



Dear Counselor / Youth Staff Applicant,

Enclosed you will find the 2010 4-H Camp Wahoo! Counselor / Youth Staff Application. This application is for both new and returning applicants. To be considered for a Camp Counselor, the applicant must be currently enrolled as a Santa Barbara County 4-H member and have completed at least 1 year in 4-H. At a minimum, the applicant must be 15 years old by July 24, 2010, and not older than 19 years old by December 31, 2010.

Youth Staff must have been a cabin counselor one year.

For an **application to be considered complete**, it must include:

- 4-H Camp Wahoo! Counselor / Youth Staff Application
- Counselor / Youth Staff Memorandum of Understanding
- 4-H Camp Policies and Procedures Signature Form
- Medical Release & Questionnaire Form
- Counselor / Youth Staff Release Form
- **\$50 Training Fee** - Made payable to Santa Barbara County 4-H clubs Council

**Applications are due on or before December 6, 2009.  
LATE APPLICATIONS WILL NOT BE CONSIDERED**

**Please mail your completed application to:**

Pat Bradley  
Camp Wahoo! Director  
P.O. Box 6531  
Santa Maria, CA 93456

**Screening Day**

The Counselor/Youth Staff screening day will be held on Sunday, January 10, 2010 from 1:00-4:00pm at the Olga Reed School in Los Alamos (Date and Time subject to change).

**Please note the following:**

Every applicant should be prepared to teach both a song and a ice breaker to the entire group as part of the screening.

**Wahoo! Workshop Dates:**

Counselors are required to attend the **entire week of camp, ALL (100%) 4-H Camp Workshops, and participate with the Falcon's Nest at Exhibit Day**. The 4-H Camp Workshops are generally scheduled for the third Sunday of each month (beginning in February), 1:00-5:00pm, at Los Alamos School. The schedule will be finalized by the screening date and will be provided to applicants at that time; however, all workshop dates & times are subject to change.

**4-H Camp Wahoo! (Counselors and Youth Staff) arrival & departure dates/times**

**Arrival:** Saturday, July 24<sup>th</sup>, 2010 3:00 pm – Camp set up starts immediately after arrival

**Departure:** Sunday, August 1<sup>st</sup>, 2010 12:00 noon – Camp must pass inspection before anyone leaves

**Thank you for applying for a counselor/youth staff position at the  
Santa Barbara County 4-H Camp Wahoo!**

# 4-H Camp Wahoo!

## COUNSELOR & YOUTH STAFF APPLICATION

Application must be postmarked by 12/06/09 to qualify

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ AGE AS OF JULY 24, 2010: \_\_\_\_\_  
NAME OF 4-H CLUB: \_\_\_\_\_  
NAME OF PARENT or GUARDIAN: \_\_\_\_\_

YEARS ATTENDING CAMP WAHOO! AS A: \_\_\_\_\_ (indicate number of years)

CAMPER: \_\_\_\_\_  
Jr. COUNSELOR: \_\_\_\_\_  
COUNSELOR: \_\_\_\_\_  
YOUTH STAFF: \_\_\_\_\_

I AM APPLYING FOR A POSITION AS:

- Cabin Counselor ONLY  
 Youth Staff or Cabin Counselor (returning counselors or YS only)  
 Youth Staff ONLY (returning counselors or YS only)

T-Shirt Size:  Youth L  Adult S  Adult M  Adult L  Adult XL

RETURNING COUNSELORS AND YOUTH STAFF MUST USE THEIR PREVIOUS CAMP NAMES

Returning Applicant – Previous Camp Name: \_\_\_\_\_

**NEW COUNSELOR APPLICANTS:** You need to decide on your camp name. It should be a fun name that is easy to remember and one to which your campers can relate. The camp name will be approved by the camp advisory committee. Don't forget, this name will stay with you throughout your Camp Wahoo years.

My three choices for a camp name are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CABIN COUNSELORS** (new and returning counselors). If you become a cabin counselor you will have to decide on a cabin name / theme. The camp name will be approved by the camp advisory committee. The cabin name / theme should be fun, easy for camper to relate to; also, keep in mind how you will decorate your cabin – some names/themes are easier to locate decorations for than others.

My three choices for a cabin name / theme are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**GOOD LUCK!**

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (covered veterans are special disabled veterans, recently separated veterans, Vietnam era veterans, or any other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized) in any of its programs or activities or with respect to any of its employment policies, practices, or procedures.

