South Carolina 4-H Programs & Clubs

2018-2019
August 2018

Program Guide and Operating Standards

4-H is the youth development program of the Cooperative Extension Service, a nationwide partnership of federal, state and county governments, and the private sector. Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.
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. South Carolina 4-H Youth Development 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.

CUSTODIAL CARE
These standards apply to any 4-H program that assumes Custodial Care of youth. This means the agent and or volunteers are responsible for the supervision, guidance or control of minors on a temporary basis for the purpose of the minor(s) engaging in the youth program without a parent, guardian, teacher, etc. present who is responsible for their supervision.

Minor
Individuals under the age of 18; 1) who has not graduated from high school; and 2) who is not enrolled or accepted for enrollment at (a/the) University.

STAFFING REQUIREMENTS

County Director
The County 4-H Agent will serve as the Director of the 4-H Program in the county. This person is responsible for making sure all youth programs conducted under the auspices of 4-H follow the 4-H Operating Standards.

Director
The Director is the person who is responsible for day-to-day decision making and supervision of the program, participants, and staff. This could be a volunteer or paid staff member.

Program Staff
Individuals age 18 and older, paid or unpaid, who may routinely interact with, supervise, chaperone, or otherwise oversee minors in youth programs, including, but not limited to, faculty, staff, volunteers, graduate and undergraduate students, and interns.

Visitor
Individual(s) who is a guest of the program for a limited time that does not and will not have independent, unsupervised access to minor participants.

Volunteers
All 4-H Volunteers must be 21 years of age or older to be a CLUB volunteer leader. All program staff must be at least 18 years of age and at least 2 years older than the program participants. Teen Leaders maybe used in the program, but cannot be counted in the ratio requirement.
Staff Screening

1. All new paid and volunteer staff with unsupervised access to participants need:
   • Background check in accordance with the Clemson University Human Resource policy,
   • National Sex Offender Registry check by the Clemson University Human Resource Office.
   • Personal interview of the individual by the County 4-H Agent or his/her designee.
   • References checked – Either speak to or obtain a recommendation from 2 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.
   • Driver’s License screen for any individuals through the Clemson University Human
     Resource Office for anyone transporting participants in a vehicle as part of the program
   • Current South Carolina Defensive Driver’s training *(accepted by AAA or the National
     Safety Council - See the transportation section for more information)* for anyone
     transporting program participants in a vehicle as a part of the program for this purpose;
     current means within 3 years.

   *These volunteer forms can be found on page 34 of the Appendix.*

2. 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)
   need:
   • Clemson University Disclosure Statement for Youth Camps/Programs completed on an
     annual basis, identifying any criminal charges or convictions they have had since the
     prior year. This can be found on page 40 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.
   • Annual Driver’s License screen through the Clemson University Human Resource
     Office for any individuals who will be driving vehicles for the program. This form may
     be found on page 41 of the Appendix. These must be completed in September each
     year.
   • Update Defensive Driver’s training *(accepted by AAA or the National Safety Council-
     see transportation section for more information)* every three years for anyone
     transporting program participants in a vehicle.

   *These volunteer forms can be found on page 40 of the Appendix.*

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

A youth program staff is considered “new” upon initial hiring and/or if there is a break in employment
of twelve (12) months or more from a previously held position within Clemson University.

Year-round youth program staff and returning youth program staff from the previous year, including
directors, must be screened in accordance with the continuing staff screening procedures.
Staff Training Requirements

All 4-H Agents must provide a training program for all of their program staff. The training program must be in writing, and the 4-H Agents must review the training program on an annual basis, and, if necessary, update it and retrain program staff. All approved volunteers must go through the required trainings. The training program must cover the following basic topics:

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(s) served
   • Program Staff Standards of Behavior

2. Training in child abuse prevention and reporting of child abuse
   • Recognition, prevention, and reporting of child abuse, child-to-child, as well as adult-to-child, abuse both outside of and during the program
   • Behavior management and participant supervision techniques to create a physically and emotionally safe environment
   • Recognition, prevention and reporting of bullying
   • Clear expectations for staff conduct and performance, including sexual harassment

3. Emergency Procedures Training
   • Objective, safety considerations and operating procedures for program activities
   • Safety and security precautions, including crisis/emergency responses and how to request local emergency services
   • Emergency procedures and the role of staff in implementation
   • First Aid/CPR training
   • Storage and dispensing of medications
   • Minor security
   • Special considerations for programming, such as knife safety, water safety, gun safety, etc.

4. Basic child developmental needs of youth and positive discipline of children.
   • Behavior management and participant supervision techniques to create a physically and emotionally safe environment
   • Youth program staff interactions, sensitive issues, and developmental needs of minors served
   • University responsibility/liability including Title IV and the Jeanne Clery Act and its reporting requirements for Colleges and Universities, along with procedures, and enforcement.

5. Defensive Driver’s Training if arranging transportation (see transportation section for more information).

In order to be with 4-H’ers as an organizational leader, a project club leader, a chaperone, or in any situation that is unsupervised by program staff, the volunteer must be an approved leader.
Standards of Behavior

Program staff participating in 4-H programs shall, at a minimum, not:

1. Have one-on-one contact with minors.
2. In the case of adults supervising minors, program staff should not enter a minor's room, bathroom facility, or similar area without another program staff in attendance.
3. Share accommodations. Separate accommodations for adults and minors are required other than the minors' parent or guardians.
4. Share a bed or sleeping bag with a minor.
5. Shower, bathe, or undress with or in the presence of a minor.
6. Engage in abusive conduct of any kind toward or in the presence of a minor.
7. Strike or hit, administer corporal punishment to, or touch in an inappropriate or illegal manner any minor or allow inappropriate touching between minors.
8. Swear, use or respond to sexual innuendo, or make sexually suggestive comments.
9. Engage in rough or sexually provocative games, including horseplay.
10. Pick up minors or drop off minors at their homes, other than the driver's child(ren), except as specifically authorized by the parent or legal guardian.
11. Program staff shall not possess or use alcohol or drugs while on duty, or provide alcohol or illegal drugs to any minor. Program staff shall not provide prescription drugs or any medication to any minor, unless specifically authorized in writing by the parent or legal guardian as being required for the minor's care or the minor's emergency treatment. Participants' medicines may be distributed by program staff, following the conditions outlined in CU Operating Standards for Youth Programs.
12. Make sexual materials in any form available to minors participating in activities or programs covered by this policy or assisting them in any way to gain access to such materials.
13. In order to maintain a line of professionalism and to protect all parties involved, program staff should only communicate with program participants in/on an open social media forum. Program staff shall not seek out program participants on social media platforms such as Facebook, Instagram and Twitter, etc. This restriction is enacted during the period of employment and may be lifted after the program end date.

