



Counselor's Name: \_\_\_\_\_

## Daviess County 4-H Camp Adult Counselor Application Checklist

Eligible: Screened & Approved Adult Volunteers

Please return this checklist with your application packet.

\_\_\_\_\_ 2026 Summer 4-H Camp Adult Registration Form

\_\_\_\_\_ Completed Volunteer Application Packet (*new volunteers only*)

Application Received: \_\_\_\_\_

**FINAL DEADLINE: May 6, 2026**

### FOR OFFICE USE ONLY:

Completed Volunteer Application Packet: YES NO

Verified By: \_\_\_\_\_

Clear Background Check: YES NO

Verified By: \_\_\_\_\_

Confirmed Attendance of face to face training: YES NO

Verified By: \_\_\_\_\_

### Cooperative Extension Service

Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.  
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.  
Lexington, KY 40506



Disabilities  
accommodated  
with prior notification.





**Cooperative  
Extension Service**

**HCP Approval Stamp**

**Kentucky 4-H Camping 2026**  
**Camp Participant Registration – *Adult Volunteer***

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL		Email Address:	County:
Participant's Home Address or PO Box:		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other  Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Emergency Contact Name:	Relationship to Participant:		Cell/Home Phone:
Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?   			
<b>Does the participant have health insurance coverage? (Check all boxes that apply)</b> <input type="checkbox"/> YES (Provide the required information below, found on the insurance card.)  <div style="display: flex; justify-content: space-between;"> <div>Insurance Provider: _____</div> <div>Policy Number/Member ID: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Insurance Phone: _____</div> <div>Group ID (if applicable): _____</div> </div> <input type="checkbox"/> NO <input type="checkbox"/> MILITARY (Check all that apply)            ____Active Duty    ____Retired    ____Reserves    ____Parents    ____Siblings			

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## Kentucky 4-H Camping Code of Conduct and Expectations

1. Campers are not permitted to bring cell phones to camp.
2. Possession or use of alcohol, illegal drugs, or weapons by any person is prohibited.
3. Use of tobacco, nicotine, vape products, etc is not allowed for campers/teens at 4-H camp. Should a county decide to permit adults (21 years and over) to use them, it may occur only in areas designated by the Camp Director and never in cabins, woods, or non-designated areas.
4. Camp participants are permitted to enter the cabin in which they are assigned. All other cabins are restricted.
5. Campers are not allowed in the cabins during a class or activity. If a camper is ill, they are to stay at the medical center (not in a cabin) until the Health Care Provider (HCP) feels the camper may return to activities.
6. Camp participants are to be attentive, responsive and courteous to any staff, adult or teen counselor making a presentation before the group.
7. Absolutely no phone calls are to be made by campers (camp office phone or cell phone) without approval of the County Extension Agent. All County Extension Agents should be informed of incoming calls at the camp office to campers.
8. Accidents or illnesses, no matter how minor, are to be reported to the County Agent and Camp Healthcare Provider. If medical care is needed, the Agent will coordinate treatment with the Camp Healthcare Provider.
9. Obscene, discriminatory and/or inappropriate language or dress, roughhousing, and insubordination is not acceptable at any time and may result in dismissal from camp.
10. Fireworks are not to be used by camp participants at any time.
11. Swimming, boating, or any waterfront activity is not permitted except during designated times and under proper supervision.
12. Appropriate dress, including footwear, should be adhered to as outlined in the 4-H Camp Dress Code.
13. Camp participants are always to remain with their groups, and must obey the rule of 3 when traveling. Individuals are not to be on the trails or near the lakes without an accompanying adult.
14. Camp participants are not permitted to leave the grounds at any time without notifying and receiving approval from the Contact Agent and their County Extension Agent.
15. Camp participants are expected to be in their cabins, with lights out, as designated on the camp program schedule.
16. No visitors, other than parents or immediate family, may visit campers during the camp. Visits must be approved in advance by the County Extension Agent.
17. No camp participant is to be around or on maintenance equipment.
18. Camp participants who are having personal conflicts with others should discuss these with their cabin counselor, dean, or County Extension Agent.
19. Campers and teens are to work with counselors in carrying out daily assigned jobs to help keep the camp running smoothly. Grounds are to be kept clean at all times. Camp participants are expected to leave the cabins, facilities and grounds clean and orderly.



**PARTICIPANT NAME:** \_\_\_\_\_

20. Camp participants are to respect camp property. Any misconduct resulting in damage to camp property or buses, including graffiti, shall be paid for by the camp participant and/or parent or guardian. A list of damage fees is available.
21. All medications must be turned in to the designated adult and picked up by the parent/guardian at the bus pick up site. The Health Care Provider will be responsible for securing all medications at camp.
22. Camp is not responsible for personal property of any camp participant or staff.
23. We care about the safety of all camp participants. Incidents of serious misbehavior (i.e. threats, fighting, bullying, causing injury, alcohol/drug incidents, any altercations between adults and/or minors, intentional property damage/vandalism, etc.) will be reported to the Camp Director and County Extension Agent and an incident report will be completed. Incidents of serious misbehavior may result in dismissal from camp.
24. Camp participants should demonstrate respect toward others. Bullying, hazing, or pranks (i.e.: shaving cream, toothpaste in pillow/sleeping bags, defacing property, including inappropriate use of electronics/social media) will not be tolerated and may result in dismissal from camp.

