4-H Operating Standards

THE MISSION OF SOUTH CAROLINA 4-H
4-H is a community of young people across America who are learning leadership, citizenship, and life skills. The South Carolina 4-H Youth Development Program uses a learn-by-doing approach, the involvement of caring adults, and the knowledge and resources of Clemson University and the land grant university system to empower youth to become healthy, productive, and contributing members of society.

STAFFING REQUIREMENTS

County Director
The County 4-H Agent will serve as the Director of the 4-H Program in the county. The youth program director/owner/operator must have at least two prior seasons of administrative or supervisory experience in the type of youth program he/she is responsible for directing. The program director/owner/operator must hold a bachelor’s degree or appropriate professional certification.

Volunteers
All 4-H Volunteers must be 21 years of age or older to be club volunteers.

Staff Screening –
1. For all new paid and volunteer staff with unsupervised access to participants:
   • Background check in accordance with the Clemson University Human Resource policy.
   • Check of the National Sex Offender Registry by the Clemson University Human Resource Office.
   • Driver’s License screen for any individuals who will be driving vehicles for the program through the Clemson University Human Resource Office.
   • Personal Interview of the individual by the County 4-H Director of the program or his/her designee.
   • Check References – Either speak to or obtain a recommendation from two individuals the prospective employee or volunteer has known for at least a year and is not a family member or peer. Be sure to ask these references if there is any
reason the prospective employee or volunteer should not work with children under 18 years of age.

- Current South Carolina Defensive Driver’s training (accepted by AAA or the National Safety Council- see transportation section for more information) for anyone transporting Program Participants in a vehicle (for this purpose, current means within 3 years)

  These volunteer forms can be found on page 21 of the Appendix.

2. For all continuing paid and volunteer staff with unsupervised access to participants (continuing means they have not had a break of employment or volunteer time greater than 12 months):

- On an annual basis, complete a Clemson University Disclosure Statement for Youth Camps/Programs identifying any criminal charges or convictions they have had since the prior year. This can be found on page 27 of the Appendix. These must be completed in September each year.

- Annual check of the National Sex Offender Registry by the Clemson University Human Resource Office.

- Driver’s License screen through the Clemson University Human Resource Office for any individuals who will be driving vehicles for the program.

- Update Defensive Drivers training (accepted by AAA or the National Safety Council- see transportation section for more information) every third year for anyone transporting Program Participants in a vehicle.

  Continuing volunteers must complete the full background check every 4 years.

Staff Training

All approved volunteers must go through the following trainings

1. Orientation session conducted by the County 4-H Agent
   - To cover the program purpose/focus/mission/intended outcomes and how implemented in program structure and program activities
   - Developmental needs of group served

2. Training in child abuse prevention and reporting
   - Recognition, prevention and reporting of child abuse, child to child, as well as adult to child, both outside of and during the program and
- Behavior management and participant supervision techniques to create a physically and emotionally safe environment

3. Emergency Procedures Training
   - Objective, safety consideration, operating procedures for program activities
   - Emergency procedures and the role of staff in implementation

3. Defensive Drivers Training if arranging transportation (see transportation section for more information)

4. Basic child development and positive discipline of children (recommended)

In order to be with 4-Hers as an organizational leader, a project club leader, a chaperone or in any situation that is unsupervised by staff must be an approved leader.

**SUPERVISION REQUIREMENTS**

All 4-H programs are required to establish minimum supervision ratios.

Staff and Volunteer/4-H Ratios:

<table>
<thead>
<tr>
<th>4-H Age</th>
<th>Staff Number</th>
<th>Overnight Campers</th>
<th>Day-only Campers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-5 years</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6-8 years</td>
<td>1</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>9-14 years</td>
<td>1</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>15-17 years</td>
<td>1</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

These ratios must be met with staff members who are at least 18 years of age and staff members that are, at least, 2 years older than the group they are supervising. In the event of an emergency that is potentially detrimental to the health of a participant, if the ratios cannot be met, use your best judgment to assure continued supervision. Volunteers under 18 years of age should not be left alone with 4-Hers except in an emergency situation.

Eight (80) percent of the program staff must be 18 years of age or older. All staff must be at least 16 years of age and at least 2 years older than the individuals they work with. All volunteers are trained in behavior management and supervision techniques to create a physically and emotionally safe environment. It is recommended that programs develop written policies and procedures to implement fair and consistent disciplinary steps that are appropriate to the program and the situation and do not include corporal punishment.
One-to-one scenarios between an adult and a child should be avoided to the extent possible.

For example:

In situations that require personal conferences, the meeting or activity should be conducted in view of other adults or children ("out in the open").

Definition of Supervision:

Children 6 and Above

The definition of supervising or supervision, as it pertains to children 6 and above participating in programs conducted by Clemson University, is that staff persons are readily accessible, aware and responsible for the ongoing activity of each child and able to intervene when needed (remember that the supervision ratios in the Supervision Ratio Chart still apply, at all times).

See Supervision Ratio Chart for participants who have COMPLETED 8th grade and above.

Children Younger than Age 6

The definition of supervising or supervision, as it pertains to children younger than 6 participating in programs conducted by Clemson University, is that staff persons are readily accessible, aware and responsible for the ongoing activity of each child and able to intervene when needed AND that staff persons shall be in the same area as the children (remember that the supervision ratios in the Supervision Ratio Chart still apply, at all times).

Behavior Management and Discipline – In addition to program staff being trained in behavior management and participant supervision techniques to create a physically and emotionally safe environment, it is recommended that youth programs develop written policies and procedures to implement fair and consistent disciplinary steps that are appropriate to the youth program and the situation and do not include corporal punishment.

Child Abuse Prevention Policy – Mandatory Reporting Requirements

Anyone working with individuals under 18 years of age is required by Clemson University policy to report evidence of child abuse to the appropriate authorities. Child abuse agencies do not report the name of persons who reported the suspected abuse to the parents.

Reporting procedure:
If you have reason to believe a child may be or has been abused or neglected, contact local law enforcement. If you do not have the number for local law enforcement, call 911.

Also, report to the Pre-Collegiate Programs Office at (864-656-5535). The PcPO will follow up as necessary with appropriate agencies.
Please contact the Pre-Collegiate Programs Office (864-656-5535) for more thorough sample training concerning Child Abuse and Neglect Prevention.
PARTICIPANT/STAFF RELATIONSHIPS

Supervision of 4-Hers
Staff and Volunteers are responsible for his/her 4-Hers at all times. There should be a set policy for the dismissal of 4-Hers from all activities. Staff and volunteers should know with is picking up the 4-Her at the end of the program. If they are going home with another 4-Her the staff/volunteer should have that permission in writing.

Participant/Staff Relationships
Staff members should always treat participants (adult or under age 18) in a professional manner. Staff members should not flirt, invite participants on a date, or pursue a deeper relationship with participants. No staff/volunteer should at any time be one on one with a 4-Her. In situations that require personal conferences, the meeting or activity should be conducted in view of other adults or children (“out in the open”).

Behavior Modeling
Staff/volunteers should be aware of their behavior and of the perception of their behavior. Staff/volunteers should not use inappropriate language or tobacco/alcohol products around participants. Jokes containing ethnic, sexual preference, or gender subject matter should not be verbalized in the presence participants. Staff/volunteers should not yell, scream, or make threatening gestures in the presence of participants. Remember that many under age 18 participants will view staff/volunteers as role models.

Harassment
4-H is committed to maintaining an environment that is free of discrimination and harassment based on a person’s sex, race, age, color, creed, religion, disability, ancestry or national origin, or any classification protected by state or federal laws. All employees should respect the rights, opinions, and beliefs of others. Harassment, whether conducted by, or affecting an employee, participant, or vendor connected with Clemson University is strictly prohibited. No one may subject another employee, participant, or vendor to any unwelcome conduct of a sexual nature. This includes both unwelcome physical contact, such as touching, blocking, staring, making sexual gestures, and making or displaying sexual drawings/photographs as well as unwelcome verbal conduct such as sexual propositions, slurs, insults, jokes, and other sexual comments. An employee’s conduct will be considered unwelcome and in violation of this policy when the employee should have known that the conduct was unwelcome or when the person subject to the conduct expressed his or her objection. If you believe you are the victim of harassment or if you witnessed an act of harassment, you should immediately report this fact to your Program Coordinator.
MEDICAL CARE

- All clubs must keep on file the 4-H Registration Form including basic medical information and Permission to Administer Medication. Forms found on page 41 of the appendix.

- Signature by a Licensed Medical personnel is needed for the following application and programmatic scenarios:
  
  o When children are participating in a youth program that is residential (i.e., children stay overnight);
  
  o When the program routinely engages children in physical activity that involves consistent aerobic exertion (e.g., strenuous walking, hiking, biking, running, football or other sports, weight lifting, swimming, etc.);
  
  o When the program routinely engages children in activities with an elevated risk of accident (e.g., horseback riding, ATV’s, ‘go’ carts, motorcycles, playing paintball, operating heavy machinery such as a tractor, water skiing or a similar activity, high adventure courses, zip lining, etc.).

- All clubs must have access to a first aid kit during club meeting.

- All programs shall designate a Health Officer who is responsible for maintaining participant medication in a locked and secure location at all times.

- Club leaders must keep track of any medication distributed (Page 59 of the Appendix) and accident at the club meeting (Page 61 of the Appendix).

- In case of a medical emergency, if the 4-Her requires medical attention the parent should be notified immediately and a volunteer leader should go with the youth to receive medical attention. If a life threatening emergency medical attention is needed the leader should call 911 immediately. For non-life threatening emergencies, the parent will be call immediately then transported to medical care.

- For minor accidents the parent should be notified upon arrival to pick up their child. All parents should be notified of this policy

- It is recommended that at least one person with First Aid/CPR Certification must be present at all 4-H club activities. It is required for clubs involved in high risk activities.
RELEASES AND WAIVERS

All programs must complete the Parental Permission Form and Release of Liability for Youth Programs. This form a part of the 4-H Youth Permission Form found on page 47 of the Appendix. The Horse release of liability and helmet requirement may be found on page 49 of the Appendix.

