

2012 Oregon 4-H Urban-Rural Application



Don't forget to attach a photo

APPLICATIONS DUE:
Friday, January 13, 2012

www.4hwildlifestewards.org

Outbound Exchange: April 12-17, 2012

Please indicate your 1st, 2nd and 3rd choices

| | |
|--------------------------------|--|
| Lake County (Lakeview) | |
| Klamath County (Klamath Falls) | |
| Wallowa County (Enterprise) | |
| Harney County (Burns) | |

Inbound Exchange: March 14-18, 2012

Is your family interested in hosting a rural 4-H youth when they come to Portland?

Yes No Possibly

OFFICE USE ONLY

Student ID _____

Date Received: _____

Date Paid: _____

Adult Chaperones: Parents are you willing to chaperone one of the outbound trips? Yes No Possibly

| | | | |
|--|--|--|--|
| Student Name | | Parent/Guardian(s) | |
| Mailing Address | | | |
| City | | State | Zip |
| Day Phone | Eve Phone | | Cell Phone |
| Emergency Contact Name (If unable to reach above) | | Day Phone | Cell Phone |
| Email (youth member)- PLEASE PRINT | | Email (parent)- PLEASE PRINT | |
| Ethnicity <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> White/Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> More than one race | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth | Have you attended one of these exchanges before? <input type="checkbox"/> yes (county : _____ Year _____) <input type="checkbox"/> No | | |
| Name of Person(s) other than parents who can pick up student | | | |
| Residence: <input type="checkbox"/> Farm <input type="checkbox"/> Sm Town (Under 10,000) <input type="checkbox"/> Lg Town (10-50,000) <input type="checkbox"/> Suburbs (over 50,000) <input type="checkbox"/> City (over 50,000) | | | |
| Name of School | | Grade in School | |
| Years in 4-H (counting this year) _____ | | Have you been in 4-H in Oregon before? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Accommodations*

OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?
 Yes _____ No _____

If yes, please describe:

*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders, emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

CONTINUED ON BACK

OREGON 4-H YOUTH HEALTH CARD
(to be completed by parent, physician or adult participant)

| | | | | | |
|--|-----|----|--|-----|----|
| Is the participant currently under medical treatment? (describe) | Yes | No | Does the participant have any history of respiratory illness? (describe) | Yes | No |
| Is the participant diabetic? | Yes | No | Is the participant subject to seizures of any kind? | Yes | No |
| Date of last tetanus shot? | | | | | |
| Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program? (Describe) | | | | Yes | No |
| Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event) | | | | Yes | No |
| Does the participant have any allergies or dietary restrictions? If yes, participating youth may need to bring their own special food for the trip. Please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (explain) | | | | Yes | No |
| Mental, Emotional and Psychological Health | | | | | |
| <ul style="list-style-type: none"> • This student has an emotional health concern that will impact youth participation • This student has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder • This student has a significant life event that continues to affect the student's life/health • This student uses an individualized learning plan at school | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | No |
| If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g. physician, psychiatrist, therapist) that address the preceding with regard to your child's participation during this exchange. | | | | | |
| Special Youth Considerations: <input type="checkbox"/> sleepwalker <input type="checkbox"/> bed wetter <input type="checkbox"/> homesickness <input type="checkbox"/> other _____ | | | | | |
| Any restrictions to physical activity? | | | | | |
| Name of all medications: | | | | | |
| Name and phone number of Physician | | | | | |

Authorization for Medical Care
PLEASE INITIAL AND SIGN BELOW

_____ As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant

Date

Youth Name _____

OREGON 4-H YOUTH DEVELOPMENT PROGRAM YOUTH CODE OF CONDUCT

The well being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-H programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I use and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age. (Not use tobacco, alcohol, illicit drugs, fireworks, or firearms.)
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area at any time without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

_____ Date _____ Date _____
Member Signature Parent/Guardian Signature

Media Release (Revised JULY 2010)

I give permission to use member's image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release member's name and hometown to news media for recognition purposes.

_____ Date _____
Parent/Guardian Signature

NOTE: PARENTS WILL BE EXPECTED TO ATTEND A MANDATORY 4-H PARENT ORIENTATION PRIOR TO THE TRIP.

REGISTRATION AND PAYMENT

4-H Exchange Fees

\$150.00 to cover transportation costs

(Students must also bring money for lunch on the return trip to Portland)

Mail, hand deliver or fax completed form with full payment and photo to:

4-H Office
Sunnyside Environmental School
3421 SE Salmon
Portland, OR 97214
(4-H office in back of SES auditorium)

REGISTRATION DEADLINE

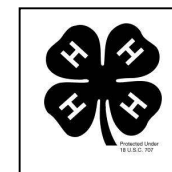
January 13, 2012

REFUND POLICY

- Any students not selected for this exchange will receive a full refund of their exchange fee
- All cancellations must be in writing (email or fax OK)
- 100% of the registration fee will be refunded if cancellation is requested 10 business) or more before the activity.
- 50% of the registration fee will be refunded if cancellation occurs five to nine business days before the 4-H activity begins.
- No refunds will be made when cancellations occur within 5 business days of the activity or when the registrants do not show up for the activity.

FOR MORE INFORMATION:

503-916-6075
Maureen Hosty or Janice Jenkins



4-H HOST FAMILY LETTER AND PHOTO

Name: _____

In order for us to place you with a family that most closely matches your needs please submit a photo and a letter of introduction on a separate piece of paper. Please check off and attach the photo and letter

- Photo of yourself
- A 1-2 page letter of Introduction to your Host Family. Please include the following information in your letter
 - ✓ Your name, age and grade in school
 - ✓ Describe your personality
 - ✓ Describe your hobbies and interests
 - ✓ Describe your family
 - ✓ Describe your neighborhood and/or community
 - ✓ Why are you interested in participating in this exchange
 - ✓ What do you hope to learn from this experience
 - ✓ What do you think will be most challenging about this trip
 - ✓ Any other information you about yourself you would like to share with your host family
- A \$150 participation fee (a minimum of \$25.00 deposit is required to hold your spot)