If an allegation of inappropriate conduct has been made against a program staff participating in a program, s/he shall discontinue any further participation in programs and activities affiliated with the program where the allegation was made until such allegations have been satisfactorily resolved.

SUPERVISION REQUIREMENTS

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

Staff and Volunteer/4-H Ratios:

<table>
<thead>
<tr>
<th>Age of 4-H’er</th>
<th>Staff Number</th>
<th>Overnight Campers*</th>
<th>Day-only Campers</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or under</td>
<td>1</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>6-7 years</td>
<td>1</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>8-14 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>10</td>
</tr>
</tbody>
</table>

*At least 2 program staff persons are required to be present with youth program groups, both for the sake of safety and to prevent situations with opportunities for abuse. This requirement is necessary during the hours of 11:00 pm to 6:30 am.
Children 6 and Above
The definition of supervising or supervision, as it pertains to children younger than 6 years of age and a participating is that staff persons are readily accessible, aware and responsible for the ongoing activity of each child and able to intervene when needed. The Supervision Ratio Chart must be followed at all times. The 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*).

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, which is a sudden and unforeseen situation demanding immediate remedy or action, 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-H’ers except in an emergency situation.

All staff must be at least 18 years of age and at least 2 years older than the individuals with whom they are working.

All volunteers are trained in behavior management and supervision techniques to create a physically and emotionally safe environment. It is necessary 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.

Definition of Supervision:

Children Younger than Age 6
The definition of supervising or supervision, as it pertains to children younger than 6 years of age 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.

Minors 6 to 14
The definition of supervising or supervision, as it pertains to minors 6 to 14, is that youth program staff persons are readily accessible, aware and responsible for the ongoing activity of each child and are able to intervene when needed.

Minors 15 to 17
The definition of supervising or supervision, as it pertains to minors 15 to 17, is that youth program staff are not required to be physically present at all times, but are required to be readily accessible during the hours of 6:30 am until 11:00 pm. Program staff must be physically present and readily accessible from 11:00 pm to 6:30 am. Minors must always be in groups of 3 or more. Furthermore, youth programs must establish written procedures to ensure all minors are accounted for at regular intervals and at the start of each activity.

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 necessary 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

If the program participant discloses any type of assault or abuse (at any time previously or during the program), or any program staff has reason to suspect that the participant has been subject to such assault or abuse, the program staff should inform law enforcement immediately:

1) Call 911 – If child is in imminent danger (life threatened or abuse is being witnessed), call the local law enforcement authority at 911.

OR

2) Call the local police non-emergency number if the child is not in imminent danger.

If consultation is needed regarding reporting, or if there are questions on the process or other support needed, please contact PcPO at 864-656-5535.

PARTICIPANT/STAFF RELATIONSHIPS

Supervision of 4-H’ers

Staff and Volunteers are responsible for their 4-H’ers at all times. There should be a set policy for the dismissal of 4-H’ers from all activities. Staff and volunteers should know who is picking up the 4-H’er at the end of the program. If they are going home with another 4-H’er, the staff/volunteer should have that permission in writing. A sign-out sheet may be found on page 55.

Participant/Staff Relationships

Program staff members should always treat participants (both adults and youth under age 18) in a professional manner. Program 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-H’er. 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 participants will view staff/volunteers as role models.

Harassment

4-H is committed to maintain 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 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 Director (4-H Agent).
MEDICAL CARE

• All clubs must keep 4-H Membership/Event Permission Form on file, including basic medical information and Permission to Administer Medication section. These may be kept physically or electronically. Forms found on page 42 of the Appendix. The staff or volunteer leader should review the forms within 24 hours of the minor’s first arriving to the program. The purpose of this review is to identify any health related needs that may affect participation in activities. This program staff is also responsible for informing direct care staff of the health related issues of minors. The designated program staff should have access to a health professional for consultation as needed.

• “Permission to Treat” clause is signed permission to provide routine healthcare, dispense medications, and to seek emergency treatments. Refusal to sign the clause for reasons of religion or other requires a signed form specifying actions to be taken in the event the minor needs care or treatment and releases liability from the youth program if the parent or guardian cannot be reached in an emergency.

• The program/camp should consider the need for each participant to have a current health exam. Considerations should be made for physical activity, proximity to EMS, length of the program/camp, etc. Some programs/camps may determine the need for a physical exam that confirms the participant’s ability to safely participate in program’s activities. If a program/camp has determined the need for participants to have a physical exam by licensed medical personnel, then they must be completed within twelve (12) months prior to attending the program. A physical is required when the following criteria are met:
  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., horse events that include speed events, jumping events or trail riding, ATVs, 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 (adult) who is responsible for maintaining participant medication in a locked and secure location at all times. Medication that requires refrigeration can be stored in a locked refrigerator or a locked box inside a refrigerator. Life-threatening conditions (e.g., anaphylactic reaction to substance, need of an inhaler, etc.) may require exceptions to this standard, such as allowing a minor to control and/or store in first-aid kits.

• Staff and volunteer leaders must keep track of any medication distributed (page 57 of the Appendix), treatment of minor accident or over the counter medication (page 56 of the Appendix) and accident/incident occurring at the 4-H program (pages 52 & 54 of the Appendix).