## **Counselor / Youth Staff Memorandum of Understanding**

Please read the following Memorandum of Understanding that is required between you and the Camp Advisory Board in order to attend Camp Wahoo as a Counselor or Youth Staff. If this sheet is not signed and returned with your completed application, your application might not be accepted.

### **Wahoo Communications:**

Communication between all members of the Wahoo! staff is best served through email. Please include your current email address on the application. Free email addresses are available through Yahoo, AOL, and Google, to name a few – and these websites can be accessed at any computer with Internet access (all libraries have internet access).

### **Wahoo Workshops:**

The Wahoo Workshops are in the process of being scheduled and will be held at Olga Reed School in Los Alamos. Workshops start at precisely 1 pm and end at 5 pm, unless advised otherwise. Attendance for the full 4 hours of each Workshop is required. Arriving late or leaving early could count as a missed Workshop. Attendance at **ALL** Workshops is **mandatory**. Some of the workshops may require transportation to locations other than Los Alamos School; prior notice will be provided.

### **Trainings:**

In order to qualify to be a Counselor or Youth Staff the following trainings are mandatory. These trainings are conducted at the Workshops. Make-up trainings are not possible due to our schedule. In order to be entrusted with the care of the campers, successful completion of these trainings is essential. Some of these trainings may require transportation to locations other than Los Alamos School; prior notice will be provided.

Health Safety & 1<sup>st</sup> Aid  
Homesickness  
Risk Management  
Behavior Management  
Communication Skills  
Leadership Styles + Situations

Conflict Management  
Positive Group Interaction  
Team Building  
Counselor + Youth Staff Role Modeling  
Problem Solving  
GPS instruction & Tide Pool Instruction

### **Camp Planning:**

As a Counselor or Youth Staff some of your responsibilities are to help plan camp activities, theme meals, etc., and these Camp Planning sessions are conducted at the Workshops. Missing workshops means that others have to do more than their share of the planning.

### **Exhibit Day:**

As a Counselor or Youth Staff you are expected to help with the Falcon's Nest at Exhibit Day (second Saturday of May) at Nojoqui Falls. If you are showing or exhibiting an animal, we will adjust your schedule at the Falcon's Nest accordingly.

**I have read the above terms that must be met in order to qualify to attend Camp Wahoo as a Counselor or Youth Staff. I also understand that if I fail to meet the requirements stated above that I could be released from the Camp Wahoo Program.**

**Camper's Signature:** \_\_\_\_\_

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

**Parent/Guardian  
Signature:** \_\_\_\_\_

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

**ALL RETURNING Counselor Applicants**

(All Applicants: Please respond on separate paper)

**On a separate sheet**, please address the following questions:

1. Why do you want to be a 4-H Camp Wahoo! Counselor again?
2. Based on your experience as a 4-H Camp Wahoo! Counselor, what did you learn about yourself?
3. Describe your leadership strengths and if there are any leadership skills you would like to improve upon.
4. Based on your experience as a Counselor last year, what, if anything, would you do different this year as a cabin Counselor?

**Returning Counselor Applicants:**

1. Mail completed application.
2. Include signed Counselor / Youth Staff Memorandum of Understanding.
3. Answer to questions.
4. Include **\$50 Training Fee - Made payable to Santa Barbara County 4-H Club Council**

**Applications must be post-marked no later than December 6, 2009**

Please mail them to:

Pat Bradley  
Camp Wahoo! Director  
P.O. Box 6531  
Santa Maria, CA 93456

**NEW COUNSELOR Applications ONLY**

(To be considered for a Cabin Counselor position only)

**On a separate sheet**, please address the following questions:

1. Describe your leadership abilities and leadership experiences?
2. Why do you want to be a 4-H Camp Wahoo! Counselor?
3. What do you have to offer the 4-H Camp Program?
4. How will I make camp fun and interesting for the campers?

**New Counselor Applicants:**

1. Mail completed application.
2. Include signed Counselor / Youth Staff Memorandum of Understanding.
3. Include **\$50 Training Fee - Made payable to Santa Barbara County 4-H Clubs Council.**
4. Answer to questions.