*Any conduct inconsistent with the above rules may result in consequences such as the camp participant/parent/guardian/immediate family member being sent home, restricting future participation in 4-H activities, termination of 4-H membership, or other consequences determined by the county's or state's policy. If a camp participant must be sent home, it will be the responsibility of the parent/guardian to pick them up at camp. There is no refund of the camp fee for an early departure.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





PARTICIPANT NAME: \_\_\_\_\_

#### AUTHORIZATIONS/RELEASES

*This is a legal document. You must read and understand it before signing.*

##### **MEDIA RELEASE:**

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

##### **CONSENT TO TREAT:**

I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

##### **CODE OF CONDUCT:**

I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

##### **ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:**

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always, and I will choose my level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration).

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, that I may incur coincident to my participation in this activity.

Participant Signature: \_\_\_\_\_

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

Are you looking to buy some camp gear? [www.shop4hcamp.com](http://www.shop4hcamp.com)

Are you looking for more volunteer opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)

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4-H Youth  
Development

# ADULT CAMP COUNSELOR

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## VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Youth Development Program  
Kentucky Cooperative Extension Service  
The University of Kentucky College of Agriculture

## POSITION TITLE:

Adult Camp Counselor

## TIME REQUIRED / DURATION OF APPOINTMENT

- 3-5 days 24 hours a day
- Between May-August
- 24 hours of education and orientation

## LOCATION:

Extension office, camping facility or other meeting facility.

## GENERAL PURPOSE:

To supervise 15-20 youth, ages 9-14, in a camp setting. Join other volunteers in the planning of the camp program. Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth develop social skills.

## SPECIFIC RESPONSIBILITIES:

- Be committed to young people and the development in areas
- Involve campers in all scheduled activities while at camp, and assume campers are on time for programs
- Supervise group living environment (i.e. housekeeping, personal hygiene, social skills, responsibility, sharing, following rules)
- Participation in camping activities, and encourage all campers to join
- Counsel homesick campers
- Follow all guidelines and policies of the University of Kentucky 4-H program
- Recruit campers
- Actively participate in the program planning and implementation for the week
- Encourage campers to try new activities

## QUALIFICATIONS:

- Must complete the Kentucky 4-H volunteer application and screening process and be accepted by the Youth Protection Committee.
- Must provide own transportation to meetings and activities.



- Self starter; be able to work with minimal supervision from professional staff.
- Effective communication skills.
- A sincere interest in working with extension staff, volunteers, parents, and youth.
- Organizational skills; ability to organize information and materials in a timely manner.
- Must be 18 years old or older
- Complete Health form
- A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky CES, Kentucky 4-H program and county 4-H program

## **BENEFITS:**

- The opportunity to work with youth and/or adults providing support and growth experiences
- Receive intrinsic rewards at volunteer recognition events
- Volunteer development opportunity
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- Research shows that volunteering promotes improved health
- The opportunity to make a difference in the life of the child.

## **SALARY:**

Unsalaries; volunteer. This position does not imply employment with the University of Kentucky

## **MENTOR/SUPERVISING PROFESSIONAL:**

Name: Stacey Potts

Title: Extension Agent for 4-H Youth Development

Address: 4800A New Hartford Rd

City, State, Zip: Owensboro, KY 42303

Phone: 270-685-8480

Email: stacey.potts@uky.edu

*"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."*

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Signature of Volunteer

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Date

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Signature of Extension Professional

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Date





## Kentucky 4-H Camping Program Damage Fees

The following contains only those items most frequently damaged or taken. Intentional damage to any other camp property will be assessed at the time of damage. Should intentional damage or theft occur, it is the responsibility of the child and his/her parents to reimburse the costs. No charges are made for worn equipment or normal usage. Charges are required for damage resulting from horseplay and malicious or intentional behavior. Graffiti on camp property will not be tolerated.

Basketball Backboard	Broken or missing	Cost of replacement
Basketball Rim	Broken or missing	150.00
Brooms, Mops	Broken or missing	20.00
Bunk Bed	Bed Replacement / repair	Cost of replacement
Cabin HVAC	Replace or repair	1500.00+
Cabin Keys	Lost or missing or broken	10.00+
Changing Tents	Damaged or missing	50.00
Dust Pans	Broken or missing	10.00
Fire Extinguisher	Discharged or broken	75.00
First Aid Kits	Lost or missing	25.00
Graffiti	Defaced with Graffiti	50.00
HVAC Controls	Repair/Replace	100.00+
Mattress	Replacement	150.00
Screen Door	Repair or Replace	50.00
Smoke/CO Detector	Damaged or missing	100.00
Trash Cans	Broken or missing	25.00+
Windows	Repair or Replace	100.00+
Window AC	Replace	250.00
Window Screens	Replace	50.00
<b>Other</b>	<b>ANY DAMAGE TO ANYTHING NOT LISTED INCLUDING PROGRAM EQUIPMENT WILL BE BILLED AT THE COST OF REPAIR/REPLACEMENT.</b>	

**I understand that I am responsible for paying for any damages that my child may cause to camp property.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