• In case of a medical emergency, if it is a life-threatening emergency requiring medical attention, the leader should call 911 immediately then the parent should be called. A volunteer should go with the child to the medical facility. If it is not a life-threatening emergency, the parent will be notified. Care and treatment should be appropriate for the staff persons providing care for the youth program and should take into consideration common injuries and illnesses that could be reasonably anticipated. This should include first-aid guidelines and identification of instances
when professional medical advice/care should be sought. If the parent requests medical treatment, the child should be transported for medical care by a member of the program staff or the parent, depending on the preference of the parent. Insurance information should be sent with the staff member to the hospital. Insurance (secured through Clemson University) information is found on page 51 of the Appendix and Insurance claims information is on page 52 of the Appendix.

- For minor accidents, the parent should be notified upon arrival of picking up his/her child. All parents should be notified of this policy.

- There must be at least one person with First Aid/CPR Certification at 4-H activities at all times.

**OPERATIONAL MANAGEMENT**

**Emergency Preparedness**
The phrase “natural disasters and other reasonably foreseeable emergencies” includes natural disasters that are typical of the area (e.g., storms, earthquakes, fires, floods), as well as emergencies such as power outages and other local threats. Emergency procedures should be specific to the site, staffing, type of program/camp operations, and participants. The complexity of procedures will vary based on location, type of operation, staff responsibility for supervision of individuals, and availability and responsibility of staff. Procedure should include contact of local emergency officials.

**Emergency Procedures**
All programs should establish a central meeting place in case of an emergency. This will allow staff to account for participants and to help maintain their security.

**Media Relations**
If there is an incident involving 4-H, volunteers and 4-H'ers should not communicate with the media. All questions should be directed to the District Extension Directors, Field Operations Office, or the State 4-H Program Leader in order for an appropriate Clemson representative to be contacted.

**Missing Students**
If a 4-H'er 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 program’s geographical area, go immediately to your refuge.

- **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 program staff should exit with the program roster. Once outside the building, the program staff should move everyone at least 500 feet back from the building and out of the way of emergency personnel. The program staff should conduct a head count.

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. Once outside follow the procedures above.

**Nuclear Information**

**Evacuation Process**
In the event of an evacuation due to an emergency at a nuclear station, persons on campus who can provide their own transportation should leave and return to their home. For those without transportation, the participants should remain with the program staff and local emergency stations for further instructions.

If on campus during 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 program 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 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 that 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; therefore, 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 their 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 program director who will determine what action needs to be taken.

**HAZARDS**

**Roads**
It may be dangerous for young, minor participants to cross a road without program staff present. Program staff should accompany and supervise 4-H’ers when they are crossing roads.

**Suspicious Strangers**
Program 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-H’ers 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 director(s).
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 by the individual 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 is what you can do to reduce your chances of getting the flu:
- Encourage 4-H’ers 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 foods.
• 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.

**Housing, Restroom, and Shower Usage**

Housing - All youth programs that use Clemson University Housing must comply with all housing guidelines. Clemson University Housing guidelines can be found in the Housing Contract or on the PcPO website under Housing Guidelines.

Overnight - At least two (2) program staff persons are required to be present with youth program groups, both for the sake of safety and to prevent situations with opportunities for abuse. This requirement is necessary during the hours of 11:00 pm to 6:30 am.

The youth program must implement the established supervision ratio for its residential programs during all program hours.

Program staff should not enter a minor’s room, bathroom facility, or similar area without another program staff or participant in attendance.

Separate accommodations for adults and minors are required other than the minor’s parent or guardians.

Program staff should not share a bed or sleeping bag with a minor.

Program staff should not shower, bath, or undress with or in the presence of minor.

**INCIDENT REPORTING**

The intent of this standard is to document circumstances, witnesses, and actions in serious situations that result or nearly result in injury or danger to individuals. The program director has the responsibility to determine the level of severity or seriousness of incidents that must be reported.

Examples of “incidents” and “accidents” include fires; natural disasters; danger from intruders or trespassers; crisis arising out of participant, staff, or rental group behavior (e.g., fighting, serious emotional outbursts, threatening others); or other situations posing serious safety threats.

Examples of “near misses” and “emergencies not resulting in injury” may include lost participants, near drowning, or the use of drugs or alcohol by staff or participants.

The director will report any incident to the Office of Risk Management and the PcPO no later than 24 hours afterwards. Program Staff are required to complete written reports describing incidents, accidents, “near misses,” and emergencies that may not result in injury. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide.

An incident/accident report can be found on page 54 of the Appendix.
RELEASE OF CAMPER
Participants should be checked in and out of all programs. A sample of a sign out sheet is found on page 55 of the Appendix. Program staff should make sure that youth leave with the same person that brought them. If not, then the program staff should be told, preferably in writing, who will be picking up the participant.

RELEASES AND WAIVERS
All 4-H participants (other than group enrollments) must complete the 4-H Membership/Event Permission Form and Release of Liability for Youth Programs. This form is a part of the 4-H Membership/Event Permission Form found on page 42 of the Appendix. The horse release of liability and helmet requirement may be found on page 49-50 of the Appendix.

PHOTOGRAPHY CONSENT FOR MINORS
All 4-H participants (other than group enrollments) must sign to grant or deny permission to Clemson University, its employees or representatives, to take and use: photographs, videotape and/or digital images of his/her child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, or websites. This form is a part of the 4-H Membership/Event Permission Form found on page 42 of the Appendix.

TRANSPORTATION
If transportation is organized and/or facilitated by a Clemson University employee as part of Clemson University assigned duties for the volunteers, the volunteers/parents must have a driver’s license check and completed a Driver Improvement Program.

- 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.

- If a personal vehicle is used to transport minors, then the owner must provide “proof of insurance”, and written permission to use their vehicle(s) for transporting for program business. Permission is assumed if the owner is driving his or her own vehicle. 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 or trailers are used 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 our or off of the vehicle.
  o When participants are participating in a county-approved parade.

• State Law prohibits the transportation of participants in 12 or 15 passenger vans. Excepted from this requirement are 12 or 15 passenger vans that have been appropriately modified to mitigate the risk of rollover such as vehicles with dual axles. 12 or 15 passenger vans can be used for short trips around campus (within 5-mile radius of campus) or when reasonably expected speeds do not exceed 35 miles per hour.

