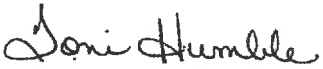




TO: Applicants for 4-H Ambassador Program

FROM:   
Toni Humble, Wayne Co. Extension Agent  
for 4-H Youth Development

DATE: August 2024

RE: 4-H Ambassador Applications for 2024-2025

Thank you for your interest in being in the Wayne County 4-H Ambassador Program. Good luck with your application to this distinguished group!

The number of vacancies that are available may change each year. Due to the diversity of teen programs across the state, there is no mandated method of selecting the representatives. It is the spirit of this process that those selected to represent Wayne County 4-H will show exemplary leadership and teamwork skills, as well as having a strong commitment to 4-H and the 4-H Ambassador Program.

Attendance

There is a significant time involvement to being a 4-H Ambassador. Attendance at 4-H Ambassador meetings is considered mandatory. With only one meeting per month, it's very important that everyone attend the full meeting each time. **Arranging travel to and from the meetings is your responsibility.**

Being a Liaison

4-H Ambassadors help with the two-way flow of information from the county 4-H program to the community. Ambassadors may be expected to attend their county 4-H Council Meetings (3-4 meetings per year). Failure to serve in this role may result in losing your spot as an ambassador. Membership is dependent on being a member in good standing in your county program and school.

Behavior & Conduct

Ambassador members are considered representatives of the Wayne County 4-H Program as well as the Kentucky 4-H Program. As such, their behavior, conduct, dress and actions reflect the standards of 4-H in Kentucky. 4-H Ambassador 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 Ambassador Program. **\*\*\*\*\*In addition, each member of the 4-H Ambassador Program will be required to participate in the speech contest or demonstration contest. Failure to do so will result in ineligibility to apply in future years to the Ambassador program and deem you ineligible for the senior scholarship. \*\*\*\*\***

255 Rolling Hills Blvd. | Monticello Ky 42633 | P: 606-348-8453 | F: 606-348-8460 | wayne.ca.uky.edu



**2024 - 2025 Wayne County 4-H Ambassador Program  
Applicant Information Form  
DEADLINE TO APPLY: August 16, 2024**

Please fill out the following information completely. Check it for accuracy. All forms should be sent to the Wayne County Extension Service 255 Rolling Hills Blvd. Monticello, KY 42633. Please note that all applicants must be enrolled in grades 6 – 12 for the 2024-2025 school year to be eligible for the 4-H Ambassador Program.

Please contact the Wayne County Extension Service (606) 348-8453 if there are any questions.

First Name:	Last Name:	Birthday:
Mailing Address:		School:
City:		Zip Code:
Home Phone:	Cell Phone:	Email:
Polo/T-Shirt Size:	Small      Medium      Large      X-Large      XX-Large	XXX-Large
Are you a returning 4-H Ambassador member?	YES	NO
	If yes, please answer the following:	If yes or no, please answer the following:
	How many ambassador meetings did you attend in 2023- 2024? _____. If less than five, please explain absence.	Please list any extracurricular activities that you are involved in:
	How many public speaking engagements did you participate in that promoted 4-H?	Please list any 4-H projects/activities that you participated in during the 2023-2024 school year.
	How many 4-H projects/activities did you participate in?	List any community service/service learning completed outside 4-H.

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Permission to Participate  
Wayne County 4-H Ambassador Program  
September 1, 2024 – August 31, 2025

I give permission to my child, \_\_\_\_\_, to attend and participate in the Wayne County 4-H Ambassador Program for the year (September 1, 2024 – August 31, 2025.) I understand that activities may include but are not strictly limited to the following activities: business meetings, sporting events, teamwork games and activities, leadership games and activities, communications games and activities, and public speaking engagements. Participation in the 4-H Ambassador Program is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing and supportive environment. They will be encouraged to learn new skills, expand their boundaries and then implement their skills through a variety of leadership experiences. Ambassador members must attend ten of twelve scheduled meetings, attend and assist with 4-H fundraising and community service projects and are encouraged (but not required) to attend 4-H Summit and/or Teen Conference.

I am aware and have discussed with my child that:

- Participating in activities or programs in an unsupervised or unsafe manner may result in injury;
- Other participants may act in a negligent manner which may result in harm to themselves or others;
- While driving or being transported to Ambassador meetings or during District 4-H Teen Council meetings, my child may be in a collision with another automobile, person, animal or object which may result in harm;
- Transportation to certain activities will be the responsibility of the participant and their guardian.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participant or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedure, which will be outlined by the 4-H professionals and volunteers prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and scheduled events.

I understand that my child is not required to participate in all activities in order to participate in the 4-H Ambassador Program but grant permission for him/her to do so, and to participate in all council activities and learning opportunities despite the possible risks. I recognize that by participating in these activities, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_  
4-H Members Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## Wayne County 4-H Ambassador Application Essay

*The following information should be submitted to your 4-H Agent along with any additional forms required.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Wayne Co. 4-H Ambassadors are always looking for ways to serve the community. Please discuss ways you think that 4-H can serve. Please remember these are ideas that will be discussed with the group. Please include as many details as you can.

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

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

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**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/Area: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
 4-Her Phone: \_\_\_\_\_ 4-H Year: \_\_\_\_\_ Gender:  Female  Male  
 4-Her Email: \_\_\_\_\_  
 Residence:  
 Farm  Town < 10,000 or Rural Non-Farm  Town/City/Suburb 10,000-50,000  City/Suburb >50,000  City– Central >50,000  
 Race (please choose more than one if applicable):  American Indian  Asian  Black  Native Hawaiian or Pacific Islander  
 White  Prefer Not to Say Not Listed: \_\_\_\_\_  
 Ethnicity:  Hispanic  Non-Hispanic T-Shirt Size: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Emergency Contact?  Yes  No  
 Parent/Guardian 2: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Emergency Contact?  Yes  No

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

**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) Serious Allergy to Nuts.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Allergy (please explain) ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses, including medications taken for any conditions:

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Please explain any restrictions (dietary, physical, etc):

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Social, emotional, and/or behavioral health information:

- 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/GUARDIAN: \_\_\_\_\_ 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 /GUARDIAN: \_\_\_\_\_  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 attire. 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, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- 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.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is 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.
- All clothing shall be acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited. *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 they 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
- Barred from participation from future 4-H events
- 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 \_\_\_\_\_

