

Junior Leader Application for Horse Camp

Name: _____
 Cell Phone: _____
 Grade Completed: _____
 Parent Name: _____
 Address: _____
 City/State/Zip: _____
 Years in Saddle Club: _____
 Cell Phone: _____
 Tshirt Size: _____

Have you been a Junior Leader at camp before? : _____
 Why do you want to be a Junior Leader at Camp? : _____
 How Many Years?: _____

What are your three goals for Horse Camp?

Why should you be selected as a Junior Leader?

Will you be available all of camp?
 If no what hours will you be leaving?

Will you be spending the night with the campers/in a camper/going home?

Please list three personal references:
 Name: _____
 Relationship: _____
 Phone Number: _____

I understand that by completing the application to be a Junior leader at horse camp I am agreeing, if selected, to follow all camp rules presented by the leaders. This includes but not limited to (initial each and parent initial)

- 1) Cell phones to remain in dorm during camp
 - 2) Remain in dorm after curfew
 - 3) No boys in girls dorms or girls in boys stalls
 - 4) No Bullying of any kind
 - 5) No Short Shorts/ tummies showing/ Spagehiti Strap Tanks
 - 6) No leaving Saddle Club Property without checking out
 - 7) Be respectful to leaders/ campers/ parents etc while at camp
 - 8) Travel in pairs when leaving the Saddle Club area
- I understand that breaking any of the above rules or failure to perform my duties as a Junior leader will result in a phone call to my parents and I may be asked to leave camp.

4-H Signature _____
 Date: _____

As the parent of 4-Her applying to be a Junior leader at Horse Camp I understand that my child will be asked to follow the above rules. These continue to be problem areas each year. I state that I have discussed the above rules and I understand this is for their safety and if they do not follow the rules they may be asked to leave camp.

Parent Signature: _____
 Date: _____



**Consent To Medical Treatment
Elkhardt County 4-H Saddle Club
Goshen, IN**

The undersigned, being a parent (guardian) of _____ (name of child)

a minor child, and having read the attached regulations and information regarding Elkhardt County 4-H Saddle Club Horse Camp do hereby freely and voluntarily, without any coercion or duress whatsoever, give my consent and authorization as follows:

1. Any 4-H Saddle Club leader or Board Member is hereby constituted to be my lawful agent and attorney-in-fact for the purpose of signing any all medical authorizations for medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostic test, etc.) for my child which may be required during our absence. I agree the decision may be solely upon the judgment of the 4-H Saddle Club leaders and/or Board Member should any emergency situation exist.
2. I agree to be responsible for all costs incurred as the result of any medical or emergency treatment administered.

Please note any medications or treatment, which should not be administered to this child. (If none please state that on the line provided).

Please state any hidden medical conditions such as heart disease, diabetes, epilepsy, etc. This information is strictly for the use of trained emergency personnel in case of an emergency.

Parent / Legal Guardian: _____

Date: _____

Name _____

Youth Behavioral Expectations

To Promote the Well-Being of Youth for 4-H Teen Leaders Who Work with 4-H Youth Development Programs in Indiana

“Those who believe in and work with youth have confidence in our future.”

These Youth Behavioral Expectations give 4-H teen leaders the opportunity to reaffirm their commitment and dedication to the well-being of 4-H members. When all individuals sign a copy of this document, they are making a collective statement that youth in the 4-H Youth Development Program are being treated with respect, dignity, and attention to individual needs.

In my role as a teen leader I will:

- Respect, adhere to, and enforce the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service including all laws related to child abuse and substance abuse.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Be truthful and forthright when representing the 4-H Youth Development Program.
- Under no circumstances possess, consume, or be under the influence of alcohol, tobacco or tobacco-like products, electronic smoking devices (including, but not limited to, e-cigs, vapes, juauls), illegal drugs, or other dangerous substances at 4-H Youth Development Program events or activities.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are not acceptable practices in 4-H Youth Development Programs.
- Accept my responsibility to represent 4-H Youth Development Programs with dignity and pride by being a positive role model for other youth.
- Avoid inappropriate interactions with and displays of affection toward other persons.
- Wear clothing that is appropriate for the event or activity.
- Accept supervision and support from salaried Extension staff or designated management volunteers.
- Will participate in orientation and training, which includes youth protection standards, sponsored by the Purdue Cooperative Extension Service.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with other youth participating in 4-H Youth Development Programs.
- Treat animals in a humane manner and teach program participants appropriate animal care and management.
- Use technology in an appropriate manner that reflects the best practices in youth development.
- Accept my responsibility to promote and support the 4-H Youth Development Program in order to develop an effective county, state, and national program.

I have been given the opportunity to review these expectations and the opportunity to ask questions, and those questions have been answered to my satisfaction. By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document. I understand that my failure to comply with these expectations may result in disciplinary action or termination of my youth leadership position in the Indiana 4-H Youth Development Program.

Print 4-H Member Name _____

Date _____

4-H Member Signature (required if 18 years of age or over) _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

Educator Signature _____

Date _____

A signed copy of the Youth Behavioral Expectations will be on file in the respective administrative office.

These Behavioral Expectations and related policies have been developed by faculty, educators, staff, and volunteers to strengthen the work of those who believe in the 4-H Youth Development Program.

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran. Purdue University is an Affirmative Action institution.
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