• Have procedures for the orderly arrival and departure of vehicles and for the unloading and loading of vehicles, and strategies for supervising area and people in it during that time.

• 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.

• Youth programs must have a list of persons in the vehicle. This list can be in the vehicle or readily accessible at another location.

• Require that all motor vehicles used by 4-H be equipped with first aid kits. Youth programs are encouraged to equip vehicles with other “emergency accessories” as necessitated by vehicle use and/or activities.

• Implement a system of regular maintenance and safety checks on vehicles used for transportation that are owned by Clemson University.
Insurance Coverage
All 4-H programs are covered under an umbrella Extension Policy. The form is on pages 51-54 of the Appendix. This form should be sent with the participant to the medical facility. The policy number is PAI L005000016601. This policy is through Berkley Life and Health Insurance Company. Please direct questions regarding Cooperative Extension Accident Insurance coverage to Clemson University Risk Management, E-306 Martin Hall, Clemson, SC 29634-5339, 864-656-3365.

The Office has Risk Management has created a Google form and linked it to their website for CU Cooperative Extension to report their participant numbers and activities. It is a very simple form and only takes 2-3 minutes MAX to fill out. The link is http://www.clemson.edu/administration/risk/accident-insurance/enrollment-request-form-cu-coop.html. There is NO charge to individual groups for this coverage. This is a blanket policy and is pre-paid by Extension Services. However, all activities are required to be reported through the “Enrollment Request form for CU Cooperative Extension Accident Insurance” in order to be covered by this policy.

It is vital that you fill this out for every program/activity that you need covered throughout the year. After someone submits the form, they will receive a page that will allow them to save or print their insurance cards/claim forms.

Coverage:
Maximum Benefit for Accident Medical: $25,000.
Maximum Benefit for Sickness: $5,000.
Dental (sound natural teeth): $250. Per tooth per Covered Accident
Accidental Death & Dismemberment Benefits Benefit Maximum: $100,000
Deductible: $0

Incident Reporting
The intent of this standard is to document circumstances, witnesses, and actions in serious situations that result in, or nearly result in, injury, injury or danger to individuals. The program director has the responsibility to determine the level of severity or seriousness of incidents that must be reported.

Examples of “incidents” and “accidents” include fires; natural disasters; danger from intruders or trespassers; crisis arising out of participant, staff, or rental group behavior (e.g. fighting, serious emotional outbursts, threatening others); or other situations posing serious safety threats.

Examples of “near misses” and “emergencies not resulting in injury” may include lost participants, near drowning, or the use of drugs or alcohol by staff or participants.

Will report any incident to the Office of Risk Management and the PcPO no later than 24 hours afterwards. Program Staff are required to complete written reports describing incidents, accidents, “near misses,” and emergencies that may not result in injury. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide. The form to be completed is found on page 54 of the Appendix.
RECORD RETENTION

Programs with minors’ information should be retained according to the retention schedule below. Records may include the following types of information: personal data of minors, such as name, address, date of birth, name of parent/guardian; personal medical data, such as medication taken, health history, immunizations; special needs, such as dietary restrictions, allergies, disabilities, behavioral disorders; proof of insurance coverage, assumption of risk statement; and related information.

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

- 4-H Membership/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.

- All records must be retained for 11 years in the county or University storage facilities. They may be retained physically or electronically.

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. No violence, including sexual abuse or harassment, will be tolerated.
5. 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.

6. Participants are responsible for following the instructions of all 4-H staff and volunteers.

7. 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.

8. Curfew hours must be strictly followed. Boys are not to go into girls’ rooms and girls are not to go into boys’ rooms.

9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.

10. 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.).

11. 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 Membership/Event Permission Form for youth on file for the event.

12. With the concern for the well-being of self and others, smoking and the use of other tobacco products is prohibited.

13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.

14. Inappropriate use (utilizing during programming) of cell phones or other electronic devices is prohibited. Cell phones, cameras, imaging and digital devices are prohibited in showers, restrooms, or other areas where minors expect privacy.

15. The operation of motor vehicles by minors is prohibited while attending and participating in a program or activity.

16. Hazing of any kind is prohibited. Bulling, including verbal, physical and cyber bulling, is prohibited.

17. Unauthorized possession, distribution, or use of weapons, ammunition, or fireworks is prohibited.

18. 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-H’er, agent, event director, and State 4-H Leader will be held to determine the consequences. If a 4-H’er is sent home, they will not be allowed to participate in events for the following year.

All 4-H’ers 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 volunteers before more drastic action is taken. If, after discussion, the behavior continues, or in the opinion of the agent/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.

- **All 4-H’ers must sign a Code of Conduct**, which is a part of the 4-H Membership/Event Permission Form which can be found on page 42 of the Appendix. Any 4-H’er found to break any rules will be dealt with under the discipline policy.

- **Tobacco and alcohol**: Any 4-H’er 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-H’er should be removed immediately. The 4-H’er will be dealt with under the discipline policy. Youth are exempted from this rule when participating in a 4-H Shooting Sports Program.

### Volunteer Code of Conduct

This is a part of the volunteer application (page 34 of the Appendix) 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:

- Will not have one-on-one contact with minors.
- 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.
- Will not pick-up minors or drop off minors at their homes, other than the driver’s child(ren), except as specifically authorized by the parent or legal guardian.
- 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.
- In order to maintain a line of professionalism and to protect all parties involved, program staff should only communicate with program participants in/on open social media forum. Program staff shall not seek out program participants on social media platforms such as Facebook, Instagram, and Twitter, etc. This restriction is enacted during the period of employment and may be lifted after the program end date.
- 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.”
USE OF ADVENTURE COURSES
If the program utilizes and adventure course they should use a qualified Association for Challenge Course Technology (ACCT) builder/vendor should annually inspect all course elements for integrity of hardware, materials, and equipment and provide the camp with a written report that includes recommendations for repair, replacement, and potential closure of an element.