TRANSPORTATION

If transportation is organized and/or facilitated by a Clemson University employee or volunteer as part of Clemson University assigned duties by volunteers, the volunteers/parents must have a driver’s license check and completed a South Carolina Defensive Driver Training. This can be completed on line. The procedures are listed below.

Clemson University Procedure for Obtaining a South Carolina Defensive Driver Training (AAA Driver Improvement Program) Certificate

1. Acquire or purchase the AAA Driver Improvement Program booklets for each attendee from the Office of Risk Management (approximately $4.00 per book)

2. Prepare the AAA Driver Improvement Program training video, originally conducted by Linda Rice, by visiting the following link: http://videoconf.clemson.edu/tcs/#page:recordingList&pageNumber:2&id:9F52A7B2-73C1-4A0B-8417-8DBEA486DE5B

   Please allow a few seconds for the link to redirect to the video

3. Have the individuals attending class fill out the Registration Form (available by clicking following link: http://www.clemson.edu/pre-collegiate/database/approval_database/downloads/REGISTRATION FORM.XLS

4. Have all attendees follow along in their AAA Driver Improvement Program booklets and at the end of the video, have each attendee take the exam located in their booklet (last 2 pages) and collect each exam.

5. Submit scanned documents of the following (in the following order) to Linda Rice (busyone@clemson.edu) in the Office of Risk Management via email with a subject line of “AAA Driver Improvement Program Attendee Results”:
   a. Registration Form that reflects each individual’s time of attendance
      i. e.g., if you are submitting five names from one class, you will have one registration form. If you are submitting five names from five separate classes, you will have five registration forms
b. **Completed Exam (last 2 pages of the AAA Driver Improvement Program booklet)** for each individual attendee

*If you hold one class with five attendees, you will have one registration form and five exams (for a total of 11 pages \((1 + (5\times2))\).*

*If you hold five classes with one attendee each, you will have five registration forms and five exams (for a total of 15 pages \((1 + (5\times2))\)).*

Please submit scanned paperwork in the aforementioned format for the fastest possible certificate return. **Please make sure that mailing address is filled out for each participant so they receive their certificates in the timeliest manner possible.**

- All drivers must be at least 18 years of age, have a driving record that has been reviewed within the last 12 months and have the appropriate license for the vehicle that is being driven. The driving record and experience of any driver should be verified.

- You must verify that individuals transporting children in a personal vehicle for purposes of a Clemson University youth program have valid liability insurance coverage during the transportation. Verification is accomplished by obtaining a copy of the Insurance Card Policy Declarations Page or Certificate of Insurance that demonstrates the coverage period and coverage limits.
  - The following coverage limits are recommended as a minimum:
    - \(\$\ 100,000\) per person for bodily injury
    - \(\$\ 200,000\) per accident for bodily injury
    - \(\$\ 100,000\) per accident for property damage
    - \(\$\ 100,000\) per accident for both uninsured and underinsured motorist

- Must maintain the minimum supervision ratios as in the Supervision Requirements in the Clemson University Operating Standards for Youth Programs for all forms of transportation

- **Prohibit the transportation of participants in non-passenger vehicles such as the back of pick-up trucks**

- All children must be in their own seat and **must wear a seatbelt** when being transported in vehicles on public roads except when children are transported using public transportation or school buses. The only exceptions are:
o When wagons are driven for hayrides, or similar activities at slow speeds (5-10 miles per hour) off public roads, and where protective devices are provided to keep participants from falling out or off of the vehicle.
o When children are participating in a county-approved parade.

- Prohibit the transportation of participants in 12 or 15 passenger vans.

- Have procedures for the orderly arrival and departure of vehicles and for the unloading and loading of vehicles.

- Vehicles will be loaded only within the passenger seating limits established by the manufacturer of the vehicle.

- Require that all drivers and passengers wear seatbelts.

- Require that all passengers remain seated while the vehicle is moving.

- Require that all motor vehicles used by 4-H be equipped with first aid kits.

- Implement a system of regular maintenance and safety checks on vehicles used for transportation that are owned by Clemson University.

INSURANCE COVERAGE FOR LIABILITY, PERSONAL INJURY AND PROPERTY DAMAGE

- Best practice is that every club takes out Club Insurance for the year through American Income Life Insurance Company. It is $1.00 per year, except for Horse Clubs are $2.00 per year.

- Accident and Illness Insurance must be purchased for all 4-H Special Events or Activities ($0.35/person/day). This insurance is taken out through Clemson University’s Risk Management Office at http://www.clemson.edu/administration/risk/forms/accident-insurance.html.
RECORD RETENTION

- Records including participant demographics, health forms, staff paperwork, etc. should be kept on-hand either physically or electronically.

- 4-H Permission Forms including the medical emergency and health report, permission to treat form and medical history should be carried by the lead volunteer/agent on all field trips.

BEHAVIOR POLICY

- Code of Conduct:

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the Department of 4-H Youth Development. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the staff/volunteers before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the staff/volunteers it would be detrimental for the individual to continue with the group, he or she will be sent home at the participant’s expense. Also, participants/parents will be financially responsible for any damage caused by the participant.

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
5. Participants are responsible for following the instructions of all 4-H staff and volunteers.
6. All behavior or language of a sexual nature at 4-H events in inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
7. Curfew hours must be strictly followed.
8. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
9. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
10. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Event Permission Form for Youth filed for the event.
11. With the concern for the well-being of self and others, smoking and the use of other tobacco products is prohibited.
12. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
13. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
14. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

All rules will be reviewed at the beginning of the club year (September). If a violation occurs, the county staff/volunteer will be notified. If the level is deemed to be a major violation a conference between the 4-Her, agent, event director and State 4-H Leader will be held to determine the consequences. If a 4-Her is sent home, they will not be allowed to participate in events for the following year.

All 4-Hers and their parents must sign the discipline policy before participating in 4-H.

Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

**If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the chaperones it would be detrimental for the individual to continue with the group, he or she will be sent home at the participant’s expense. Also, participants/parents will be financially responsible for any damage caused by the participant.**
• All 4-Hers must sign a **Code of Conduct** which is a part of the 4-H Permission Form which can be found on page 44 of the Appendix. Any 4-Her found to break any rules will be dealt with under the discipline policy.

• **Tobacco and alcohol:** Any 4-Her found in possession of tobacco or alcohol will be dealt with under the discipline policy.

• **Illegal Drugs:** If they are found in possession of illegal drugs, law enforcement will be called immediately.

• **Weapons:** Possession, use, or sale of personal firearms or ammunition is prohibited, any knife or weapons found in the possession of a 4-Her should be removed immediately. The 4-Her will be dealt with under the discipline policy.

### Volunteer Code of Conduct

This is a part of the volunteer application and it must be signed before a volunteer is approved.

I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right.

To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

- Uphold an individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional staff while involved in the program.
- Participate in required training programs and use the recommended policies and procedures.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- Not abuse any participant by physical or verbal means and will report such abuse, if observed, accordance with 4-H policies and procedures.
- Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- Comply with equal opportunity and anti-discrimination laws.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Preserve the confidentiality of information about program participants.
- Refrain from using 4-H volunteer status for personal or business financial gain.
COMPLIANCE WITH STATE AND FEDERAL REGULATIONS REGARDING DISABLED INDIVIDUALS

The program must comply with state and federal laws and regulations regarding individuals with disabilities. Any questions should be referred to the Office of the General Counsel.

RISK MANAGEMENT PROCEDURES

Media Relations
If there is an incident involving 4-H, volunteers or 4-Hers should not communicate with the media. All questions should be directed to the Regional Directors, Field Operations Office or the State 4-H Program Leader so appropriate Clemson representative can be contacted.

Missing Students
If a 4-Her in your charge is missing, immediately contact the director(s).

Tornado Watch
A tornado watch indicates that conditions are favorable for spawning tornadoes. If a tornado watch is issued, designate an observer to monitor weather conditions and preplan your refuge.

Tornado Warning
A tornado warning announces that a tornado has been sighted in the area. When a tornado warning is issued for the Clemson area, go immediately to your refuge. Campus-alert sirens will be activated by the University Police Dispatch.

What to Do
Be sure that you and any group you supervise will be able to reach one of the following areas in seconds:
A basement area with no windows, a bottom-floor hallway, or an interior hallway or small interior room with no windows. When inside your refuge area, sit on floor. If a tornado strikes, duck your head between your knees and cover the back of your head with your hands for protection.

What not to Do
Do not seek refuge in the following areas: dining halls, gyms, auditoriums, workshops, labs, classrooms, exterior rooms with windows, elevators, stairwells, non-masonry buildings, barns, utility areas, mobile units, or mobile vehicles. Do not seek refuge outside. However, if there is no other choice, plan to lie flat in a ditch or culvert.

Fire
If the fire alarm sounds or you smell smoke, proceed immediately to the nearest exit. The Desk Supervisor should exit with the desk book which contains a master roster. If the desk is not staffed during the fire alarm, the Hall Manager is responsible for exiting with the desk book if possible. Once outside the building, the Hall Manager should move everyone at least 500 feet back from the building and out of the way of emergency personnel. The Hall Manager (or someone designated by the Hall Manager) should perform building head counts using the desk book rosters.
If a fire is discovered in a residence hall, the staff member should remove anyone in immediate danger, close the door of the room/area where the fire is present, activate the fire alarm, leave the building, and call 911 -- give the building name, location and description of the fire. DO NOT USE ELEVATORS.

**Nuclear Information**

**Evacuation Process**

In the event of a campus evacuation due to an emergency at the Oconee Nuclear Station, persons on campus who can provide their own transportation should leave and return to their home. Those who cannot go home should report to Littlejohn Coliseum. Clemson Area Transit will provide transportation to T. Ed Garrison Arena, which will serve as a staging area. At the arena, persons will be provided transportation home or provided shelter outside the 10-mile emergency planning zone.

For more information, call Duke Energy’s **World of Energy** at 1-800-777-1004.