**Applications must be post-marked no later than December 6, 2009**

Please mail them to:

Pat Bradley  
Camp Wahoo! Director  
P.O. Box 6531  
Santa Maria, CA 93456



# Santa Barbara County 4-H Camp Program Camp Wahoo! Policies and Procedures/4-H Code of Conduct

The 4-H Camp is planned, conducted, and supervised by the Santa Barbara County 4-H Clubs Council, Inc. in cooperation with the University of California Cooperative Extension Service.

1. The 4-H Code of Conduct signed by each 4-H Member and Adult Volunteer is in full force during Camp Wahoo!
2. 4-H'ers shall show respect for the property, material and facilities used (including 4-H property) and assume financial responsibility for any damages they cause.
3. Medications for 4-H'ers are to be labeled and turned in to the 4-H Camp Medical Staff and not kept in the cabin (unless prior arrangements have been authorized by the 4-H Camp Director and 4-H Camp Medical Staff).
4. Use and/or possession of drugs, alcohol, tobacco, firearms, knives, condoms, and other items deemed dangerous is strictly forbidden. Violation of this policy can result in immediate dismissal from camp and can include notification to the local authorities.
5. Gambling or betting is prohibited at the 4-H Camp.
6. The dress code, as detailed in the Camper/Counselor/Youth Staff Application, is in full force during Camp Wahoo! and all Camp Trainings
7. No visitors to the 4-H Camp without prior arrangements with the 4-H Camp Director.
8. All campers are to participate in all scheduled activities except in cases of illness.
9. No shaving cream, water-fights, or other destructive "games" are allowed.
10. ABSOLUTELY, NO boom boxes (radios), cellular phones, pagers, or laptop computers.
11. No physical or emotional/mental disciplinary measures will be tolerated.
12. Obscene and disrespectful language, roughhousing, and insubordination will not be tolerated at any time.
13. No food or drink will be allowed in the cabins, except in medical circumstances.
14. **All outgoing phone calls are by arrangement through the 4-H Camp Director.**
15. No camper allowed in kitchen area unless assigned for K.P. duty or permission is given by 4-H Camp Cooks, 4-H Camp Director, or Mess Hall Host.

**Camper's Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

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

Santa Barbara County 4-H Camp Program

**Parents' Consent Form**

(Must be read and signed by each parent of 4-H members)

1. **FEES:** Camp fees will be paid in advance and will not be refunded if my child returns home voluntarily or is dismissed. No refunds will be issued after the date specified on the Camp Application form.
2. **DISCIPLINE:** The 4-H Camp Staff, which includes 4-H Approved Leaders, Extension employees, and 4-H Camp Counselors (Senior 4-H members), have my permission to discipline my child (does not include physical contact). However, the 4-H Camp Staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others, or if my child is dismissed from camp. I understand that the 4-H Camp Director reserves the right to dismiss my child if he or she, in the opinion of the 4-H Camp Director and 4-H Camp Staff, becomes a discipline problem or is disruptive to the 4-H Camp program.
3. **MEDICAL COST AND INSURANCE:** Neither the 4-H Camp Staff nor the Camp Facility shall be liable for the cost of any medical treatment. I understand that the 4-H Member insurance covers only certain accidents and illnesses. I/We will be responsible for, and pay for, any medical charges not covered by insurance. Accidents and/or injuries must be reported and recorded while on site to be covered by the 4-H Member's insurance. Pre-existing illnesses or injuries (asthma, diabetes, etc.) are not covered.
4. **CAMPER'S PERSONAL PROPERTY:** Neither the 4-H Camp Staff or the Camp Facility shall be responsible for the loss or damage to the personal property of the camper. Campers should not bring boom boxes, cellular phones, pagers, or other expensive property to camp.
5. **DAMAGE:** I/We will be responsible for and pay for any damage done by my child, either alone or with others.
6. **NO ONE** is to leave camp without permission of the 4-H Camp Director. Permission must be secured **BEFORE** leaving the Camp grounds.
7. I understand that medications are to be turned over to the 4-H Camp Medical Staff and not be kept by the camper while attending camp (unless prior arrangements have been authorized by the 4-H Camp Director and 4-H Camp Medical Staff).
8. **IN CASE OF MEDICAL EMERGENCY:** I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the 4-H Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also give permission for first-aid treatment of my child at 4-H Camp by designated personnel.
9. I am responsible for:
  - a) Picking up my child within 12 hours of notification in the event he or she is ill or dismissed from camp.
  - b) Providing proof of authorization (driver's license, guardianship papers, etc.) to take custody of the child. (This is to insure the safety of the child and not meant as an inconvenience)
  - c) Providing an emergency contact and phone number of someone who is responsible for the camper.