All adventure/challenge activities require some level of spotting or belaying. The type of activity(s) varies and will require different levels of instruction and competency. All spotters and belayers should receive activity specific instruction on proper procedures and training.

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.
APPENDIX
DEFINITIONS

Minor – Individuals under the age of 18; 1) who has not graduated from high school; and 2) who is not enrolled or accepted for enrollment at (a/the) University.

Youth Program(s) – Programs, activities and planned events offered by various academic or administrative units of the University, subject to the Minor Participants in Programs Affiliated with the University Policy. This includes but is not limited to academic camps, sport camps, traditional camps, 4-H or Cooperative Extension clubs & programs, workshops, conferences and other similar activities. Residential Treatment Facilities may also be considered Youth Programs and subject the above Policy and Operating Standards for Youth Programs.

Youth programs that are accredited by the American Camp Association (ACA), State of South Carolina approved Child Care Centers or State of South Carolina approved Charter School do not have to submit the Youth Programs Application or the signed Operating Standards. However, such youth programs must submit their ACA annual compliance statement or other letter of certification each year. Please contact the PcPO for additional details.

Program Staff (Personnel) – Individuals age 18 and older, paid or unpaid, who may routinely interact with, supervise, chaperone, or otherwise oversee minors in youth programs. Including but not limited to faculty, staff, volunteers, graduate and undergraduate students, and interns.

Visitor – Individual(s) who are guests of the program for a limited time that does not have and that will not have independent unsupervised access to minor participants.

Direct Contact – Individuals/Positions with the possibility of care, supervision, guidance or control of minors and/or routine interaction with minors

Routine Interaction – Individuals or Positions who/that have routine interaction with minors but may not take custodial care; such as housing personnel, extension agents, volunteers, etc.

Custodial Care – The responsibility for the care, supervision, guidance or control of minor(s) on a temporary basis for the purpose of the minor(s) engaging in the youth program without a parent, guardian, teacher, etc. present who is responsible for their supervision.

Clemson University Operating Standards for Youth Programs (Operating Standards) - Youth Program Standards that any Clemson University employee or affiliate who is or may be undertaking the custodial care of a minor(s) must abide by.

One-on-one Contact – Personal, unsupervised interaction between any program staff and a minor participant without at least one other person being present, i.e., program staff, counselor in training, participant, parent or legal guardian.
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 complete a Volunteer Application and go through the training. The only step in the process they are exempt from is the criminal background check.
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>
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</thead>
<tbody>
<tr>
<td>• Is wary of adults</td>
<td>• Has unexplained or unusual burns (look for cigarette burns, burns to buttocks or</td>
</tr>
<tr>
<td>• Is extremely aggressive or withdrawn</td>
<td>genitals, burns to hands, immersion lines, demarcation lines or outlines, rope</td>
</tr>
<tr>
<td>• Is dependent and indiscriminate with his attachments</td>
<td>burns)</td>
</tr>
<tr>
<td>• Is uncomfortable when other children cry</td>
<td>• Has unexplained bite marks</td>
</tr>
<tr>
<td>• Generally controls own crying</td>
<td>• Has unexplained fractures or dislocations (look for spinal fractures caused by</td>
</tr>
<tr>
<td>• Exhibits a drastic behavior change when not with parents</td>
<td>twisting or pulling, rib fractures)</td>
</tr>
<tr>
<td>• Is manipulative</td>
<td>• Has unexplained bruises or welts (look for different colors, stages of healing,</td>
</tr>
<tr>
<td>• Has poor self-concept</td>
<td>bruises to the back, buttocks, backs of legs, groups or patterns, defense</td>
</tr>
<tr>
<td>• Exhibits delinquent behavior such as running away from</td>
<td>wounds to arms and hands)</td>
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<tr>
<td>home</td>
<td>• Has unexplained lacerations (look for loop type lacerations from belts, cords,</td>
</tr>
<tr>
<td>• Uses alcohol or drugs</td>
<td>lacerations to backside of body, series or groups of straight line welts,</td>
</tr>
<tr>
<td>• Is frightened of parents or going home</td>
<td>scarring from previous injuries</td>
</tr>
<tr>
<td>• Is overprotective of parents</td>
<td>• Has unexplained head injuries (look for black eyes, split lips, loose or missing</td>
</tr>
<tr>
<td></td>
<td>teeth, lumps on the head, facial bruises, jaw, nose fractures)</td>
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<td></td>
<td>• Wets the bed</td>
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</table>
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 suffers 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.