**Siren System**

Sirens are tested regularly. Siren tests last approximately three minutes. In an emergency, the sirens would sound repeatedly. If you hear a siren sound repeatedly, turn on your radio or television immediately for emergency information. **Hearing a siren does not mean that you should evacuate.**

**Crisis Management Plan**

You have a responsibility for your own personal safety. As you are not a professional rescuer or first responder, your safety should be your foremost concern. However, if you are able to assist students from buildings or organize them in a safe area, please do so. Stay calm. Use the club roster to do frequent headcounts and assist emergency personnel in identifying missing youth.

In the event of a crisis, the following people are to be contacted in the order listed:

1. Relevant emergency personnel by calling 911
2. The Director(s) of your summer program

**Blood-borne Pathogens**

Because of the potential risk of contracting a blood borne disease, you are urged to use “universal precautions” if handling blood or body secretions (nasal or vaginal discharge, saliva, semen, sweat, tears, ear wax, vomit, urine, or feces). This means that all blood and body secretions should be assumed to be infectious and disposable gloves should be worn before performing procedures which might result in contact. Surfaces touched by body secretions should be cleaned as soon as possible with bleach. It is not part of your job description to provide First Aid or to clean-up bodily fluids. In the case of a life-threatening emergency use your own judgment in assisting after calling 911. If a staff member chooses to assist a participant or another staff member in an emergency situation, follow universal precautions wearing disposable gloves and mask.

**Significant Exposure**

A “significant exposure” is an exposure of a person to a potentially serious disease which increases the possibility that the disease was actually transmitted. It usually involves blood or other body fluid from a carrier or infected person entering an open wound or touching a mucous membrane (mouth, eye, inside nose, etc). Under “universal precautions,” all persons are considered potentially infectious so all possible exposures must be reported.

Examples of “significant exposure”: 
1. Someone bites another person and breaks the skin.
2. Someone falls and gets a cut. Another person with a cut on hand takes care of the wound without gloves.
3. Someone vomits on another person who has an open cut or abrasion.
4. Blood or body fluid enters the eye or mouth of another person.

Procedure for “significant exposure”:
1. Thoroughly wash hands or other body parts exposed with soap and water for 20 minutes. If eye or mouth was affected, rinse well with clear water.
2. Report immediately to the Summer Programs Director who will determine what action needs to be taken.

HAZARDS

Roads
It may be dangerous for younger minor participants to cross a road without counselors present. Counselors should accompany and supervise 4-Hers when they are crossing roads.

Suspicious Strangers
Counselors and staff should be on alert for suspicious strangers lingering in an area where minor participants are present. If you are at all concerned about a stranger, call the Police.

Trees, Buildings & Construction Sites
Part of testing boundaries may involve climbing trees or building/structures. It may be dangerous for minor participants to climb a height greater than 6 feet. 4-Hers should be kept away from any construction areas.

Rabies
Rabies is a serious concern. The disease is spread through contact with the blood or saliva of the infected animal and does not require a bite in order to be transmitted. Among the most common carriers are raccoons, squirrels, skunks, bats, and even domesticated cats and dogs. It is therefore imperative that all wild or unknown domesticated animals be considered infected and any contact with the animal should be avoided.

General Precautions
1. Staff and participants should be oriented to the fact that raccoons, skunks, etc, are wild, possibly rabid animals that should not be captured, petted, fed, or otherwise encouraged to make contact with people.
2. Report any wild animal that is behaving abnormally to the Hall Manager.
3. No program participant or staff member should attempt to capture any suspect animal.

Possible Exposure Procedure
1. If a volunteer or participant is bitten, the health department must be contacted to arrange for post exposure rabies prophylaxis and/or transport of animal specimens to the rabies laboratory. A call to the game warden may be necessary to capture the animal.
2. Complete an incident report.
3. Interview the victim and witnesses to determine: a) was the animal provoked, teased, or poked? 
b) How did the animal act before, during, and after the attack?
4. Unless the animal is endangering others, do not attempt to capture the animal until game 
wardens or police officers arrive. Request that the head not be excessively damaged during the 
capture so that it can be analyzed at the rabies laboratory.

Bat Exposure
If any exposure to a bat occurs:
- Complete an incident report and then notify the County Department of Health to describe the 
circumstances.

Lyme Disease
Lyme disease has become the leading tick-borne illness in the U.S. The deer tick is the species that most 
often transmits Lyme disease. With proper precautions, Lyme disease is preventable. As 4-H 
Volunteers, you can assist in educating participants on the signs and prevention strategies regarding 
Lyme disease.
- Deer ticks are most active from April through October, so exercise additional caution.
- If planning to participate in outdoor activities, properly use an insect repellent containing DEET 
on exposed skin or clothes.
- Stay to the center of hiking paths, and avoid grassy and marshy woodland areas.
- Frequently check yourself. A deer tick in the nymph stage is the size of a pin-head. Look 
especially in body creases and belt lines.
- If you discover a tick imbedded in your skin, go immediately to the Health Center to have it 
removed. It is important that the entire tick be removed, especially the head.
- A positive symptom of an infection is a red “bulls-eye” rash around the site of the bite. The rash 
will generally not itch or irritate.

Flu Recommendations
According to the Centers for Disease Control (CDC), here’s what you can do to reduce your chances of 
getting the flu:
- Encourage 4-Hers with flu symptoms to not attend meetings or activities.
- Wash your hands frequently and avoid touching surfaces that may be contaminated.
- Avoid contact with people who may have been exposed to the flu.
- Cover your mouth when you cough or sneeze to keep from spreading the flu or other 
respiratory illnesses to others. You may have the flu before you exhibit symptoms.
- Try to stay in good general health: get plenty of sleep, stay physically active, manage your stress, 
drink plenty of fluids and eat nutritious food.
- If you experience early flu symptoms, including a sore throat, runny nose, congestion and 
sneezing, seek medical attention.

You should seek accurate information about the illness from credible sources, including the Centers for 
Disease Control and the South Carolina Department of Health and Environmental Control.
APPENDIXES
# South Carolina 4-H Volunteer Application

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Last Name</td>
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<tr>
<td>First Name</td>
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<tr>
<td>M.I.</td>
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<tr>
<td>Name You Prefer</td>
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<tr>
<td>Mailing Address</td>
<td></td>
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<tr>
<td>How long at this Address?</td>
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</tr>
<tr>
<td>City</td>
<td></td>
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<tr>
<td>State</td>
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<tr>
<td>Zip</td>
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<tr>
<td>County</td>
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<tr>
<td>If less than a year, previous address</td>
<td></td>
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<tr>
<td>How long have you resided in the county?</td>
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<tr>
<td>City</td>
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<td>State</td>
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<td>Zip</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Daytime Phone</td>
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<tr>
<td>Evening Phone</td>
<td></td>
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<tr>
<td>Best Time to Call</td>
<td></td>
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</tbody>
</table>

## 4-H EXPERIENCE

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a 4-H Alumnus?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, where?</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>If yes, what year(s) were you a 4-Her?</td>
<td></td>
</tr>
<tr>
<td>Have you ever been a 4-H volunteer?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, where?</td>
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<tr>
<td>City</td>
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<tr>
<td>County</td>
<td></td>
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<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Why are you interested in a 4-H Volunteer position?</td>
<td></td>
</tr>
<tr>
<td>What time commitments are you considering?</td>
<td></td>
</tr>
<tr>
<td>_______ hrs./ week</td>
<td></td>
</tr>
<tr>
<td>_______ hrs./month</td>
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</tbody>
</table>

## DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Hispanic Ethnicity: (check one):</td>
<td></td>
</tr>
<tr>
<td>Yes-Hispanic or Latino</td>
<td>No-Not Hispanic or Latino</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Racial Groups: (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Black or African</td>
<td></td>
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<tr>
<td>Native American or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
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</tbody>
</table>
EMERGENCY CONTACT

Name

Phone:

PHOTO/ MEDIA RELEASE

I give my permission for staff of SC Cooperative Extension, SC 4-H, and/or _______________ County Extension to take photographs, record video, or audio of me or my property for use in promotional, and/or marketing materials. Neither individual address nor phone numbers will be published within these materials.

☐ Yes ☐ No

Signature ___________________________ Date ___________________

PROJECTS OR CLUBS OF INTEREST AS A VOLUNTEER

1. 
2. 
3. 

TRANSPORTATION

<table>
<thead>
<tr>
<th>Do you have access to a car?</th>
<th>Do you have a valid driver’s license?</th>
<th>Drivers license number and state</th>
<th>Date of Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>DL# _______________ State_____</td>
<td><strong><strong>/</strong></strong>/_____</td>
</tr>
</tbody>
</table>

Have you ever received a traffic violation?

☐ Yes ☐ No

If yes, please explain.

Have you taken Defensive Driving?

☐ Yes ☐ No

If so, on what date?

____/____/____

I understand that I am covered under the State Tort Claims Act for tortious acts committed by me unless my conduct is outside the scope of official duties or the conduct constitutes actual fraud, actual malice, intent to harm or a crime involving more turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities Clemson’s automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage.

I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen’s compensation coverage of Clemson nor does Clemson provide any medical insurance.

Signature of 4-H Volunteer ___________________________ Date ___________________
**VOLUNTEER CODE OF CONDUCT**

I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right.

To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

- Uphold an individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional staff while involved in the program.
- Participate in required training programs and use the recommended policies and procedures.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- Not abuse any participant by physical or verbal means and will report such abuse, if observed, accordance with 4-H policies and procedures.
- Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- Comply with equal opportunity and anti-discrimination laws.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Preserve the confidentiality of information about program participants.
- Refrain from using 4-H volunteer status for personal or business financial gain.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code of Conduct is grounds for the suspension and/or termination of my volunteer status with Clemson University 4-H.

