

TO: Kentucky 4-H Shooting Sports Teen Ambassador Board Applicants

FROM: Ashley Marcum, Extension Specialist for 4-H Shooting Sports

RE: Kentucky 4-H Shooting Sports Teen Ambassador Board Applications for 2022-2023

Thank you for your interest in being on the Kentucky 4-H Shooting Sports Teen Ambassador Board. Serving on the board is an opportunity to practice and develop your leadership skills as well as help promote the 4-H Shooting Sports Program throughout the state. Being a Teen Ambassador is a significant time commitment. Please make sure you review the entire application and what is expected of you before applying.

Eligibility

Applicants must be between the 4-H age (age as of Jan. 1st of this year) of 14 to 17 at the time of application. Applicants must also be a certified teen coach** in at least one discipline and active in their county shooting sports program. Each district is allowed 2 representatives on the board for a total of 14 youth each year.

Due to Covid-19, and the inability of KY 4-H Shooting Sports to host coaches certification workshops, 2021-2022 TAB applicants are not required to be a certified teen coach at time of application. However, if selected, they are required to obtain certification at the first available opportunity while serving as an ambassador. Failure to do so will result in immediate dismissal from the board.

Application Procedure

Complete all forms posted on website. Selection will involve a selection committee consisting of State Shooting Sports Committee Members.

Time Commitment and Attendance

Serving as a 4-H Shooting Sports Teen Ambassador is not to be taken lightly. It is a big commitment and something that must be considered a priority for you. Follow through is very important. You and fellow board members will meet in October, November, February and March to complete a service project and totally plan a shooting sports workshop for 4-H Summit in March, assist with Shooting Sports camp in April, develop a major track at State Teen Conference in June and run the concession stand at the Shooting Sports State Competition in September to raise funds for the Marion Creech Memorial Scholarship Fund. All of these projects are large undertakings and will require the full support of each individual member to succeed. Look for exact dates of activities on the application. If you already notice conflicts, then serving on the board may not be for you. Attendance at all meetings and events is mandatory. Absence or tardiness may lead to removal from the board.



Meeting Costs

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

• 2 Coaches Certifications (October, March) *\$50	=	\$100
• 2 Board Meetings (November, February) *\$50	=	\$100
• Teen Summit	=	\$100
• Teen Conference	=	\$250
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Total Expenses		\$550

Travel

You, or your family, will be expected to provide transportation for you to and from each board meeting and event. Do NOT count on your 4-H agent to transport you. Anticipate the following:

- Travel to and from Jabez, KY for Coaches Certification in October and March
- Travel to and from Jabez, KY for board meetings in November and February
- Travel to and from Jabez, KY for the 4-H Summit in March
- Travel to and from Jabez, KY for Shooting Sports Camp in April
- Travel to and from Lexington for Teen Conference in June
- Travel to and from Berea, KY for State Shooting Sports Competition

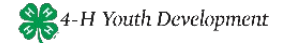
Educational Programming and Project Work

The Shooting Sport Teen Ambassador Board will develop an educational program to share with other 4-H members at 4-H Summit and 4-H Teen Conference. Each year the TAB will plan and complete a service project as well as run the concession stand at the Shooting Sport State Competition in order to raise money for the Marion Creech Memorial Scholarship Fund. Members of the TAB will be involved in leadership and college/career readiness activities to develop their skills related to the next step in their life.

Behavior & Conduct

Shooting Sports Teen Ambassadors are representatives of the overall Kentucky 4-H Program. As such, your behavior, conduct, dress and actions reflect the standards of the 4-H program. Board members serve as role models for other 4-H members and adhere strictly to the 4-H Code of Conduct. Members who fail to adhere to these expectations may be dismissed from the board.





Kentucky 4-H Shooting Sports Teen Ambassador Board Application Cover Sheet

The following information is to be submitted to your 4-H Agent by your county deadline: this Cover Sheet (form 2 with My Story and Resume attached), the TAB Application Form (form 3) and the 4-H Participant Information/Enrollment Form (form 4). **Note to agent:** scan & submit all to the qualtrics link by May 1.