<table>
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<tr>
<th>Behavioral Indications</th>
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<tbody>
<tr>
<td>• Is overly eager to please</td>
<td>• Has a sleep disorder (nightmares or restlessness)</td>
</tr>
<tr>
<td>• Seeks out adult contact</td>
<td>• Exhibits developmental lags (stunting of physical, emotional or mental growth)</td>
</tr>
<tr>
<td>• Views abuse as being warranted</td>
<td>• Is hyperactive</td>
</tr>
<tr>
<td>• Is excessively anxious</td>
<td>• Exhibits eating disorders</td>
</tr>
<tr>
<td>• Is depressed</td>
<td>• Has low self-esteem</td>
</tr>
<tr>
<td>• Is unwilling to discuss the problem</td>
<td>• Exhibits a gradual impairment of health or personality</td>
</tr>
<tr>
<td>• Exhibits aggressive or bizarre behavior</td>
<td>• Has difficulty sustaining relationships</td>
</tr>
<tr>
<td>• Is withdrawn, apathetic or passive</td>
<td>• Has unrealistic goal setting</td>
</tr>
<tr>
<td>• Has unprovoked fits of yelling or screaming</td>
<td>• Is impatient</td>
</tr>
<tr>
<td>• Exhibits inconsistent behaviors</td>
<td>• Is unable to communicate or express feelings, needs or desires</td>
</tr>
<tr>
<td>• Feels responsible for the abuse</td>
<td>• Sabotages chances of success</td>
</tr>
<tr>
<td>• Runs away from home</td>
<td>• Lacks self-confidence, is self-deprecating and has negative self-image</td>
</tr>
<tr>
<td>• Attempts suicide</td>
<td>• Exhibits eating disorders</td>
</tr>
</tbody>
</table>
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>
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<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>Is self conscious</td>
</tr>
<tr>
<td>Is self conscious</td>
<td>Has problems with authority and rules</td>
</tr>
<tr>
<td>Has problems with authority and rules</td>
<td>Exhibits eating disorders</td>
</tr>
<tr>
<td>Exhibits extreme compliance or defiance</td>
<td>Is self-mutilating</td>
</tr>
<tr>
<td>Is fearful or anxious</td>
<td>Is obsessively clean</td>
</tr>
<tr>
<td>Exhibits suicidal gestures</td>
<td>Uses or abuses alcohol or drugs</td>
</tr>
<tr>
<td>Is promiscuous</td>
<td>Runs away from home</td>
</tr>
<tr>
<td>Engages in fantasy or infantile behavior</td>
<td>Exhibits extreme compliance or defiance</td>
</tr>
<tr>
<td>Is unwilling to participate in sports activities</td>
<td>Is fearful or anxious</td>
</tr>
<tr>
<td>Has school difficulties</td>
<td>Exhibits suicidal gestures</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Behavioral Indications</th>
<th>Physical Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has pain and or itching in the genital area</td>
<td>Has pain and or itching in the genital area</td>
</tr>
<tr>
<td>Has bruises or bleeding in the genital area</td>
<td>Has bruises or bleeding in the genital area</td>
</tr>
<tr>
<td>Has venereal disease</td>
<td>Has swollen private parts</td>
</tr>
<tr>
<td>Has swollen private parts</td>
<td>Has difficulty walking or sitting</td>
</tr>
<tr>
<td>Has difficulty walking or sitting</td>
<td>Wets the bed</td>
</tr>
<tr>
<td>Wets the bed</td>
<td>Experiences pain when urinating</td>
</tr>
</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 childcare

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
- Closetsing
- 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 Indications</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>
<tr>
<td>• Begs or steals food</td>
<td>• Engages in dangerous activities, possibly because he is unsupervised</td>
</tr>
<tr>
<td>• Attempts suicide</td>
<td>• Is tired and listless</td>
</tr>
<tr>
<td>• Uses alcohol or other drugs</td>
<td>• Has unattended physical problems</td>
</tr>
<tr>
<td>• Is extremely dependent or detached</td>
<td>• May appear to be overworked or exploited</td>
</tr>
<tr>
<td>• Engages in delinquent behavior, such as prostitution or stealing</td>
<td></td>
</tr>
<tr>
<td>• Appears to be exhausted</td>
<td></td>
</tr>
<tr>
<td>• States frequent or continual absence of parent or guardian</td>
<td></td>
</tr>
</tbody>
</table>

**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 ongoing 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.

On the following pages are standard South Carolina 4-H forms.

Volunteer forms:
- Volunteer Application (4 pages)
- Background Check (2 pages)
- Disclosure Statement (1 page)
- DMV Drivers License Check (1 page)

Youth 4-H Membership forms:
- Youth Membership Form (5 pages)
- Group Enrollment Form (1 page)

Club liability statements, insurance information, and other forms:
- Sample 4-H club permission form & liability release (1 page)
- Horse 4-H program assumption of risk & liability release (1 page)
- Horse 4-H program safety equipment policy (1 page)
- Insurance information (4 pages)
- Sign-in/Sign-out Form (1 page)
- Treatment Form (1 page)
- Medicine Log (1 page)
# South Carolina 4-H Volunteer Application

## General Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Name You Prefer</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>How long at this Address?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If less than a year, previous address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Evening Phone</th>
<th>Best Time to Call</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4-H Experience

- **Are you a 4-H Alumnus?**
  - [ ] Yes
  - [ ] No

If yes, where?

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

If yes, what year(s) were you a 4-H'er?

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Have you ever been a 4-H volunteer?**
  - [ ] Yes
  - [ ] No

If yes, where?

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why are you interested in a 4-H Volunteer position?

<table>
<thead>
<tr>
<th>Have you ever worked with youth before? Please explain briefly.</th>
</tr>
</thead>
</table>
| [ ] Yes
| [ ] No

What time commitments are you considering?

<table>
<thead>
<tr>
<th>______ hrs./ week</th>
<th>______ hrs./month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Demographic Data

- [ ] Male
- [ ] Female

- **Hispanic Ethnicity: (check one):**
  - [ ] Yes-Hispanic or Latino
  - [ ] No-Not Hispanic or Latino

- **Racial Groups: (check all that apply):**
  - [ ] White
  - [ ] Black or African American
  - [ ] American Indian or Alaskan Native
  - [ ] Native American or Other Pacific Islander
  - [ ] Asian

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The Clemson University Cooperative Extension Service offers its programs to people of all ages regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Clemson University Cooperating with U.S. Department of Agriculture, South Carolina Counties, Extension Service, Clemson, S.C. Issued in Furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of May 8 and June 30, 1914. Public Service Activities
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# ___________________________</td>
<td><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:

- Will not have one-on-one contact with minors
- 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.
- Will not pick-up minors or drop off minors at their homes, other than the driver’s child(ren), except as specifically authorized by the parent or legal guardian.
- 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, in 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.
- In order to maintain a line of professionalism and to protect all parties involved, Program Staff should only communicate with program participants in/on open social media forum. Program Staff shall not seek out program participants on social media platforms such as Facebook, Instagram, and Twitter, etc. This restriction is enacted during the period of employment and may be lifted after the program end date.
- 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 two 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>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Day</td>
<td>Email Address</td>
</tr>
<tr>
<td></td>
<td>Day</td>
<td></td>
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<tr>
<td></td>
<td>Evening</td>
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<tr>
<td></td>
<td>Telephone Day</td>
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<td></td>
<td>Day</td>
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<td>Email Address</td>
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<td>Evening</td>
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</tr>
</tbody>
</table>
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.