I have read the above stated 4-H Camp Policies and Procedures and agree to be bound by the conditions of the agreement. I acknowledge that if I break one of these rules, I may be asked to leave the camp; my parents are responsible for my transportation home; and the camp fees will be forfeited.

**Please Print**

**Camper's Name** \_\_\_\_\_

**Camper's Signature:** \_\_\_\_\_

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

**Parent/Guardian  
Signature:** \_\_\_\_\_

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



## Counselor / Youth Staff Release Form

My Child  Will  Will Not drive themselves to Camp Wahoo!

Even if your child will be driving them self to camp, please indicate who has your permission and authorization to pick-up your child from 4-H Camp Wahoo! in the event that you will not do so, or your child is not capable of providing their own transportation. Your child will only be released to a person on this list unless the Camp Director receives written or verbal permission prior to release from you.

Name of  
4-H Member: \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name	Phone Number	Relationship to Camper

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Signature of Parent/Legal Guardian

-----  
Date

# MEDICAL TREATMENT FORM - MINOR

## University of California 4-H Youth Development Program

I hereby certify that my child is in good health and can travel to and participate in this 4-H function.

My Child ----- has my permission to attend

Name of child

Santa Barbara County 4-H Camp Wahoo! training meetings & camp itself; trainings in Santa Barbara County and camp in Cambria, California between the dates of Sept. 1, 2009 and August 5, 2010 .

While my child is attending or traveling to or from these 4-H functions, I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Youth Accident Insurance Program sponsored by the University of California Cooperative Extension.

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### AUTHORIZATION AND CONSENT AND RELEASE

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Date DAY	Signature of Parent/Legal Guardian	Emergency phone
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Mailing Address NIGHT	Zip Code	Emergency phone
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Should there be any changes in the status of parent/legal guardian, it will be my responsibility to keep the County 4-H Office informed.

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### NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

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Signature of Parent/Legal Guardian	Date
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University policy and the State of California Information Practices Act of 1977 requires the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide needed medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, California 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

**COUNSELOR / YOUTH STAFF  
PHYSICAL / MEDICAL INFORMATION SHEET**

**Name of 4-H Member:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

All the information below will be kept in strict confidence, only those staff required to be informed, will be provided with the appropriate information. This information is intended to insure that your child, the other campers, and the staff have a good Wahoo Camp experience. The following will not disallow your child to attend camp.

**IN CASE OF EMERGENCY CONTACT:**

Parents' Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Other Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Check below if camper is subject to:**

- Colds
- Sore Throats
- Fainting Spells
- Bronchitis
- Convulsions
- Cramps
- Allergies
- Other: \_\_\_\_\_

- Heart Trouble
- Asthma
- Lung Trouble
- Sinus Trouble
- Hernia (Rupture)
- Sinusitis
- Epileptic Seizures

- Kidney Trouble
- Athlete's Foot
- Ear Infection
- Appendicitis
- Has Appendix been removed?
- Headaches
- Constipation

**Check below if camper is allergic to:**

- Serious reaction to Poison Oak or Ivy
- Bee Stings
- Insect Bites
- Lactose Intolerant

- Foods (list):  
\_\_\_\_\_
- Other: \_\_\_\_\_

- Medications or drugs (list):  
\_\_\_\_\_

**Check medications below that camper may receive if necessary:**

- Non-aspirin
- Antacids
- Coriciden D
- Aspirin
- Acetaminophen/Tylenol
- Antiseptics
- Robitussin Cough Syrup
- Ibuprofen (Advil)

- Laxatives
- Diarrhea medications
- Adrenaline
- Other: \_\_\_\_\_

**Check any appropriate box:**

- Bed wetting
- Home sickness
- Sleep walking
- Behavior disorders, disturbances
- Emotional disturbance

- Problems: eyesight, hearing, speech
- Problems: paralysis, diabetes, ulcer
- Nightmares
- Excessively shy
- Psychiatric treatment in past 3 years

- Relationships with authority figures
- Abnormally severe moodiness
- Hyperactive: ADD
- Hyperactive: ADHD
- Other: \_\_\_\_\_