First Name:	Last Name:
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My Story (REQUIRED)

Write a minimum one-page essay telling your story and why you would like to be a part of the Kentucky 4-H Shooting Sports Teen Ambassador Board. Stories should include, but are not limited to: a) what you feel that you can contribute to the board and how it will help 4-H and you personally; b) how your past 4-H and other experiences have prepared you for a position on this board; c) how 4-H opportunities have contributed to the person you are today.

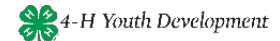
Resume (REQUIRED)

Attach your professional resume that outlines your qualifications to serve as a member of the Teen Ambassador Board. 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 resume.

- A. Qualification Highlights (describe qualities about yourself that would contribute to your success on the Teen Ambassador Board)
- B. Education (current grade level in school; educational experiences you have had in 4-H, etc.)
- C. Work Experience (employment, if any)
- D. Volunteer Experience (leadership roles in which you served as a volunteer)
- E. 4-H Involvement and School Involvement
- F. Awards or Honors

Member's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Agent's Signature: _____	Date: _____





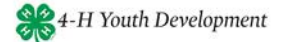
2022 – 2023 Kentucky 4-H Shooting Sports Teen Ambassador Board Application Form

Please fill out the following information completely. Check it for accuracy. All forms should be sent to Ashley Marcum via your County 4-H Agent by May 1st. Check the meeting dates to make sure you can make the commitment of being a Teen Ambassador Board Member. Attendance is mandatory! Applicants must be 4-H age (age as of Jan. 1st of this year) of 14 to 17 at the time of application. **The following information is to be submitted to your 4-H Agent by your county deadline:** the Cover Sheet (form 2 with My Story and Resume attached), this TAB Application Form (form 3) and the 4-H Participant Information/Enrollment Form (form 4).

Note to agent: scan & submit all to the qualtrics survey by June 1.

First Name:	Last Name:	Birthdate: (XX-XX-XXXX)	4-H Age (as of Jan.1 st):
Street Address:		County:	District:
City:		Zip Code:	
Home Phone:	Cell Phone:	Your Email:	
Polo/T-Shirt Size: __ Small __ Medium __ Large __ X Large __ XX Large __ XXX Large			
Answer the following by checking the appropriate column:		YES	NO
Are you a Certified Teen Coach?			
Are you a returning Teen Ambassador Board Member?			
Did you attend 4-H Shooting Sports Camp?			
<p>Can you attend the following events?</p> <p>Make sure you can attend these events before applying for the TAB. Not attending meetings inhibits the effectiveness of the ENTIRE board. Therefore, attendance is enforced. A written explanation MUST be submitted to the advisor prior to the missed event. Not doing so may result in removal from the board.</p> <p>All members on the TAB are expected to attend 4-H Teen Conference & 4-H Teen Summit. No exceptions.</p>	September Board Meeting, Sept. 16-18, 2022 Lake Cumberland 4-H Camp, Jabez		
	November Board Meeting, Nov. 4-6, 2022 Location TBD		
	February Board Meeting, Feb. 3-5, 2023 Location TBD		
	4-H Summit, March 16-18, 2023 Location TBD		
	Shooting Sports Camp, April TBD Lake Cumberland 4-H Camp, Jabez		
	June Board Meeting and State 4-H Teen Conference, June 12-16, 2023 Lexington, KY		
	State Shooting Sports Competition, Sept. 11, 2023 Berea, KY		
<p>- ACT testing may be held on these same dates. Plan to take tests on dates that do not conflict.</p> <p>- Sports and band events sometimes conflict with TAB meetings. Inform coaches/teachers of your commitment to TAB</p>			
<p>Much of the TAB correspondence is conducted via email or through group messages on GroupMe or Facebook. ALL meeting and event registration information will be sent through email. TAB members are expected to make use of email.</p> <p>Agents and parents are to sign below to indicate that the 4-H member is in good standing. Incomplete applications will not be considered.</p> <p>Members Signature: _____ Date: _____</p> <p>Parent/Guardian’s Signature: _____ Date: _____</p> <p>Agent’s Signature: _____ Date: _____</p>			





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:

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
 Acetaminophen (Tylenol) Decongestant Dramamine 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. The following guidelines are designed to make your experience at 4-H events safe, meaningful and satisfying to you and all 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 _____