spot for you as a CIT this summer.

- Jerry Edmonds Halifax County 4-H Agent and Camp Director

How do I apply for a CIT position at the 4-H Rural Life Center?

- Complete the Application and the Health History and Consent Form and the Code of Excellence then return these forms to the Cooperative Extension office.
- Once we have received and reviewed your signed application, signed Code of Excellence, signed Health History and Consent Form we may contact you to set up a meeting to discuss following steps.

Application materials must be filled out to the best of your ability.

Application Materials should be sent to:

Cooperative Extension Office
P.O. Box 37 Halifax, NC 27839

Questions can be directed to:

Jerry Edmonds,
252-583-5161
jerry_edmonds@ncsu.edu

HALIFAX COUNTY 4-H RURAL LIFE CENTER

Counselor in Training (CIT) Application

Mail To:

P.O. Box 37 Halifax, NC 27839
252-583-/5161

www.halifax.ces.ncsu.edu



Camp Dates You Will Be Attending _____

Camp Dates You Will Not Be Attending _____

Applicant Name:

First Middle Last

Address: _____

Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____ Gender*: ☐ Male

☐ Female Date of Birth: _____ Grade: _____ School Attending: _____

Ethnic group:* A. Choose One: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

B. Choose all that apply:

- ☐ White or Caucasian ☐ Asian
☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native ☐ Other _____

Parent or Guardian: _____

First Middle Last

Address: _____

Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____ Area
Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____

First Middle Last

Address: _____

Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____ Area
Code Daytime/Cell phone Area Code Home phone Email (if applicable)

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

NC State University and N.C. A&T State University are collectively committed to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of race, color, national origin, religion, political beliefs, family and marital status, sex, age, veteran status, sexual identity, sexual orientation, genetic information, or disability. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,
AND INDEMNIFICATION YOUTH AGREEMENT

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter “Program”), I, for myself and/or on behalf of the minor child listed below (“Minor”), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor’s participation in the aforementioned activities, and I voluntarily authorize the Minor’s participation in reliance upon my own judgment and knowledge of the Minor’s experience and capabilities.

Additionally, I understand that the coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program’s facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program’s reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor’s physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the “Released Parties”) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from, resulting from, or relating in any way to the Minor’s participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor’s behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program’s rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

____ YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____ Printed

Name: _____ Name of Minor: _____

North Carolina 4-H Photo & Media Release

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

_____ **I agree** to photo/media use for any use described herein.

_____ **I do not** agree to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____ Printed

Name: _____ Name of Minor: _____

North Carolina 4-H Code of Conduct and Disciplinary Procedure

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H Program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Bullying, harassing or using derogatory language towards another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
 - L. Conduct that disrupts or interferes with 4-H programming
 - M. Using Program content, contacts, images or video for personal use outside the scope of the Program
 - N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include, but are not limited to, clothing with negative or hateful language or symbols and shirts or pants that fail to appropriately fit or to cover a participant's body and undergarments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event.

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

IV. Disciplinary Procedures:

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:
 - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 2) the accused participant is told what factual evidence supports the charge, and
 - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
 - 1) Verbal warning
 - 2) Notification to parents
 - 3) Immediate removal from the activity
 - 4) Being placed on a behavior contract
 - 5) Referral to local law enforcement and/or juvenile court
 - 6) Program suspension and/or
 - 7) Expulsion from program
 - 8) Dismissed participants may not be eligible for a refund of any fees or expenses
 - 9) Other sanctions appropriate to the circumstances, as determined by 4-H. E.

Appeals

- 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.

F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

Applicant Printed Name: _____ Signature of Applicant: _____

Printed Name of Parent/Guardian: _____ Signature of Parent/Guardian:

Date: _____

**North Carolina 4-H Youth Development
Youth Health History & Authorization
Paper Form**

Camper Name: _____

First Name Last Name Middle Initial Preferred Name (if needed)

Birth Date: ____/____/____

HEALTH HISTORY

The following information should be completed by the parent/guardian, or adult. The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

***Note:** Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."*

EXPOSURE: Has the participant previously had:

Chicken Pox: ☐ Yes ☐ No Measles: ☐ Yes ☐ No Tuberculosis: ☐ Yes ☐ No ☐ List Any Other Infectious

Exposure (if yes, provide details): ☐ Yes ☐ No

VACCINATIONS

Date of last Flu Shot: _____ Date of last Tetanus Shot: _____

CARE: Please complete this section with the participant's medial and dental physician information. *This information will only be utilized if there is a medical / dental emergency.

