


TO: Applicants for 4-H Ambassador Program

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

DATE: August 2023

RE: 4-H Ambassador Applications for 2023-2024

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 is 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. This means that all Ambassadors are 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



Permission to Participate
Wayne County 4-H Ambassador Program
September 1, 2023 – August 31, 2024

I give permission to my child, _____, to attend and participate in the Wayne County 4-H Ambassador Program for the year (September 1, 2023 – August 31, 2024.) 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 procedures, 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: _____

Sincerely,



Toni Humble
Extension Agent for 4-H
Youth Development Education

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2023 - 2024 Wayne County 4-H Ambassador Program

Applicant Information Form

DEADLINE TO APPLY: August 18, 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 2023-2024 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 XLarge XXLlarge XXXLarge		
Are you a returning 4-H Ambassador member?	YES	NO
	If yes, please answer the following:	If yes or no, please answer the following:
	1. How many ambassador meetings did you attend in 2022- 2023? _____. If less than five, please explain absence.	1. Please list any extracurricular activities that you are involved in:
	2. How many public speaking engagements did you participate in that promoted 4-H?	2. Please list any 4-H projects/activities that you participate in during the 2020-2021 school year.
	3. How many 4-H projects/activities did you participate in?	3. List any community service/service learning completed outside 4-H.

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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:

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

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 ENROLLMENT FORM

[illegible]

County: _____
Date: _____

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:**

- 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. By signing this document, I acknowledge that infringement of this Code of Conduct will result in any or all of the penalties listed above.