Signature of 4-H Volunteer ____________________________ Date ________________

Signature of 4-H Professional ____________________________ Date ________________
# REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address, City, State, Zip</th>
<th>Telephone Day</th>
<th>Email Address</th>
<th>Relationship</th>
</tr>
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<th>Name</th>
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<th>Email Address</th>
<th>Relationship</th>
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<th>Email Address</th>
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I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of Clemson University Cooperative Extension and the SC 4-H Program and to fulfill my responsibilities to the best of my abilities.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

---

**For Office Use Only**

This reference check was: ☐ Satisfactory ☐ Unsatisfactory

Date of reference check: ____________ Name of person conducting the check: ____________

If unsatisfactory, please explain:

____________________________________________________________

☐ Completed Driver’s License Screening
☐ Completed Defensive Driver Training
☐ Completed Child Abuse Prevention Training
☐ Completed Risk Management Training
### Applicant Information (Please print or type)

**All the names you use or have used**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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<tr>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
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</table>

**Physical Addresses: Present and Former Physical Addresses (where you have resided for two consecutive years)**

(No Post Office Boxes)

<table>
<thead>
<tr>
<th>Address</th>
<th>City /State</th>
<th>Zip</th>
<th>Dates: From</th>
<th>To</th>
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Have you ever been convicted of any unlawful offense, other than a minor traffic violation?  

___ No  

___ Yes  

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction will disqualify an applicant for consideration of that or any position at the University for a period of 12 months or longer for falsification of an application.)

If yes, list the date of all conviction(s) and crime(s) for which you were convicted regardless of how minor or how long ago it may have been.  

**NOTICE:** We conduct criminal conviction checks. Attach additional page if needed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (county/state)</th>
<th>Crime</th>
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Are you in default on any of the following types of student loans: National Direct Student Loan, National Defense Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Loan, or Guaranteed (Federally Insured) Student Loan?  

___ Yes  ___ No

If yes, attach copy of repayment arrangements agreed upon by creditor.

---

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my background, references, employment, education, credit history, and criminal or police records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application or Resume and/or obtaining other information which may provide evidence to my qualifications or suitability for employment, promotion, transfer/reassignment or retention as an employee. I release Clemson University

Candidate Initials: ____________
and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources.

I understand that I will be given opportunity to respond to any incorrect information provided by the company conducting the investigation. **In addition, I understand that it is the obligation of the employer to notify me if information contained in the consumer credit report is being used to deny me employment.**

I hereby certify that all information I have provided on this form, employment application, resume and/or other submissions is true and complete to the best of my knowledge and belief. I understand that by admitting to a conviction for any unlawful offense, I will not be automatically disqualified from consideration for employment. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

**SIGNATURE** ___________________________  **DATE** ______________________

---

**TO BE COMPLETED BY DEPARTMENT CONTACT - THIS PERSON WILL BE NOTIFIED OF RESULTS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEPARTMENT NAME</th>
<th>EMAIL ADDRESS</th>
<th>PHONE</th>
</tr>
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<tbody>
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</table>

Applicant’s Education Level:  
- High School  
- Some College or College Grad.

Employee status:  
- Permanent  
- Temporary  
- Student  
- Volunteer  
- Intermittent

Funding Source (Circle One):  
- E&G  
- Other

Please list account number: ____________________________

Department/Position Number/Job Opening #: _________/_________/_________

---

**HR BACKGROUND INVESTIGATOR VERIFICATION:**

<table>
<thead>
<tr>
<th>DATE CRIMINAL CONVICTION CHECK PERFORMED:</th>
<th>NO ADDITIONAL CRIMINAL CONVICTION(S) FOUND:</th>
<th>ADDITIONAL CRIMINAL CONVICTION(S) FOUND:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

DATE CRIMINAL CONVICTION CHECK REQUESTED: ____________________________  
DATE DEPARTMENT NOTIFIED WITH RESULTS: ____________  
NOTIFIED BY:  
- EMAIL  
- PHONE
Clemson University Disclosure Statement for Youth Programs

(This form should be filled out by all continuing paid and volunteer staff with unsupervised access to youth participants (continuing means they have not had a break of employment or volunteer time greater than 12 months).)

A background check should be completed on individuals with a break in employment or volunteer time greater than 12 months.:

Name: _____________________________________________________________________

I am a: _____ volunteer _____ employee in:

Youth Program Name: ___________________________________________________________________

Last dates I worked for or volunteered for this Youth Program: __________________________

1. Since I worked or volunteered for the Youth Program on the dates noted above, I have been **charged** with committing the following crimes (include all misdemeanor and felony charges, the name and location of the entity that charged you and the date of each charge):

   _____________________________________________________________

   _____________________________________________________________

2. Since I worked or volunteered for the Youth Program on the dates noted above, I have been **convicted** of the following crimes (include all misdemeanor and felony convictions, the name and location of the entity that convicted you and the date of each conviction):

   _____________________________________________________________

   _____________________________________________________________

3. If you would like to provide any explanation or further information regarding your response to items 1 and 2 above, please do so below or indicate if further information is being attached:

   _____________________________________________________________

   _____________________________________________________________

   (If you have not been charged with or convicted of any crimes since the dates noted above, please indicate “none” in the appropriate blanks under paragraphs 1 and 2 above.)

I certify that the foregoing information I have provided is true and correct.

__________________________________________________
Signature

THIS FORM SHOULD BE COMPLETED AND RETURN TO THE COUNTY 4-H COORDINATOR
Clemson Child Abuse Awareness/Prevention Policy

PURPOSE
The purpose of this policy is to help prevent the occurrence of child abuse or neglect in youth development programs by providing a reasonable summary to help identify child abuse or neglect and recommendations for responding to it. The following policy and procedures are hereby adopted to foster the protection of children, youth, employees, and volunteers.

SCOPE
This policy shall apply to all current and future workers, whether compensated and/or volunteer, who will have the responsibility of supervising the activities of children/youth.

DEFINITIONS
For the purpose of this policy the following definitions shall apply:

- “Preschooler,” “child,” “children,” “youth,” and “minor” shall be defined as any individual under the age of eighteen (18).
- “Adult” shall be defined as any individual at least eighteen (18) years of age.
- “Worker” shall be defined as any adult who serves as a volunteer and/or paid person given the responsibility of working with or caring for minors.
- “Child Abuse” shall be defined the intentional infliction of any verbal, physical, emotional, or sexual abuse of a child, youth, or minor.
- “Criminal Background Check” (CBC) is the procedure used to check the background of adult volunteers for criminal activity.
STAFF ENLISTMENT AND TRAINING

1. It is suggested that, at a minimum, personal references be telephoned and a written memorandum be made of the contents of those telephone conversations, and that prior employment and church service references be contacted in writing.

2. Any prospective worker that has prior incidents of sexual misconduct or child abuse will not be allowed to serve in any capacity where they would have contact with minors.

3. Criminal background checks will be performed on each applicant after the applicant has signed the authorization/waiver/indemnity for, and prior to being enlisted as a worker. Annual criminal background checks will be performed on workers, randomly or as deemed necessary.

4. Standard interview questions will be developed and used in personal interviews with volunteer employee applicants, after reviewing the applications of the applicant, checking all references, and receiving a criminal background check report. These interview sheets will be filled out with the results of the interview and kept in the employee personnel file, as well as the reference checks and the applications. A separate file will be maintained permanently on each worker, whether paid or a volunteer.

5. It shall be the responsibility of the applicant to seek any correction of their criminal history record if the applicant is denied a position and the applicant believes it to be the result of incorrect information or other reasons related to criminal histories provided.

6. Each new worker will be given the legal definition of child abuse in writing, as well as the policy on reporting of child abuse. New workers will also be required to participate in training on the subject of child abuse prevention. This may include video and written materials available on this subject. This will help workers gain an appreciation for the reality of the concern and help identify child abuse in the future if they see signs of it.

OCCASIONAL VOLUNTEER WORKERS

1. Individuals who only volunteer occasionally must go through the entire volunteer screening process. There are to be no exceptions for anyone to go through the complete process.
2. Teenagers who are at least sixteen (16) years of age, but under eighteen (18) and who wish to serve as teen workers in any capacity with activities, studies, or programs for preschoolers or children will need to fill in a Teen Volunteer Information Form and go through the training. The only step in the process they are exempt from is the criminal background check.

TYPES OF ABUSE

Physical Abuse

Physical abuse is one of the most commonly identified forms of abuse due to the physical trauma. It occurs when someone inflicts bodily harm that leaves a physical injury. Visible external injuries include bruises, burns, black eyes and cuts. Not all physical injuries are visible. Internal injuries, head injuries and broken bones resulting from an abusive encounter may go unnoticed.

Important in the identification of physical trauma is the comparison of the child's injuries to the explanation given for them, either by the child or the caretaker. Adults attempt to avoid detection by devising all kinds of explanations that they hope will be accepted as the cause of the injuries.

Usually, the nature and type of injury provide consistent clues as to whether it was incurred by accident. Considering the age of the child, investigators can determine what accidents might cause specific bruises, burns, cuts, lacerations and other injuries. Skins or knee scrapes on children are both normal and expected. Children who run and play frequently trip, fall and bump into things. The areas children most frequently scrape or bruise in play activity are the knees, elbows, forehead, hands, chin and nose.

The primary area for abuse extends from the back of the neck to the back of the knees, including the backs of the arms and hands – areas that may be injured when the child tries to defend himself. Injuries in these areas are considered suspicious due to the fact that seventy percent of non-accidental injuries occur in this area.

Many times, those who work with young people neglect a simple screening technique that can help determining whether a noted injury was the result of an accident or abuse. Much can be gained by using this simple screening technique of taking a genuine interest in the child, showing care and concern and asking about the physical injury.

