

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: March 14-18, 2012

Inbound Exchange: April 12-17, 2012

Is your family interested in hosting two Portland 4-H youth when they come to our county?

Yes No Possibly

Adult Chaperones: Parents are you willing to chaperone an outbound trips? Yes No Possibly

OFFICE USE ONLY

Student ID _____

Date Received: _____

Date Paid: _____

Registration Checklist:

- Registration Form (complete all 4 pages)
- photo of self
- host family letter
- Enclosed registration fee
- signed Health Card (p. 2)
- signed Code of Conduct (p.3)
- signed media release (p.3)

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 participated one of these exchanges before? <input type="checkbox"/> yes (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 or 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, please describe:				Yes	No
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

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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)