



2020-2021 Kentucky 4-H Natural Resources and Environmental Science Academy Applicant Information Form

To apply for KY 4-H Natural Resources and Environmental Science (NRESci) Academy fill out this form completely. The application is made up of this page and responses on page 2. Check the meeting dates to make sure you can make the commitment of being a NRESci Academy Scholar. Attendance is very important! Proofread and check the form for accuracy. Note: Applicants must be in 5th grade at the time of application so that they are in 6th grade during their first year as a scholar. Contact your agent if there are questions. Incomplete applications will not be considered.

Send this application to your county Extension agent. Contact your agent for the county application deadline.

Last Name (print):	First Name:	Age and Grade:	
Street Address:		County:	
City:	State:	Zip Code:	
Email:	Male ___ Female___		
Polo/T-Shirt Size (circle): Small Medium Large XLarge XXLarge XXXLarge			
<i>Answer the following by checking the appropriate column:</i>		YES	NO
<p>Can you attend these events?</p> <p>PLEASE make sure you can attend these events before applying for the NRESci Academy. Not attending events inhibits the effectiveness of the ENTIRE group. A written letter of explanation MUST be submitted to the coordinator for all missed events. The teaching team will assign make-up projects for any excused absences. Failure to complete a make-up project can result in dismissal from the academy. An unexcused absence from any scheduled event may result in dismissal from the program.</p> <p>Please note that locations are tentative and may vary depending on availability.</p>	Retreat, September 23-25, 2020 Lake Cumberland 4-H Educational Center, Jabez, KY		
	Winter Event, Date TBD University of Kentucky, Lexington, KY		
	Spring Event, Date TBD Pine Mountain Settlement School, Pine Mountain, KY		
	Summer Event, Date TBD Kentucky Reptile Zoo and Natural Bridge State Park, Slade, KY		
	Retreat, September 22-24, 2021 Lake Cumberland 4-H Educational Center, Jabez, KY		
	Winter Event, Date TBA, 2020 Lost River Cave, Bowling Green, KY		
	Spring Event, Date TBA, 2021 Salato Wildlife Center, Frankfort, KY		
	Summer Event, Date TBA, 2021 Robinson Forest, Clayhole, KY		
	Retreat, September 28-30, 2022 Lake Cumberland 4-H Educational Center, Jabez, KY		
	Winter Event, Date TBA, 2021 Location TBD		
	Spring Event, Date TBD, 2022 Eastern Kentucky University, Richmond, KY		
	Summer Event, Date TBA, 2022 Minor E. Clark Fish Hatchery, Morehead, KY		
Agents and parent/guardian must sign below to indicate support of this applicant.			
_____		_____	
Participant Signature		Date	
_____		_____	
Parent/Guardian Signature		Date	
_____		_____	
Agent Signature		Date	

Last Name (print):

First Name:

Write an essay describing your career objectives and your interest in natural resources and environmental sciences. (Maximum of 2 pages)





4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: _____ County/District: _____
Last First

Address: _____ Birth date: _____ Age: _____
 Youth Female
 Adult Male

City: _____ State: KY Zip: _____ Email: _____ Home Phone: _____ Farm: Yes No

Race: Asian White Black American Indian Hawaiian & Pacific Islander Hispanic Non-Hispanic Grade: _____

Emergency Contact #1: _____ Phone H W C _____ Phone H W C _____

Emergency Contact #2: _____ Phone H W C _____ Phone H W C _____

Name of Family Doctor: _____ Doctor's Phone: _____

Health Insurance Company: _____ Policy #: _____

Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. **SIGNATURE OF PARENT/PARTICIPANT:** _____ **DATE:** _____

PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF PARENT: _____ **NO, I do not permit.**

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____



4-H Natural Resources and Environmental Sciences Academy - Member Contract

Name: _____ County: _____

Please initial each in each box and sign. A copy of your signed contract will be provided to you.

I understand the following:

- I am expected to portray a positive image at all times. I recognize that I am representing the University of Kentucky Cooperative Extension Service and the Kentucky 4-H Program.
- I understand that my role as an Academy member is a three-year commitment.
- I understand that the Academy meets quarterly each year (Fall Retreat, Winter Event, Summer Event, and Spring Event). I understand that if I miss two of the four events during one year I may be dismissed from the Academy.
- I will always, unless circumstances are out of my control, be on time for events. I will plan to stay the entire duration of the event. If I cannot be in attendance or cannot stay the entire time, I will contact one of the co-coordinators (Ashley Osborne or Laurie Thomas), at least 3 weeks prior to the event (unless an emergency arises).
- I understand that the teaching team will assign make-up projects for any excused absences. Failure to complete a make-up project can result in dismissal from the Academy.
- I understand that an unexcused absence for any of the scheduled events may result in my dismissal from the program.
- I will not be in the hotel/dorm room of someone of the opposite gender, unless accompanied by a UK Extension staff member. Doing so will result in *immediate expulsion* from the Academy, and potential exclusion from other 4-H functions (as determined by the State 4-H Director).
- At no time will I be in possession of tobacco/alcohol products. Being in possession of such paraphernalia will result in *immediate expulsion* from the Academy, and potential exclusion from other 4-H functions (as determined by the State 4-H Director).
- I will abide by the rules of the 4-H function which I am attending. This includes, but is not limited to, dress code and curfew.
- I will not engage in the use of inappropriate language.

Failure to comply with any of these set rules could result in exclusion from Academy and/or expulsion from the 4-H program.

4-H Member Signature

Parent/Guardian Signature

Date





Permission to Participate Kentucky 4-H Natural Resources and Environmental Sciences Academy

I give permission for my child, _____, to attend and participate in the Kentucky 4-H Natural Resources and Environmental Sciences Academy (three-year program – time period is specified on participant application form). The academy is a three-year program designed to teach youth about their natural environment. In the program, scholars participate in hands-on investigations to learn about Kentucky’s water, forest and wildlife resources. I understand that activities may include, but are not strictly limited to the following: overnight retreat, hiking, stream study/survey, forest study/survey, wildlife study/survey, and field trips during 1-day events.

I am aware and have discussed with my child that:

- Participating in activities or programs in an unsupervised or unsafe manner may result in injury;
- Other participants may act in a negligent manner which may result in harm to themselves or others;
- While driving or being transported to Kentucky 4-H events, my child may be in a collision with another automobile, person, animal or object which may result in harm;
- Certain risks associated with outdoor activities could occur, including but not limited to, poisonous plants, stinging and/or biting insects, wild animals and reptiles.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participant or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H professionals and volunteers prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and scheduled events.

I grant permission for my child to participate in all academy activities and learning opportunities despite the possible risks. I recognize that by participating in these activities, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

4-H Members Signature

Date

Parent/Guardian’s Signature

Date