Signature of 4-H Volunteer ___________________________ Date ____________

Office Use For Only

Date of reference checks: _____________
Name of person conducting the checks: ______________________________________
If unsatisfactory, please explain: ______________________________________________
_________________________________________________________________________

This includes the Background Check and the National Sex Offender Registry Check completed by Clemson University

This Background Check was: ☐ Satisfactory ☐ Unsatisfactory

Record of Trainings:

<table>
<thead>
<tr>
<th>Mandatory—(1 time only)</th>
<th>Trainer/Delivery Mode</th>
<th>Date of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse Prevention Training</td>
<td></td>
<td></td>
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<tr>
<td>Risk Management Training</td>
<td></td>
<td></td>
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<tr>
<td>Positive Youth Development and Behavioral Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional</th>
<th>Trainer/Delivery Mode</th>
<th>Training Date</th>
<th>Exp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid Training (good for 4 yrs.)</td>
<td></td>
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<tr>
<td>CPR Training (good for 2 yrs.)</td>
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<td></td>
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<tr>
<td>Driver Improvement Program* (good for 3 yrs.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMV Driver License Screening* (good for 1 yr.)</td>
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</tr>
</tbody>
</table>

Copy of proof of vehicle insurance* on file:    yes ☑

*All driving-related trainings and screenings are required for volunteers transporting youth. The volunteers/parents must have a driver’s license check and completed a South Carolina Driver Improvement Program.
Clemson University Background Check Disclosure and Authorization Form
[For Employment or Volunteer Purposes]

The applicant for employment acknowledges that Clemson University may, now, or at any time while employed, verify information within the application, resume or contract for employment. Clemson University utilizes TruSCREEN, Inc. as an agent to perform background investigations. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an Investigative Consumer Report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.ftc.gov). For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Clemson University. I agree that a fax or photocopy of this authorization and my signature shall be accepted with the same authority as the original. I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my contract.

For Maine Applicants Only
Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only
You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only
If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through TruSCREEN®, P.O. Box 541, Southport, PA 18966. Telephone: (800) 260-1680. www.truescreen.com.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes ___ No ___

Initials Initials

If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes ___ No ___

Initials Initials

*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer’s receipt of the report (unless you elected not to get a copy of the report). TruSCREEN’s privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.truescreen.com (link at bottom of page entitled, “Legal/Privacy”).

Candidate Initials

Page 1 of 2

38
The following information is required to complete the background investigation (please print):

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
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<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>GENDER</th>
<th>RACE</th>
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INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER’S LICENSE:

<table>
<thead>
<tr>
<th>DRIVER’S LICENSE NUMBER</th>
<th>STATE LICENSED IN</th>
<th>EXPIRATION DATE (MM/DD/YYYY)</th>
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CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

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<thead>
<tr>
<th>CURRENT STREET ADDRESS (NO P.O. BOXES)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<th>PREVIOUS STREET ADDRESS (NO P.O. BOXES)</th>
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Have you ever been convicted of a misdemeanor or felony crime?

Please check one: ☐ No ☐ Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If Yes, list the date, location (county and state), and offense for all misdemeanor and felony convictions regardless of how minor or how long ago they occurred. Attach additional pages if needed.

<table>
<thead>
<tr>
<th>DATE OF CONVICTION</th>
<th>LOCATION (COUNTY/STATE)</th>
<th>OFFENSE</th>
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<tbody>
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<td>__ __ / __ __ / __ __</td>
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<tr>
<th>DATE OF CONVICTION</th>
<th>LOCATION (COUNTY/STATE)</th>
<th>OFFENSE</th>
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<thead>
<tr>
<th>DATE OF CONVICTION</th>
<th>LOCATION (COUNTY/STATE)</th>
<th>OFFENSE</th>
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<tbody>
<tr>
<td>__ __ / __ __ / __ __</td>
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</table>

SIGNATURE:

DATE: __ __ / __ __ / __ __

If under the age of 18, parent/guardian signature required:

SIGNATURE – PARENT/GUARDIAN | PRINT NAME – PARENT/GUARDIAN | DATE OF BIRTH (MM/DD/YYYY)
<table>
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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>
</tr>
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<tbody>
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ACCOUNT NUMBER | DEPARTMENT # | POSITION # | JOB OPENING # |
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EMPLOYEE STATUS: 
☐ Permanent ☐ Temporary ☐ Student ☐ Volunteer ☐ Intermittent ☐ Motor Vehicle Record Check

ADDITIONAL OPTIONS
Clemson University Disclosure Statement

This form should be completed by all current paid and volunteer staff with independent, unsupervised access to children in a CU youth program and all returning volunteers from a break in volunteer time of 90 days or less. A background check should be completed on individuals with any break in employment or a break in volunteer time greater than 90 days (as well as all new employees/volunteers).

Name: _____________________________________________________________ __________________________

I am a:  ☐ volunteer  ☐ employee in: ____________________________________________ __________________

Department Name/CU Youth Program Name

Last date volunteered (if break in volunteer time was 90 days or less):  ____________________________________

1. Since I began working or volunteering for Clemson University, 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 began working or volunteering for Clemson University, 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. Since I began working or volunteering for Clemson University, I have had the following moving traffic violations (e.g., speeding tickets, accidents, DUI, etc.) (Optional, unless you will be transporting children on behalf of the CU Youth Program. Please indicate “N/A” if you are not transporting, and “None” if you are but have not had any moving traffic violations since working or volunteering):

_____________________________________________________________________________________________

_____________________________________________________________________________________________

4. If you would like to provide any explanation or further information regarding your response to items 1, 2, and 3 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 date noted above, please indicate “none” in the appropriate blanks under questions 1 and 2 above.)

I certify that the foregoing information I have provided is true and correct. I hereby authorize Clemson University to complete a National Sex Offender Registry check on the name provided above. I understand that if information from this check is used in whole or in part in making an adverse decision, before an adverse decision is made, I will be provided a copy of the results and a description of my rights.