<table>
<thead>
<tr>
<th>Behavioral Indications</th>
<th>Physical Indicators</th>
</tr>
</thead>
</table>

### Behavioral Indications

- Is overly eager to please
- Seeks out adult contact
- Views abuse as being warranted
- Is excessively anxious

### Physical Indicators

- Has unexplained or unusual burns (look for cigarette burns, burns to buttocks or genitals, burns to hands, immersion lines, demarcation lines or outlines, rope burns)
- Has unexplained bite marks
- Has unexplained fractures or dislocations (look for spinal fractures caused by twisting or pulling, rib fractures)
- Has unexplained bruises or welts (look for different colors, stages of healing, bruises to the back, buttocks, backs of legs, groups or patterns, defense wounds to arms and hands)
- Has unexplained lacerations (look for loop type lacerations from belts, cords, lacerations to backside of body, series or groups of straight line welts, scarring from previous injuries)
- Has unexplained head injuries (look for black eyes, split lips, loose or missing teeth, lumps on the head, facial bruises, jaw, nose fractures)
- Wets the bed

---

### Emotional Abuse

One of the most difficult to define areas of child abuse is emotional abuse. It is difficult to draw the line between poor parental functioning and the infliction of psychological trauma. Is continually screaming at a child abusing him or her? Emotional abuse is also known as mental abuse, emotional maltreatment, verbal assault, verbal abuse and psychological abuse. It may be defined as any “chronic and persistent act by an adult that endangers the mental health or emotional development of a child.” It is a series of acts or lack of action that deprives the child of needed love, affection, support and encouragement to grow into a healthy adult (San Francisco Child Abuse Council).

Mental abuse occurs when a child is made to feel worthless, unwanted and unloved. A child sufferers from emotional abuse when someone continually puts him or her down by yelling, calling names, making him feel “no good.” Many people believe that the scars of emotional abuse last much longer than that of physical abuse. Emotional abuse leaves the victim with insecurity, low self-esteem and self-doubt that may linger throughout his/her lifetime.
• Is depressed
• Is unwilling to discuss the problem
• Exhibits aggressive or bizarre behavior
• Is withdrawn, apathetic or passive
• Has unprovoked fits of yelling or screaming
• Exhibits inconsistent behaviors
• Feels responsible for the abuse
• Runs away from home
• Attempts suicide
• Has low self-esteem
• Exhibits a gradual impairment of health or personality
• Has difficulty sustaining relationships
• Has unrealistic goal setting
• Is impatient
• Is unable to communicate or express feelings, needs or desires
• Sabotages chances of success
• Lacks self-confidence, is self-deprecating and has negative self-image

• Exhibits developmental lags (stunting of physical, emotional or mental growth)
• Is hyperactive
• Exhibits eating disorders

Sexual Abuse

Sexual abuse, which encompasses a wide variety of inappropriate behaviors, generally involves the sexual mistreatment of a child by an adult or an older child. These behaviors may be direct or indirect in nature.

Indirect sexual abuse includes voyeurism (observing a child undress, bathe or urinate), an adult or older child exposing his or her genitals to a minor, and pornography (photographing nudity or explicit acts or showing pornographic material to a child).

Direct sexual abuse may consist of lingering and intimate kissing, fondling (the adult touching the child’s private parts or the adult having the child fondle his or her genitalia), masturbation (either child or adult, with the other observing or both together), oral-genital contact, or digital or penile penetration (vaginal or rectal).

Generally, once a direct act of sexual abuse has been committed, the abuser fears detection and begins the process of covering up. The person then loads guilt and responsibility onto the child, saying such things as: “If you tell, Mom and I will get a
divorce and you won’t have a father;” “If you tell, I won’t love you anymore;” or “If you tell, the family will break up and it will be all your fault.”

<table>
<thead>
<tr>
<th>Behavioral Indications</th>
<th>Physical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is reluctant to change clothes in front of others</td>
<td>Has pain and or itching in the genital area</td>
</tr>
<tr>
<td>Is withdrawn</td>
<td>Has bruises or bleeding in the genital area</td>
</tr>
<tr>
<td>Exhibits unusual sexual behavior</td>
<td>Has venereal disease</td>
</tr>
<tr>
<td>Has sexual knowledge beyond that common for developmental stage</td>
<td>Has swollen private parts</td>
</tr>
<tr>
<td>Has poor peer relationships</td>
<td>Has difficulty walking or sitting</td>
</tr>
<tr>
<td>Either avoids or seeks out adults</td>
<td>Wets the bed</td>
</tr>
<tr>
<td>Is pseudo-mature</td>
<td>Experiences pain when urinating</td>
</tr>
<tr>
<td>Is manipulative</td>
<td>Experiences suicidal gestures</td>
</tr>
<tr>
<td>Is self conscious</td>
<td>Is promiscuous</td>
</tr>
<tr>
<td>Has problems with authority and rules</td>
<td>Engages in fantasy or infantile behavior</td>
</tr>
<tr>
<td>Exhibits eating disorders</td>
<td>Is unwilling to participate in sports activities</td>
</tr>
<tr>
<td>Is self-mutilating</td>
<td>Has school difficulties</td>
</tr>
<tr>
<td>Is obsessively clean</td>
<td></td>
</tr>
<tr>
<td>Uses or abuses alcohol or drugs</td>
<td></td>
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<tr>
<td>Runs away from home</td>
<td></td>
</tr>
<tr>
<td>Exhibits extreme compliance or defiance</td>
<td></td>
</tr>
<tr>
<td>Is fearful or anxious</td>
<td></td>
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<tr>
<td>Exhibits suicidal gestures</td>
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<tr>
<td>Is promiscuous</td>
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<tr>
<td>Engages in fantasy or infantile behavior</td>
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<td>Is unwilling to participate in sports activities</td>
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<tr>
<td>Has school difficulties</td>
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</tbody>
</table>

WHAT IS CHILD SEXUAL ABUSE?
“Any sexual activity with a child – whether in the home by a caretaker, in a day care situation, a foster/residential setting, or in any other setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent, or another child.”

Child sexual abuse may be violent or non-violent. All child sexual abuse is an exploitation of a child’s vulnerability and powerlessness in which the abuser is fully responsible for the action.

Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready.
Child sexual abuse includes behaviors that involve touching and non-touching aspects. What causes abuse? What factors contribute to an abusive situation? What personality characteristics foster an attitude conducive to abusiveness? What conditions enhance the probability of abuse?

**Background Indicators**
- Has been a victim of abuse
- Has been a victim of substance abuse
- Lack of education and experience in child care

**Situational Factors**
- Parental stress
- Financial problems
- Poor and overcrowded housing
- Life crises
- Targeted children
- Lack of maternal/infant bonding
- Marital or relationship problems

**Personality Factors**
- Unrealistic expectations
- Tendency to over-punish
- Depression
- Poor self-image
- Rejection and role reversal

**Neglect**

Technically speaking, neglect is the failure to do something that one ought to do. It is an act of “omission” rather than “commission”. As commonly used when discussing child neglect, neglect occurs when parents or guardians fail to provide for basic needs of the child. Most reported neglect cases involve lack of proper food, shelter, clothing, medical care and supervision. Some neglect is a result of ignorance of proper childcare. In addition, emotional neglect occurs when parents provide the child with the physical necessities of food and shelter, but give little or no emotional support. The parents seemingly ignore the child and his or her need for nurturing.

Some of the more commonly identified types of neglect include:
- Failure to thrive
- Filth and infestation
- Environmental deprivation
- Exposure to the elements
- Closteting
- Medical deprivation

In the context of youth development programs, it is helpful to think of the term neglect in the sense of allowing a child to be harmed when the harm could have been avoided through reasonable prudence. For example, having the child apply sunscreen before an all-day outing would be prudent to avoid the harm of severe sunburn.

<table>
<thead>
<tr>
<th>Behavioral Indicators</th>
<th>Physical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is truant or tardy often, or arrives early and stays late</td>
<td>Frequently is dirty and unwashed, hungry, or inappropriately dressed</td>
</tr>
</tbody>
</table>
- Begs or steals food
- Attempts suicide
- Uses alcohol or other drugs
- Is extremely dependent or detached
- Engages in delinquent behavior, such as prostitution or stealing
- Appears to be exhausted
- States frequent or continual absence of parent or guardian

- Engages in dangerous activities, possibly because he is unsupervised
- Is tired and listless
- Has unattended physical problems
- May appear to be overworked or exploited

### DISCIPLINE VS. ABUSE

For parents and for care providers, the line between discipline and abuse is not always clearly drawn. What one person may consider firm discipline, another would consider abuse. What makes the difference?

<table>
<thead>
<tr>
<th>Discipline is...</th>
<th>Abuse is...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A positive method of training a child toward self-control and self-confidence.</td>
<td>• Satisfying the adult’s needs while imposing socially unacceptable control on the child.</td>
</tr>
<tr>
<td>• Designed to teach a child a health sense of independence.</td>
<td>• Fostering unhealthy dependency.</td>
</tr>
<tr>
<td>• Flexible to adapt to the developmental level and changes of the child.</td>
<td>• Placing unrealistic demands, expectations or limits on children.</td>
</tr>
<tr>
<td>• Encouraging the child to learn social behavior and ways of expressing their natural desires and drives.</td>
<td>• A result of adults failing to meet their own needs and desires through healthy and appropriate channels.</td>
</tr>
<tr>
<td>• Enhancing the child’s sense of self-worth and pride in their abilities and accomplishments.</td>
<td>• Ignoring a child’s positive qualities.</td>
</tr>
<tr>
<td>• Teaching by example.</td>
<td>• Perpetuated generationally.</td>
</tr>
</tbody>
</table>

In addition to the other suggestions for discipline for campers, the following tips can help prevent situations from becoming abuse:

1. **Don’t discipline children when you are upset.** Take a few minutes to calm down and evaluate the situation before disciplining.
2. **Develop a positive mental attitude and a good sense of humor.**
3. **Get help from your peers.** Share your difficulties with other staff members. They may have experience dealing with your situation.
4. **Try to see life from a child’s perspective.**
5. **De-stress yourself** by using your time off to rest and reenergize.
PREVENTION POLICIES

- **Always be in view of others.** If you need to meet with someone alone, do so in a place that is in full view. Do not use private rooms with doors shut or other areas that might raise questions, such as the swimming area after lights out.
- **Do not allow program participants into private staff areas.** At no time should campers be allowed into staff living areas. Also, do not allow campers to share your bunk or sleeping bag.
- **Do not share your romantic life with campers.** Although campers may ask personal questions about relationships, dating and sexual activity, you should avoid sharing personal details. Do not ask campers personal questions regarding sexual experiences.
- **Supervise private activities in pairs.** Have double counselor coverage while supervising showers or changing clothes. Allow younger children to change their own clothes as much as possible.
- **Stay out of cabins you are not assigned to** or have no specific camp business in.
- **No hazing or use of physical punishment** at any time.
- **Limit pillow fights, wrestling or water fights.** These activities often end up out of control, with campers getting hurt.
- **Limit your contact with campers outside of the program.** It is okay to correspond with campers, but be aware of how you say things. They can easily be misinterpreted. It is probably best not to socialize with campers outside of the program, but if it occurs one should do so in a manner that preserves the counselor/camper relationship rather than changing the nature of the relationship to something more personal or intimate.
- **Report any injuries or unusual behaviors.** This would include injuries that may have occurred prior to coming to camp. Also, any change in room or bunk assignments of staff or participants should be reported to the program director.

