UW–MADISON EXTENSION

Winnebago County 4-H Summer Camp
Chaperone Request Form

Camp Lakotah June 26-29, 2027

Return Completed Request and Chaperone Expectation Statement by January 8, 2027

Name: _____ Date: _____
First Middle Initial Last

Address: _____
Street & Number City State Zip

Phone: _____ Cell: _____

Email: _____

1 Chaperones should be 21 years of age or older. Do you meet this requirement? ☐ Yes ☐ No

2. Are you a registered 4-H Volunteer in 4HOnline? ☐ Yes ☐ No (if no, a 4-H Educator will contact you)

4. **T-shirt information:**
What is your Adult T-shirt size? ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL
T-shirts will be provided for 4-H Camp Staff

5. Please indicate which areas interest you the most:

____ Cabin
____ Recreation
____ Nature / Adventures
____ Arts/Crafts/Cultural
____ Campfire / Evening Activities
____ Healthcare Coordinator (*requires certification in first aid and CPR as well as additional medication administration training)

6. **Certifications:** Indicate which of the following areas you are certified in. Please attach a copy of your certification card(s) with your camp application.

☐ CPR	☐ Life Guard	☐ Wilderness First Aid
☐ First Aid	☐ Water Craft (canoe/kayak)	☐ Other _____

7. Please list your previous camp experience and/or other special skills that will make you a good fit as a camp chaperone (i.e crafts, sports, waterfront, nature, music, outdoor living, team building, etc.)

_____

The Wisconsin 4-H Program is subject to state federal equal employment opportunity laws which prohibit discrimination on the basis of gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation. Federal law requires reasonable accommodation for the known disabilities of applicants and employees, unless to do so would pose an undue hardship. If you need accommodation in order to complete the application process or take any required tests, please let us know.

I authorize investigation of all statements herein, including any checks of criminal records, and release the UW Madison and all others from liability in connection with it. I understand that, if chosen to be a Winnebago 4-H Camp Adult Staff member. I understand and agree to the Wisconsin 4-H Volunteer Behavior Expectations (signed in 4HOnline during enrollment as a 4-H Leader). I also understand that untrue, misleading, or omitted information herein or in other documents that have been completed in association with this application, may result in dismissal, regardless of the time of discovery by the UW-Extension of Winnebago County.

Signature: _____ Date: _____

Return Completed Request and Chaperone Expectation Statement by January 8, 2027

Winnebago County 4-H
Attn: Alicia Schroeder-Haag
625 E County Rd Y Suite 600, Oshkosh WI 54901
Phone: 920-232-1974 Email: schroederhaa@wisc.edu

Tentative Training Dates

Please add the following dates to your calendar. Keep in mind that if there is a need to change meeting dates and times you will be notified in advance. All trainings will be held at the James P. Coughlin Center unless communicated otherwise.

Camp Counselor Interviews
Tuesday, January 26, 6-8 pm

February Training
Tuesday, January 23, 6-8 pm

March Training
Thursday, March 18, 6-8 pm

April Training
Tuesday, April 20, 6-8 pm

May Training
Thursday, May 20, 6-8 pm

June Training
Saturday, June 12, 9-3 pm

The University of Wisconsin Extension provides affirmative action and equal opportunity in education, programming and employment for all qualified persons regardless of race, color, gender/sex, sexual orientation, creed, national origin, age, disability, pregnancy, marital or parental status, arrest or conviction record, or veteran status.

For Office Use Only:

Position Assigned: _____

Approved 4-H Volunteer? Yes No

Interview Completed / Waived Date_____

Required Camp Risk Management Training Completed? Yes No Date_____

Required Youth Mental Health Training Completed? Yes No Date_____

Health Form Completed? Yes No

Chaperone Expectation Statement Completed? Yes No

Special accommodations for health needed? Yes No

If so please describe: _____

_____

Other Notes: _____

_____

_____

Chaperone Position Description

Adult Advisors and **Chaperones** work closely with Youth Counselors to provide encouragement and guidance with lesson planning and activities before and during camp. Adult Advisors and Chaperones play a vital role in ensuring camper safety and forming positive youth -adult partnerships and also may have a dual role as a chaperone during camp.

All Adult Advisors will have the following expectations:

- Be familiar with all camp policies and procedures.
- Be familiar with / have an understanding of the roles for coordinators, Jr. Director, advisors, counselors, camp staff and chaperones.
- If requested, attend planning meetings to assist and facilitate an environment where youth counselors are taking the lead in creating and planning camp activities.
- Help guide the youth counselors to ensure camp policies are being followed.
- Troubleshoot and assist in special situations where there is conflict and where the youth counselor may be struggling to handle the situation.
- Report any accidents or severe behavior incidents to the Extension Staff (Camp Director)

Prior to the official start of each camp, volunteers must complete orientation offered by the Camp Lead (or designee) that includes, but is not limited to:

- Camp rules
- Expectations for each role (e.g., chaperone, youth counselor)
- General behavior expectations
- Youth protection guidelines (as outlined in Extension's Handbook on the Protection of Vulnerable Populations from Abuse and Harassment) including, but not limited to:
    - supervision ratios
    - rule of three
    - leaving camp/transportation
    - electronic communication/social media
    - rules surrounding sleeping arrangements
    - respect for privacy
    - gender identity
    - appropriate physical contact
- Responding to situations of bullying, harassment, abuse, or other prohibited behaviors by a youth or adult
- Review of risk management and emergency response procedures, including severe weather plan and use of/restrictions on use of hazardous materials.
- Parameters for leading any high-risk activities approved for the camp
- Supervising youth counselors

Orientation must be completed each year the volunteer works at camp.

UW-MADISON EXTENSION

CHAPERONE EXPECTATIONS

Winnebago County 4-H Summer Camp
June 26-29, 2027

Name: _____ County: _____

Volunteer Behavior Expectations for Wisconsin 4-H Youth Development:
4-H Youth Development volunteers are expected to abide by the following behavior standards established by UW-Extension/4-H and to conduct themselves as positive role models for youth. All 4-H Youth Development volunteers are ultimately accountable to UW-Extension for their 4-H-related activities.

Volunteers are required to read and agree to behavior expectations at the time of enrollment. To review those expectations again please visit the Wisconsin 4-H website https://4h.extension.wisc.edu/4h-resources/division-of-extension-volunteer-behavior-expectations/.

Support for Adults Accompanying Youth to Camp:
1. Orientation will be provided.
2. Youth taking part in overnight activities will submit a signed Expectation Statement that they understand the rules and the roles of the accompanying adult(s). Youth will be required to submit a health form that includes information on any special needs, medication to be taken and how to contact a parent or guardian.

Permission for UW-Extension to Take and Use Photographs/Recordings:
In addition, I understand that participants of this event may be photographed and/or recorded for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or recordings in promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to UW-Extension to use such images of this participant without any expectation of compensation.

Adult Leader's Statement of Agreement:
I have read, understand and agree to abide by these responsibilities and expectations for volunteers. I understand that suspension or termination of my position as a volunteer will result if I do not meet these expectations.
Print name County

_____ _____
Signature of Adult Leader Date

_____
Printed Name