

2009-10 Oregon 4-H Urban-Rural Application



Don't forget to attach a photo

APPLICATIONS DUE:
Friday, March 18, 2010

www.4hwildlifestewards.org

OFFICE USE ONLY
 payment _____
 Date Received: _____
 Date Processed: _____

Student Name		Parent/Guardian(s)	
Mailing Address			
City		State	Zip
Day Phone	Eve Phone		Cell Phone
Emergency Contact Name (If unable to reach above)		Day Phone	Cell Phone
County	School Enrolled in		Grade in School (2009-10)
Email (youth member)		Email (parent)	
Residence <input type="checkbox"/> Farm <input type="checkbox"/> Sm Town (Under 10,000) <input type="checkbox"/> Large Town (10-50,000) <input type="checkbox"/> Suburbs (over 50,000) <input type="checkbox"/> City (over 50,000)			Township/community
Ethnicity <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> More than one race			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Have you attended one of these exchanges before? <input type="checkbox"/> yes (county : _____ Year _____) <input type="checkbox"/> No		
Name of Person(s) other than parents who can pick up student			
Accommodations OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: *Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.			

MY SIGNATURE BELOW INDICATES THAT

I give permission for the young person named on this form to participate in Oregon State University 4-H Youth Development Programs.

I give permission to use our child's image, in videotape, audiotape, film, photograph, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats.

In addition, I give permission to release member's name and hometown to news media for recognition purposes.

 Parent Signature

 Date

Registration Checklist:

- Registration Form (complete all 4 pages)
- photo of self
- Enclosed \$39.00 registration fee
- signed Health Card (p. 2)
- signed Cod of Conduct (p.3)

CONTINUED ON BACK

OREGON 4-H YOUTH HEALTH CARD
(to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program? (describe)				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (explain)				Yes	No
Mental, Emotional and Psychological Health					
<ul style="list-style-type: none"> This student has an emotional health concern that will impact program participation This student has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder This student has a significant life event that continues to affect the student's life/health This student uses an individualized learning plan at school 				Yes	No
If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g. physician, psychiatrist, therapist) that address the preceding with regard to your child's participation during this exchange.				Yes	No
Special Youth Considerations: <input type="checkbox"/> sleepwalker <input type="checkbox"/> bed wetter <input type="checkbox"/> homesickness <input type="checkbox"/> other _____				Yes	No
Any restrictions to physical activity?					
Name of all medications:					

Authorization for Medical Care
PLEASE INITIAL AND SIGN BELOW

_____ As a parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form.

_____ I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

_____ I give permission for the 4-H staff or host family to give routine medications (that the student brings with them) and deal with routine health issues that come up during the exchange to meet my child's needs.

Parent/guardian signature

date

Youth Name _____

4-H Activities CODE OF CONDUCT

The mission of 4-H is to teach subject matter and life skills through a process that helps young people meet key developmental needs. To do this, 4-H must create an environment that is conducive to learning and growth. Consequently, 4-H requires that members adhere to certain standards of behavior and conduct as they participate in 4-H. The following are expected of all members.

- Members must demonstrate a commitment to the vision, mission, and core values of the Oregon 4-H Youth Development Program. Actions not in the best interest of 4-H will not be tolerated.
- Show respect and courtesy to other youth, adults, volunteers, and Extension faculty and staff.
- Use language that is appropriate and respectful of others. No swearing is allowed.
- No harassment, bullying or hazing, discriminatory language, roughhousing, or insubordination will be tolerated.
- All members are expected to abide by Federal, state and local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU Cooperative Extension Service, and the Oregon 4-H Youth Development Program.
- Members are expected to know and follow rules established for specific events and are expected to attend all parts of a planned program. Members should inform those in charge if they are not feeling well or have a schedule conflict.
- Participants in 4-H activities or events are not to leave the assigned program area at any time without written permission from the person in charge except when movement to another location is a part of the planned program.
- Youth old enough to legally operate motor vehicles (including machines and equipment) may do so only with a valid operator's license, and the legally required insurance coverage. Members must have both authorization from the 4-H staff member in charge of the event and parental permission to drive to out-of-county events. Members must operate vehicles in a safe and responsible manner. All passengers must wear seat belts.
- Members must dress appropriately for the occasion. Many times, dress codes describe what is considered acceptable attire for a specific event or activity.
- Members are expected to treat animals humanely and provide appropriate animal care.
- Members must show respect for the property and facilities used during an event or activity and will assume responsibility for any damage they cause.
- During overnight activities, members are expected to observe hours designated to be in the rooms provided. Boys are not allowed in areas designated for "girls only" nor are girls allowed in areas designated for "boys only."
- Members will not use tobacco, alcohol, drugs (except those directed by a doctor) or fireworks or remain in the immediate area where these are being used. Members may only handle firearms in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
- 4-H events encourage interaction among peers, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.

I have read and agree to the above Code of Conduct and 4H Exchange Activity Participation. I understand that violations may result in loss of eligibility to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian.

_____ Date _____
 Member Signature

_____ Date _____
 Parent/Guardian Signature

REGISTRATION AND PAYMENT

4-H Exchange Fees

\$39.00 program fee
 Please check with your local 4-H office to arrange transportation.

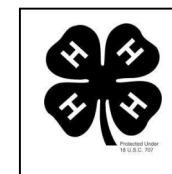
Mail or fax completed form with full payment and photo to:
 Your County 4-H Office

REGISTRATION DEADLINE
 March 18, 2010

REFUND POLICY

- Any students not selected for this exchange will receive a full refund of their exchange fee
- All cancellations must be in writing (email or fax OK)
- 100% of the registration fee will be refunded if cancellation is requested 10 business) or more before the activity.
- 50% of the registration fee will be refunded if cancellation occurs five to nine business days before the 4-H activity begins.
- No refunds will be made when cancellations occur within 5 business days of the activity or when the registrants do not show up for the activity.

FOR MORE INFORMATION:
 503-916-6075
 Maureen Hosty or
 Lecia Schall



4-H YOUTH BIOGRAPHY Name: _____

In order for us to place you with a family that most closely matches your needs please complete the following questions. Feel free to use additional paper.

If you could put 10 things that would fit into a shoebox and that represent or symbolize your community, what 10 things would you include? These are items you would share with your host family?

What are your hobbies and interests?

Describe your personality.

Why are you interested in participating in this program?

What would you find most challenging about this trip?

What do you want to learn about urban natural resources, sustainability and/or urban lifestyles while in urban Oregon?

Are there any special considerations or expectations you have for a host family?