SPECIFIC ACTS AND OMISSIONS IN VIOLATION OF THE POLICY

Anyone who works with children is potentially vulnerable to allegations or charges of sexual or physical abuse. In order to protect the safety of all campers, and to protect staff members from allegations of abuse, staff members should be aware of not only how they act but also how people outside of the camp environment may perceive those actions. **In recent years, the following situations have lead to allegations of child abuse:**

- Skinny dipping
- Supervision of showers by one staff member
- Inappropriate staff behavior on co-ed sleepovers
- Camper fondled while on the lap of a staff member
• Staff taking camper to the staff member’s home.
• Staff and campers sharing a bunk

The following acts or omissions are violations of this Policy and will not be tolerated or accepted under any circumstances. Should any of these actions be observed at any time, they should be reported to the appropriate person immediately. If any of these actions occur during any activity or program, they should be immediately reported either to the police and/or to the designated program staff (in accordance with the reporting policy described herein) after the safety of the child, children, youth, or minor involved has been assured.

1) Any direct observations or evidence of sexual activity in the presence of or in association with a minor.

2) Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor.

3) Sexual advances or sexual activity of any kind between any person and a minor.

4) Infliction or physically abusive behavior or bodily injury to a minor.

5) Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of the program.

6) Mental or emotional injury to a minor.

7) The presence or possession of obscene or pornographic materials at any time.

8) The presence, possession, or being under the influence of any illegal or illicit drugs.

9) The consumption of or being under the influence of illegal or illicit drugs or alcohol while on site or leading or participating in any program activity.

CHILD ABUSE PREVENTION – REPORTING

Anyone working with individuals under 18 years of age is required by Clemson University policy to report evidence of child abuse to the appropriate authorities. Child abuse agencies do not report the name of persons who reported the suspected abuse to the parents.

Reporting procedure:

1. If you have reason to believe a child may be or has been abused or neglected, contact local law enforcement. If you do not have the number for local law enforcement, call 911.
Also, report to the Pre-Collegiate Programs Office at (864-656-5535). The Office will follow up as necessary with appropriate agencies.

Although it is rare in the camp setting, allegations of abuse to campers will arise. Due to the on-going contact with campers throughout the week and the close bond that can develop between the counselor and campers, campers may reveal situations that fit in one of the categories described. It is critical that those individuals understand the process involved in reporting abuse, so as to respect the privacy of the victim. Any person having cause to believe that a child’s physical or mental health or welfare has been intentionally harmed, or may be intentionally harmed by abuse or neglect shall report the person’s belief in full compliance with the child abuse reporting statute. For purposes of providing guidance and to ensure that appropriate actions are taken, the following procedure is established:

1) Upon the first suspicion of an instance of child abuse, the following steps should be taken immediately:
   a) If any employee or volunteer suspects a case of child abuse, he or she shall report his/her suspicions immediately to the police.
   b) He or she shall also report his/her suspicions immediately to your program director or supervisor. If the employee or volunteer suspects a case of child abuse that involves their program director or supervisor, he or she shall contact the Pre-Collegiate Programs Office OR your program director’s supervisor. Do not treat the suspicion as frivolous.
   c) The program director OR the program director’s supervisor shall report the suspicions to the Pre-Collegiate Programs Office.
   d) Emphasize confidentiality of the victim and any accused as much as possible.
   e) The person receiving the initial report will be responsible for confirming the facts reported and the condition of the child, on the same day on which the first report was made.
      i) Commence an investigation immediately, and conclude it as soon as possible.
      ii) Data concerning the child, name, address and other pertinent information will be obtained through discussions with the initial reporter and other staff members. The name and address of the person responsible for the care of the child, if available, will be obtained.
      iii) After the information is secured, a non-accusatory report (a report that identifies the victim of abuse or neglect whether or
not the person responsible for the abuse or neglect is known) shall be made to the county office of the Department of Social Services or local law enforcement agency in the county where the child resides or is found.

iv) On the same day that the case is first reported verbally to the Department of Social Services or law enforcement, the report will be documented on an Incident Report Form. This form, together with any other documentation shall be maintained in a confidential file.

f) Cooperate fully with law enforcement officials.

g) The appropriate authority shall suspend any accused from the performance of duties involving children until the investigation has been completed.

h) Inform the victim and the victim’s family of the steps that are being taken, and continue to keep them advised of the status of the investigations. If child abuse is confirmed, ask the victim and the victim’s family what action they would like to take in the matter, and fully cooperate to address their request within the bounds of a legal and prudent response (University legal counsel should assist in this determination).

i) In instances where child abuse is confirmed, the worker will be dismissed from their position.

j) In instances where the evidence is inconclusive, one should take action depending on the strength of the evidence available and after consideration of the victim’s family’s request.

2) Clemson University and/or Pre-Collegiate Programs Office leadership shall plan for a response to the media and shall designate one contact person to speak to the media so that we can emphasize through the media to the public our position on child abuse, concern for the victim, and the extensive steps taken to address the present occurrence and to reduce the risk and provide a safe environment for other children.

3) **Responding to the Victim** -- After the abuse has been reported and the child returns to the program, your actions and reactions can be crucial to their well-being. Do not ask victims about the circumstances of the abuse, or why they didn’t say anything sooner. Whether out of fear, guilt or shame, most victims feel trapped and unable to speak about their situation. By questioning them, you may reinforce their low self-esteem. You should respect their privacy and confidentiality. The subject of the
abuse should not be discussed with the group unless the victim volunteers the information. Do not discuss it with other staff members or campers.

4) **Other Ways You Can Help**
   a) Show unconditional love and acceptance of the child.
   b) Be willing to listen without judging.
   c) Reinforce that revealing the abuse was the right thing to do.
   d) Reinforce that the abuse was not the child’s fault.
   e) Be prepared for negative behaviors. Often victims lash out at innocent other as they work through their own anger. Do not tolerate this acting out, but lovingly enforce the rules and regulations in dealing with the incorrect behavior.
   f) Provide opportunities for the safe release of feelings.
   g) Provide examples of healthy relationships. Staff should provide models of positive, unconditionally caring people.
   h) Encourage the victims to get professional help.
   i) Be aware of your own physical gestures and actions.

**CONCLUSION**

We need to be prepared! This is the basic reason for creating safety policies, but there’s a deeper, more significant reason – to protect the children. Policies are only printed expressions of the value placed on children.
We desire to be an organization that truly cares through the implementation of appropriate policies to help in the prevention of child abuse or neglect. Adoption of these provisions will enable us to provide a more safe and secure environment for each individual we serve.

Rev 04/18/12
## Signature Sheet

I hereby certify that I have received a copy of the program orientation manual and that I have read and understand the following policies, procedures and guidelines, and by signing below do agree to follow and adhere to them.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Employee’s Initials</th>
<th>Trainer’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse Awareness/Prevention Policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Printed Name ____________________________________________

Signature ____________________________________________ Date __________________

Trainer ........................................................................

Please give sheet to the program director or his/her designee to be put in your personnel file.
ALL elements of this form must be completed by all youth participating in overnight activities, clubs, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. The form should be submitted prior to the event and kept by the chaperone for at least 90 days after the event. The form has nine parts: (1) Information About the Participant and Activity, (2) Photography Consent Form/Model Release for Minors, (3) Medical Emergency & Health Report Form, (4) Immunization Record, (5) Participant Health And Medical History, (6) Parent Authorization & Permission To Treat, (7) South Carolina 4-H Behavior Agreement, (8) Clemson University Parental Permission Form And Release Of Liability For Youth Camps Or Programs, (9) Medical Examination, (10) Permission to Administer Medication. **Be sure to complete all applicable parts and sign where requested.**

1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name ___________________________________________ Age _____ Birthdate ________________

Address______________________________________________________________

City _____________________________ State _____________ Zip Code ________________

Telephone number ( ) _______________ 4-H County ______________________ Grade ________________

Parent/Guardian________________________________________________________________________________

Email ______________________________________________ Male_____ Female_____ Race________________

2) PHOTOGRAPHY CONSENT FORM/MODEL RELEASE FOR MINORS

I, (printed name) ________________________________, parent or official guardian of

(child’s name) ___________________________________________ hereby grant permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my child’s name and identity (one must be checked):

☐ May be revealed

☐ May NOT BE revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

Signature of parent/guardian: ___________________________________________ Date: ________________
3) MEDICAL EMERGENCY AND HEALTH REPORT FORM

Instructions: Please provide health information for determining appropriate supervision, support and accommodations for the 4-H activities or events listed. A parent or guardian must sign. If the participant is a person with a disability and desires any assistive devices, services or accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. Please print all information. (Note: Both pages of this form must be completed.)