Primary Physician Name: _____ Primary Physician Phone: _(____)_____

Clinic Address: _____

Dentist Name: _____ Dentist Phone: _(____)_____

REMARKS: List any adaptations needed due to a disability (explain "yes" answers). ☐ Yes ☐ No

HISTORY: Does this participant's medial history include any of the following (explain "yes" answers):

Acute Chronic Illness: ☐ Yes ☐ No Concussions: ☐ Yes ☐ No Activity Restrictions / Limitations: ☐ Yes ☐ No Had a recent injury,
illness or infectious disease : ☐ Yes ☐ No Ever been hospitalized or had surgery: ☐ Yes ☐ No

HEALTH INSURANCE: The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Company Name: _____ **Policy / Group Number:** _____

CONDITIONS: Has or does the participant:

Have ADD-ADHD? ☐ Yes ☐ No **Have Anxiety?** ☐ Yes ☐ No

Have Arthritis? ☐ Yes ☐ No **Have Asperger's?** ☐ Yes ☐ No **Have Asthma?** ☐ Yes ☐ No **Ever had an Auto-Immune Disease?** ☐ Yes ☐ No

☐ **Ever had back problems?** ☐ Yes ☐ No **Ever had Chest Pain During or After Exercise?** ☐ Yes ☐ No **Ever had Joint problems?** ☐

☐ Yes ☐ No **Ever had Convulsion or Seizures?** ☐ Yes ☐ No **Have Diabetes?** ☐ Yes ☐ No **Ever had Dizziness During or After Exercise?** ☐

☐ Yes ☐ No **Ever had Frequent Infections?** ☐ Yes ☐ No **Ever had an Eating Disorder?** ☐ Yes ☐ No **Have a history of Bed Wetting?** ☐ Yes

☐ No ☐

Ever Been Dizzy / Passed Out During or After Exercise? ☐ Yes ☐ No ☐

Have Frequent Headaches? ☐ Yes ☐ No **Ever had a Head Injury?** ☐ Yes ☐ No **Ever been diagnosed with a Heart Murmur?** ☐ Yes

☐ No **Had Hepatitis A, B or C?** ☐ Yes ☐ No **Have Hypertension?** ☐ Yes ☐ No **Had Mononucleosis in the past 12 months?** ☐ Yes

☐ No **Had Mumps?** ☐ Yes ☐ No **Ever had a Nervous Disorder?** ☐ Yes ☐ No **Have frequent Nose Bleeds?** ☐ Yes ☐ No **Sleep Walk?**

☐ Yes ☐ No

Ever had a Mental Disorder? ☐ Yes ☐ No **Have Migraines?** ☐ Yes ☐ No ☐

Have Skin Problems? ☐ Yes ☐ No **Have Stomach Problems?** ☐ Yes ☐ No ☐

List any Program Activity Restrictions or Limitations (e.g. what cannot be done, what adaptations or limitations are necessary. ☐ Yes ☐ No ☐ Explain "yes" answers.

DEVICES:

Wear Contact Lenses? ☐ Yes ☐ No **Epi-Pen (provide details)?** ☐ Yes ☐ No **Wear Glasses or Protective Eye-**

Wear? ☐ Yes ☐ No **Hearing Aid?** ☐ Yes ☐ No

Inhaler (provide details)? ☐ Yes ☐ No

List Any Other Devices (provide details)? ☐ Yes ☐ No

ALLERGIES: Please list known allergies here:

Aspirin ☐ Yes ☐ No **Insect Stings** ☐ Yes ☐ No **Dairy** ☐ Yes ☐ No **Eggs** ☐ Yes ☐ No **Gluten** ☐ Yes ☐ No **Nuts** ☐ Yes ☐ No

Peanuts ☐ Yes ☐ No **Penicillin** ☐ Yes ☐ No **Shellfish** ☐ Yes ☐ No **Soy** ☐ Yes ☐ No **Sulfa** ☐ Yes ☐ No **Sunscreen** ☐ Yes ☐ No

☐ **Tetanus Vaccine** ☐ Yes ☐ No **Wheat** ☐ Yes ☐ No

List any additional allergies here: ☐ Yes ☐ No **List any other Dietary Considerations here:** ☐ Yes ☐ No ☐

AUTHORIZED MEDICATIONS: The following over-the-counter, non-prescription, medications can be administered to my child, without contacting me.

Acetaminophen ☐ Yes ☐ No **Antacid** ☐ Yes ☐ No **Antibiotic Ointment** ☐ Yes ☐ No **Antihistamine** ☐ Yes ☐ No **Aspirin** ☐ Yes ☐ No

Ibuprofen ☐ Yes ☐ No **Imodium** ☐ Yes ☐ No ☐

Insect Bite /Sting Medication ☐ Yes ☐ No **Insect Repellant** ☐ Yes ☐ No **Pepto Bismol** ☐ Yes ☐ No **Sunscreen** ☐ Yes

No ☐

MEDICAL RELEASE

This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted. I hereby give permission to the North Carolina 4-H Youth Development Program to administer authorized / prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

Member Name: _____

Parent / Guardian Name: _____

☐ **Yes, I consent**

☐ **No, I do NOT consent**

Camper Name: _____

MEDICATIONS

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis

☐ This person takes medications as follows:

Med#1 Reason Dosage Time taken

Med#2 Reason Dosage Time taken

Med#3 Reason Dosage Time taken

Med#4 Reason Dosage Time taken

Screening Record: For camp use only Date: _____ Time: _____

Meds received _____

Updates/additions to Health History _____

Current Health needs identified _____

Screened by _____



North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture and local governments cooperating.