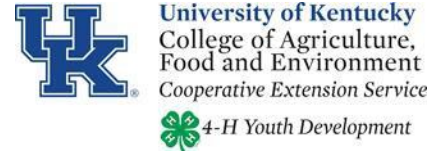


**FORM 1**



4-H Youth Development  
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www.ca.uky.edu/ces

February 2022

TO: Applicants for Kentucky 4-H Social Justice Leadership Board

FROM: Isaac L. Hilpp, Senior Extension Specialist for 4-H Youth Development

RE: 4-H Social Justice Leadership Board Applications for 2022-2023

Thank you for your interest in the Kentucky 4-H Social Justice Leadership Board . This board has been an active part in helping promote access equity and belonging within the Kentucky 4-H Program and provide leadership in the development of The Board has planned, conducted and attended workshops and educational programs throughout Kentucky. Good luck with your application!

The Kentucky 4-H Social Justice Leadership Board will consist of individuals who have an interest in diversity, equity, and inclusion as well as the passion to share that interest with others. Board members will learn how to develop their skills in teaching and encouraging others while having fun and learning more about themselves. The expectation for Board members is to approach each new project with innovation, creativity and critical thinking in order to make it the best it can be for everyone involved.

Contact your County Extension Agent for 4-H Youth Development in order to apply.

### **Attendance**

There is a significant time involvement to serving on the Social Justice Leadership Board. Attendance at 4-H Social Justice Leadership Board meetings is considered mandatory and absence or tardiness may lead to removal from the board. With Four primary meetings per year it's very important that everyone attend the full meeting each time. Those individuals, who cannot plan on attending the board meetings, should not apply to be on the Social Justice Leadership Board. Social Justice Leadership board members are expected to be at 4-H Summit and all of Kentucky 4-H Teen Conference in addition to board meetings. Arranging travel to the meetings is your responsibility.

### **Meeting Cost**

In addition to the time commitment, there are fees associated with being involved on the Fashion Leadership Board. These include, but are not limited to, the following:

4 SJLB Meetings * \$25	=	\$100
4-H Summit	=	\$50
4-H Teen Conference	=	\$200
Issues Conference	=	\$100
Jr. MANRRS	=	\$10
<hr/>		
Total Expenses		\$460

### **Educational Programming**

The SJL Board is expected to develop projects and programs to take back to their county and districts to share with youth and adults. They are expected to participate and complete proper reporting.

### **Behavior & Conduct**

Board Members are considered representatives of the overall Kentucky 4-H Program. As such, their behavior, conduct, dress and actions reflect the standards of 4-H in Kentucky. Board Members should serve as role models for other 4-H members in the State and adhere strictly to the code of conduct. Members that fail to adhere to these expectations may be dismissed from the Fashion Leadership Board.

Updated 07 February 2020

**FORM 2**

Please respond to the following and attach requested items to completed application. If more space is needed, additional pages must be clearly labeled with your name and statement being answered.

First Name:	Last Name:
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**My Story (REQUIRED)**

Please write a one-page essay telling your story and why you would like to be a part of the Kentucky 4-H Social Justice Leadership Board.

**Professional Resume (REQUIRED)**

Please attach your professional resume which outlines your qualifications to serve as a Social Justice Board member. Please refer to the *Kentucky 4-H Workforce Preparation and Career Readiness* curriculum, Chapter 5, *Going for It: Resume* and *Resume Construction* to prepare this document. Below are areas that need to be evident in your professional resume.

- A) Qualification Highlights
- B) Work Experience
- C) Volunteer Experience
- D) 4-H Involvement and School Involvement
- E) Awards or Honors

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM 3**

First Name:	Last Name:	Grade Level:	
Street Address:		County:	
City:		Zip Code:	
Home Phone:	Cell Phone:	Email:	
Parent's email:			
Polo/T-Shirt Size (circle):      Small      Medium Large      XLarge      XXLarge      XXXLarge			
Answer the following by checking the appropriate column:		YES	NO
<p><b>Can you attend these events?</b></p> <p><b>PLEASE make sure you can attend these events before applying for the FLB. Not attending meetings inhibits the effectiveness of the ENTIRE group.</b></p> <p><b>A written letter of explanation MUST be submitted to the director for all missed events prior to the event.</b></p> <p><b>Missing more than 2 unexcused meetings will result in dismissal from the board</b></p> <p><b>All members on the FLB are expected to attend 4-H Teen Conference and 4-H Teen Summit</b></p>	July Zoom Orientation 7/22/22 7:30 PM Online		
	September Board Meeting- 9/16/2022-9/28/2022 4-H Camp TBA		
	Issues Conference - November (Date TBA- Location TBA)		
	Jr. MANRRS Institute - December (Date TBA- Location UK Campus)		
	February Board Meeting- 2/3/2023-2/5/2023 Location TBA		
	Careers Trip (Spring Break)		
	4-H Summit Session 3 on March 16-18, 2023 4-H Feltner 4-H Camp, London KY		
	June Board meeting and State 4-H Teen 6/12/2023-6/16/2023 Lexington KY		

**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: \_\_\_\_\_  
 City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm:  Yes  No  
 Youth Adult   Female Male    
 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, vaping, 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 \_\_\_\_\_