Parent/Guardian Identification
FATHER’S NAME (OR GUARDIAN): ___________________________________________________________
FATHER’S PHONES: WORK:(____)__________ HOME:(____)__________ OTHER:(____)________
MOTHER’S NAME (OR GUARDIAN): ___________________________________________________________
MOTHER’S PHONES: WORK:(____)__________ HOME:(____)__________ OTHER:(____)________
WHO HAS PRIMARY CUSTODY OF PARTICIPANT?: ____________________________________________
FAMILY PHYSICIAN:________________________________________ PHONE: (____)________
DENTIST’S NAME: ______________________________________PHONE : (____)________
DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? (Check one)  YES________ NO _______
CARRIER: ______________________________________ POLICY/GROUP NUMBER: _______________
NAME ON POLICY:________________________________________________________________________

Emergency Contact Information
IF YOU CANNOT BE REACHED IN CASE OF EMERGENCY, WHOM SHOULD BE NOTIFY?
NAME: ___________________________ RELATIONSHIP: __________________________
HOME ADDRESS: ______________________________________________________________________
CITY: ______________________________________ STATE:__________________________ ZIP: __________
HOME PHONE: (____)____________________ WORK PHONE: (____)____________________
WORK ADDRESS: ______________________________________________________________________
CITY: ______________________________________ STATE:__________________________ ZIP: __________

4) IMMUNIZATION RECORD

Required immunizations must determine locally. This is a record of dates of basic immunizations and most recent booster doses.
DTP Series ______________________________________ booster __________________________
Tetanus booster (within the last 10 years) ________________________________________________
Polio IPV ______________________________________ booster __________________________
MMR__________________________________________
Hepatitis B ______________________________________
Varicelle (chicken pox)______________________________
5) PARTICIPANT HEALTH AND MEDICAL HISTORY

(Questions 1-6 MUST be completed)

1. Does the participant have any known allergies? (Including food, medicine, plants, animals, insects, etc.)

   YES  NO  If YES, please explain: ________________________________

2. Is the participant experiencing or has he/she ever experienced (or had special needs in) any of the following? (Circle all that apply.)

   Asthma  Bleeding Disorder  Attention Disorders  Eating Disorders  Heart Condition

   (ADHD)

   Diabetes  Wears Contacts  Seizures/Convulsions  Fainting Spells  Other

   Please describe/explain any condition or need that you circle: ________________________________

3. Is the participant currently taking any medication?  If answer is YES, please fill out and sign the Permission to Administer Medication located at the end of this permission form (Part Number 10)

   YES  NO  If YES, please list medication and dosage rate: ________________________________

4. Has the participant undergone surgery or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

   YES  NO  If YES, please explain: ________________________________

5. Does the participant require special diet (including vegetarian, dietary restrictions, dietary allergies, etc.)

   YES  NO  If YES, please explain: ________________________________

6. Is there any necessary, additional information staff should know (including behavioral/physical/emotional disabilities, medication instructions, and/or special restrictions) in order to identify and provide appropriate supervision, support, and accommodations for the participant?

   YES  NO  If YES, please explain: ________________________________

6) PARENT AUTHORIZATION & PERMISSION TO TREAT

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian: ________________________________ Date: ____________________
7) SOUTH CAROLINA 4-H BEHAVIOR AGREEMENT

The 4-H Code of Conduct outlined below is in effect for all youth activities involving Clemson University Cooperative Extension Service and the Department of 4-H Youth Development. It applies to all participants in 4-H activities, with participants defined as 4-H members of any age or grade, all other registered youth and adults, and all other individuals who take part and/or attend 4-H events.

Consequences of violation of the Behavior Agreement will follow county or state guidelines. Participants who fail to adhere to the 4-H Code of Conduct may be subject to a range of disciplinary actions. Immediate corrective action will be taken to ensure the safety and welfare of all participants at the event. Additional disciplinary action may be taken upon further investigation of the infraction or incident. Participants in county events shall be subject to policies developed at the county level. Participants in state and national events shall be subject to the policy and process outlined below.

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperones before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the chaperones it would be detrimental for the individual to continue with the group, he or she will be sent home at the participant’s expense. Also, participants/parents will be financially responsible for any damage caused by the participant.

4-H Code of Conduct

1. The health, safety, and welfare of others must be respected at all times.
2. Appropriate language and behavior are expected at all times. Profanity, foul or abusive language, inflammatory statements, derogatory comments, or physical altercations toward any group or individual are not permitted.
3. Participants are expected to be present and participate at all scheduled program activities. Participants are required to wear nametags when dispensed.
4. All participants are expected to be on the site of the event at all times and to participate in assigned activities. Unauthorized use of vehicles during an event is prohibited.
5. Participants are responsible for following the instructions of all 4-H staff and event chaperones.
6. All behavior or language of a sexual nature at 4-H events is inappropriate and unacceptable. Dignified and respectable behavior is expected at all times.
7. Curfew hours must be strictly followed.
8. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
9. Dress code standards previously set for the event must be met by all participants (i.e., no sexually suggestive, culturally insensitive, tobacco or alcohol industry sponsored shirts, inappropriately cut shirts, shorts, pants or skirts, etc.).
10. Possession, distribution, or use of alcoholic beverages or illegal drugs is prohibited. Prescription drugs and over-the-counter medications may be dispensed by adult chaperones only with written authorization provided by the parent/guardian on the 4-H Event Permission Form for Youth filed for the event.
11. With the concern for the well being of self and others, smoking and the use of other tobacco products is prohibited.
12. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
13. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
14. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions. I HAVE READ the Behavior Agreement and 4-H Code of Conduct above and discussed it with my son/daughter.

8) CLEMSON UNIVERSITY PARENTAL PERMISSION FORM AND RELEASE OF LIABILITY FOR YOUTH CAMPS OR PROGRAMS
Each Program must create its own form by filling in the name of the CAMP/PROGRAM, the dates, the activities and the risks associated with the activities. If you have questions, please contact the Office of the General Counsel.

I, ____________________________________________, am the parent and/or legal guardian of ____________________________________________, a minor child under the age of 18 years. I would like to have my child participate in the following CAMP/PROGRAM at Clemson University (UNIVERSITY): ________________________________________________ which will take place on _______(insert dates here)______.

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: ____________(insert a list of camp/program activities here)_______________. There are inherent risks involved with these activities, including but not limited to ___(insert specific risks associated with the camp/program here)_____________. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that this CAMP/PROGRAM is physically strenuous and I know of no medical reason why my child should not participate. [Include this paragraph only if appropriate]

4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this CAMP/PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

______________________________________________  ______________ 
Signature of Parent and/or Legal Guardian       Date

I understand and agree to the conditions set forth. I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.
9) MEDICAL EXAMINATION (if applicable)

*To be completed and signed by licensed medical personnel

**A physical completed by Licensed Medical Personnel within 24 months of the start date of the youth program may be substituted for this section

Hgt.__________________________ Wt.__________________________ B.P.__________________________

The applicant is under the care of a physician for the following conditions:
_____________________________________________________________________________________________

(For Girls and Women) Has this person menstruated?_______________ If so, is her menstrual history normal?________ Special considerations _____________________

Recommendations and restrictions while at camp_____________________________________________________

Limitations or restriction on program activities________________________________________________________

Additional information for health care personnel_____________________________________________________

I examined this individual on _____________________(date). In my opinion, the applicant is able to participate in an active camp program.

Signature Of Licensed Medical Personnel___________________________________________

Print Name___________________________________ Title_____________________________________

Address______________________________________ Telephone_________________________

10) PERMISSION TO ADMINISTER MEDICATION (if applicable)

_______________________________________ has my permission to receive

(child’s name)

__________________________ ______________________ (drug name) (dose) (time of day/frequency)

Potential side effects (if any):_____________________________________________________________

_____________________________________________________________________________________

Prescribing physician (name, address and phone #) ____________________________________________
Parent/Guardian Name

Signature __________________________  Date __________________________
SAMPLE

CLEMSON UNIVERSITY PARENTAL PERMISSION FORM AND RELEASE OF LIABILITY FOR 4-H CLUBS

I, ________________________________, am the parent and/or legal guardian of ________________________________, a minor child under the age of 18 years. I would like to have my child participate in the _____ 4-H Club in ____ County which will take place on _____.

In consideration for my child being allowed to participate in this 4-H Club /4-H Programs, I the undersigned, acknowledge, appreciate and agree that:

5. The 4-H Club/Programs affords my child the opportunity to participate in activities, including, but not limited to: recreation, cooking, science experiments, hands on activities. There are inherent risks involved with these activities, including but not limited to basic sprains, minor burn or cuts, bruise, or minor injuries. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

6. I certify that I have adequate resources necessary (e.g., health insurance, etc.) to provide for and pay for any medical costs that may directly or indirectly result from my child’s participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

7. I understand that this 4-H Club/ Activities includes physical activity and I know of no medical reason why my child should not participate. [Include this paragraph only if appropriate]

8. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child’s participation in this CAMP/PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my or my child’s negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

______________________________________________  _______________
Signature of Parent and/or Legal Guardian  Date
Clemson University
South Carolina State 4-H Horse Program
Assumption of Risk and Release from Liability

Parent/Legal Guardian Name: _______________________________
Child Participant/Rider Name: _______________________________

I acknowledge and agree that I am the parent or legal guardian of the minor child identified above. I would like my child to participate in the following South Carolina State 4-H Horse Program (hereinafter ACTIVITY):

which is sponsored/organized by the ________________________ 4-H __________________________
and will take place on the following date(s)______________________________

In consideration for my child being allowed to participate in this ACTIVITY, I the undersigned, acknowledge, appreciate and agree that:

1. I have an accident and health insurance policy that will provide coverage for any injury or illness that may occur during my child’s participation in this ACTIVITY. I understand that I am responsible for any and all costs relating to medical treatment or care of injuries or illness that my child may suffer as a result of, or while participating in, the ACTIVITY.

2. I understand that this ACTIVITY is physically strenuous and I know of no medical reason why my child should not participate.

3. I agree that my child will comply with the South Carolina State 4-H policy on Headgear Safety Equipment which is attached.

4. Equine activity, is an inherently dangerous activity, because of but not limited to: the propensity of the equine to behave in ways that may result in injury, harm or death to people or other equine; the unpredictability of an equine’s reaction to sound, sudden movement, an unfamiliar object, a person or another animal; certain hazards such as surface and subsurface conditions; and collisions with other equine or objects; the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant’s ability. KNOWING AND UNDERSTANDING THESE RISKS, I HEREBY RELEASE AND HOLD HARMLESS CLEMSON UNIVERSITY, THE SC 4-H HORSE PROGRAM, THE SC 4-H COOPERATIVE EXTENSION SYSTEM, 4-H CLUBS AND ALL OF THEIR TRUSTEES, EMPLOYEES, STUDENTS AND VOLUNTEERS FROM ANY AND ALL CLAIMS, DEMANDS, SUITS OR CAUSES OF ACTION FOR DAMAGES SUFFERED AS A RESULT OF AN INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE INCURRED BY MY CHILD WHILE SAID CHILD IS PARTICIPATING IN THE ABOVE REFERENCED ACTIVITY.

5. I also agree to indemnify and hold harmless Clemson University, the SC 4-H Horse Program, the 4-H Cooperative Extension System and 4-H Clubs for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of
my or my child’s negligent or intentional act or omission while participating in this ACTIVITY.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT ON BEHALF OF MY CHILD.

PARENT/LEGAL GUARDIAN’S SIGNATURE   DATE
South Carolina State 4-H Policy on Headgear Safety Equipment

The South Carolina Cooperative Extension Service 4-H Horse Program (4-H Program) requires that all riders wear protective headgear that meets or surpasses current applicable ASTM (American Society for Testing and Materials) or SEI (Safety Equipment Institute) standards while riding in all 4-H Horse Program sponsored events and activities, including events and activities offered at the County, District or State level. The headgear must be properly fitted, properly worn on the top of the head, and worn with the strap or harness securely fastened. Events and activities covered by this policy include but are not limited to State 4-H Horse Show, 4-H Horsemanship Camp, District 4-H Horse Shows and Southern Regional 4-H Horse Championship. The term “riding” as used in this policy refers to the mounting, riding or driving of a horse or pony in any 4-H sponsored event or activity. The term “rider” refers to a person engaged in riding.

It is the responsibility of the rider, and the parent or guardian of the rider, to confirm that the headgear worn by the rider complies with the safety standards set forth above; is properly fitted, fastened and work; and is in sufficiently good condition that it would protect the rider in the event of an accident. The 4-H Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Program are not responsible for providing headgear and are not responsible for checking headgear worn by riders in order to comply with this rule.

Any rider found to be riding in violation of this policy by 4-H Horse Program employees or volunteers will be immediately prohibited from further riding, and shall be barred or disqualified from the event or activity in which the rider is engaged at the time of the violation.

The 4-H Horse Program makes no representation or warranty, expressed or implied, concerning the headgear worn by any rider during a 4-H Program sponsored event or activity. In particular, the 4-H Program makes no representation or warranty concerning the safety performance of any headgear worn by any rider. The 4-H Program cautions riders and their parents and legal guardians that death or serious injury may occur despite wearing safety headgear as all equestrian sports involve inherent dangerous risk. No headgear can protect against all possible injuries.
Clemson University
Insurance and Risk Management

Contact: Linda Rice, Office of Risk Management
busyone@clemson.edu
864-656-3354

Accident and Illness Insurance must be purchased for all 4-H program participants ($0.35/person/day).

What is Covered by Insurance

**Minor children** (under age 18) enrolled in on-campus residential programs are covered 24 hours a day for their entire stay on campus. The children are covered because they are assumed to be under direct supervision from the time they arrive on campus until they leave.

**Adults are not covered at all times.** The insurance company will not accept claims for adults who are on their own time and carrying out their own activities, separate from the sponsored activities of the camp. Covered activities are defined as "Supervised camp or conference activities sponsored and/or endorsed by the plan sponsor and direct travel to and/or from such activities."

Any activity outside of the above would need to be covered under the adult’s own medical insurance policy.

If there is a defect in the premises that causes someone to get hurt, then the University will turn in a tort liability claim for their injuries.

*Pre-existing conditions are not covered, nor are prescription refills, etc.*
**SECTION I TO BE COMPLETED IN FULL BY THE PLAN SPONSOR ORGANIZATION**

**Signature required (You may submit proof of membership or certificate of Coverage in place of Plan Sponsor signature)**

1. Policy Number: 5020322168354001
   Name of Plan Sponsor Organization: _____________________________

2. Name of Plan Sponsor Organization: (Group's Name)

3. Name of Patient: _____________________________

4. Sex: ☐ M. ☐ F

5. School Grade: _____________________________

6. Address of Patient: _____________________________

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<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
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7. Date and Time of Accident: Date ___/___ Time ___ __ AM  __ PM

Dismemberment/Pinion ☐ Fatality ☐

8. WHAT injuries were received?

9. WHERE did the accident take place?

10. HOW did the accident take place? (Be specific, explain exactly what happened.)

   Did the accident occur:
   ☐ During direct travel to or from the meeting place to take part in an event activity.

   Describe type of activity involved:
   a. ☐ While taking part in an activity sponsored and directly supervised by the plan sponsor.

   Name of Supervisor: _____________________________
   Title: _____________________________

   Phone ( ): _____________________________

11. Nature of sickness:

   Date symptom first appeared: ___/___/___

   Date of first expense resulting from the sickness: ___ / ___ / ___

   I certify that the above information is correct to the best of my knowledge and belief, that the person named in item 3 is insured by the policy, and that his or her insurance was in effect on the date the accident or sickness occurred. The signature cannot be by the Patient, a Patient's spouse, son, daughter, father, mother, brother or sister, other relative or agent.

12. Signature of Plan Sponsor: _____________________________

13. Date: ___/___/___

14. Phone ( ): _____________________________

**SECTION II TO BE COMPLETED BY THE PATIENT (PARENT OR GUARDIAN IF MINOR)**

15. Patient's Name: _____________________________

16. Birth date: ___/___/___

17. Social Security No.: ___ / ___ / ___

18. Signature of Patient: _____________________________

19. Patient's Employer (Name and Address):

I certify that the above information is true and correct. I AUTHORIZE any doctor, medical practitioner, hospital, clinic, other medical or medically related facility or insurance company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available regarding either: (a) benefits for which either I, or the minor child for whom I am either parent or guardian, may be entitled to for this claim, or (b) the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or the minor child for whom I am the parent or guardian; to give SPECIAL RISKS CLAIMS, Columbus Ohio, or its legal representatives, any and all such information. I AGREE that a photographic copy of this Authorization will be valid as the original. This authorization will remain valid for the term of coverage of the policy.

20. Date: ___/___/___

21. Signature of Parent or Guardian: _____________________________

22. Date: ___/___/___

23. Phone ( ): _____________________________

**SECTION III ASSIGNMENT OF BENEFITS**

I AUTHORIZE Special Risks Claims, Columbus Ohio, to pay benefits in connection with this claim directly to the doctor, hospital, or other supplier.

24. Date: ___/___/___

25. Signature of Patient: _____________________________

26. Date: ___/___/___

27. Signature of Parent or Guardian: _____________________________

(Signature of Patient or Guardian, if minor)

**PLEASE BE SURE TO ATTACH ITEMIZED BILLS**
NOTE TO ORGANIZATION AND PATIENTS

Our objective at Special Risks Health is to provide fast and accurate claims service. Listed below are some instructions on claim submission that, when followed, will assist us in providing this service.

PRIMARY COVERAGE

WHEN TO FILE A CLAIM

1. Written notice of claim should be given to us within 30 days after the loss starts
2. Written proof of loss (the completed claim form and supporting documents) should be given to us within 90 days after the loss starts.

HOW TO FILE A CLAIM

1. All questions must be answered in full for us to process the claim.

2. The organizational certification section (SECTION I) must be completed and certified by an official of the plan sponsor organization. It is very important that the policy number be shown.

3. The insured (parent or guardian, if minor) must complete the insured’s section (SECTION II) in full.

4. Completion of the assignment section (SECTION III) is optional.

5. Attached itemized bills showing the: (a) name of patient, (b) diagnosed condition, (c) date (s) of treatment, (d) nature of treatment, and (e) charge per treatment.

WHERE TO FILE A CLAIM

Send all completed forms, itemized medical bills, etc., to:

Specialty Health Claims
PO Box 420
Springfield, MA 01101
Phone: 1-800-525-8669
Web Address: www.GrouProtector.com

THANK YOU FOR YOUR COOPERATION
CLEMSON UNIVERSITY RISK MANAGEMENT
INCIDENT/ACCIDENT FORM

To be completed for incidents involving injury or potential injury to employees, attendees, visitors and/or general public.

Name of injured person _________________________________ Date of Birth _____________

Home Address__________________________________________________________________________

Home Phone ___________________ Work Phone ________________________________

Details of Incident/Accident

Incident Date _______________ Time ______am/pm Location ________________

Description of what happened____________________________________________________________________________

____________________________________________________________________________

Report what you think contributed to the incident/accident _____________________________

____________________________________________________________________________

Was injured party taken to hospital or doctor? Yes ____ No____

If yes, name of facility ________________________________________________________________

How injured-party was transported __________________________________________________________________________

Type of injury (ex: cut, puncture, burn, slip & fall) _____________________________________________

State body part injured ________________________________ Right _______ Left _______

Witness to incident/accident - Name __________________________________________________________

Address ________________________________________________ Phone_________________

Reported to security/police: Yes ____ No ____ Officer’s Name ____________________________

Name of Police Department responding _________________________________________________

(Attach copy of police report to this form)

Report prepared by Phone Date

Forward to Risk Management, E-306 Martin Hall, Clemson, S. C. 29634-5339
Fax (864) 656-4558, Phone (864) 656-3354.
**4-H CHECK-OUT FORM**
[INSERT YOUR PROGRAM NAME HERE]

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<tr>
<th>Full Name (please print clearly)</th>
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<th>Date &amp; Time IN</th>
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*Please continue on back if necessary.*

Your child will be released only to the person(s) indicated above.

Parent Name ________________________________

Signature ________________________________ Date __________
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<tr>
<th>Date</th>
<th>Time (AM/PM)</th>
<th>Legal Name</th>
<th>MI#</th>
<th>Health Problem or Concern</th>
<th>Treated by</th>
<th>Report filed?</th>
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Camp Health Record Log Page
# 4-H Medicine Log

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<tr>
<th>4-Hers Name Group #</th>
<th>Medicine Name</th>
<th>Dosage</th>
<th># Times Daily</th>
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Please print neatly. This is a permanent record.