______________________________________________________________ _____________________
Signature  Date

TO BE COMPLETED BY DEPARTMENT/PROGRAM CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS
Office of Human Resources
Consent Form – Motor Vehicle Check

PART 1: Department Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Department Name</th>
<th>Email Address</th>
<th>Phone Number</th>
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</table>

PART 2: Position Information

Department/Position Number: __________ / __________
Employee Status: ☐ permanent ☐ temporary ☐ student
Funding Source (Check One): ☐ E&G ☐ Other
Account Number: ________________________________

PART 3: License Information – Copy of License Must Be Attached

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<tr>
<th>Driver’s License Number</th>
<th>State Licensed In</th>
<th>Expiration Date</th>
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<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
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PART 4: Authorization

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my driving record for the purpose of confirming the information contained on this form. I release Clemson University 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 hereby certify that all information I have provided on this form is true and complete to the best of my knowledge and belief. 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: _________________________________

Send by File Drop to Will Pope  http://filedrop.clemson.edu/dropbox  (Clemson University service for secure emails.)
1) INFORMATION ABOUT THE PARTICIPANT AND ACTIVITY

Name __________________________________________ Age as of January 1, 2019 ______ Birthdate ____________________

Address __________________________________________ County ____________________

City __________________________________________ State ________________ Zip Code ____________________

Telephone ( ) __________________ Cell Phone ( ) __________________ Wireless Provider ____________________

Gender ___________ Grade ___________ School ____________________

Race (Circle all the races that apply to you): White African American American Indian Pacific Islander Asian

Hispanic: Yes ______ No ______

Father's Name/Guardian ____________________ Phone: Home ( ) (_______) ________________

Cell ( )

Mother's Name/Guardian ____________________ Phone: Home ( ) (_______) ________________

E-mail: Father's E-mail ( ) ____________________

Or Mother's E-mail ( ) ____________________

Residency:

___ Farm ___ Rural/Town ___ Town/City ___ Suburb ___ Central City

less than 10,000 10,000 to 50,000 of city over 50,000

Military Family (check all that apply):

___ Active Army ___ Army Guard ___ Army Reserve ___ Active Air Force

___ Air Guard ___ Air Force Reserve ___ Active Navy ___ Naval Reserve

___ Active Marine Corp ___ Marine Corp Reserve ___ Active Coast Guard ___ Coast Guard Reserve

4-H Programs Plan to participate in.

4-H Clubs __________________________________________

4-H Camps __________________________________________

4-H Projects __________________________________________

4-H Activities __________________________________________

Circle One

T-Shirt Size: YS YM YL AS AM AL Axl 2xl 3xl (If need different size, County please contact state office)

Membership Dues Paid? Y / N Cash/Check # __________ Date __________ Amount __________

Name that Paid ____________________ Shirt Ordered Date __________ Received Shirt Date __________

4-H is the youth development program of the Cooperative Extension Service, a nationwide partnership of federal, state and county governments, and the private sector. Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.
2) PERMISSION FORMS

➢➢ CLEMSON UNIVERSITY PARENTAL RELEASE OF LIABILITY FOR PROGRAMS

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

1. This CAMP/PROGRAM/PROJECT/CLUB affords my child the opportunity to participate in activities, including, but not limited to recreation, cooking, science experiments, hands-on activities, interaction with animals and other people, etc. There are inherent risks and I choose to voluntarily allow my child to participate in this CAMP/PROGRAM/PROJECT/CLUB. 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/PROJECT/CLUB. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

3. I understand that activities for this CAMP/PROGRAM/PROJECT/CLUB may be physically strenuous and I know of no medical reason why my child should not participate.

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/PROJECT/CLUB, 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/PROJECT/CLUB. (one must be checked):

☐ Yes/Approve    ☐ No/Does not Approve

➢➢ PHOTOGRAPHY CONSENT FOR MINORS

I 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 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.

☐ My child’s picture may be taken    ☐ My child’s picture may NOT be taken

If you approve that your child’s picture may be taken, I agree that my child’s name and identity (one must be checked):

☐ May be revealed    ☐ May NOT be revealed

➢➢ PERMISSION TO TRANSPORT

My child has my permission to be transported to and/or from one Extension program site to another program site with the understanding that they will be driven by Clemson Extension Agents or certified volunteers that have been approved to drive state vehicles and/or have certification to transport youth. (one must be checked):

☐ Yes /Approve    ☐ No / Does not Approve

I have read the above Permissions and I hereby agree to the above releases as indicated.

Signature of Parent and/or Guardian ___________________________________________ Date ______________
3) 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 4-H Youth Development Program. 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. No Violence, including sexual abuse or harassment, will be tolerated.
5. 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.
6. Participants are responsible for following the instructions of all 4-H staff and volunteers.
7. 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.
8. Curfew hours must be strictly followed. Boys are not to go into girls’ rooms and girls are not to go into boys’ rooms.
9. Behavior during unscheduled free time is subject to the supervision of 4-H staff and chaperones.
10. 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.).
11. 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 Membership/Event Permission Form for youth on file for the event.
12. With the concern for the well-being of self and others, smoking and the use of other tobacco products is prohibited.
13. Care and respect for property, personal and institutional, is expected at all times. Theft, possession of missing property or damage to property is prohibited.
14. Inappropriate use (utilizing during programming) of cell phones or other electronic devices. Cell phones, cameras, imaging and digital devices are prohibited in showers, restrooms, or other areas where minors expect privacy.
15. The operation of motor vehicles by minors is prohibited while attending and participating in a program or activity.
16. Hazing of any kind is prohibited. Bullying including verbal, physical and cyber bullying are prohibited.
17. Unauthorized possession, distribution or use of weapons, ammunition or fireworks is prohibited.
18. Honesty is expected at all times from 4-H members. Dishonesty, cheating, plagiarism and forgery are inappropriate actions.

Signature of participant (youth): ___________________________ Date: ___________________

I have discussed this information with my son/daughter and 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.

Signature of parent/guardian: ___________________________ Date: ___________________
4) **HEALTH REPORT FORM** - Participant’s Name _____________________________________________________________

**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.

- **Parent/Guardian Identification**

- Who has primary custody of participant? ( ) Mother  ( ) Father  ( ) Both  ( ) Other ____________________________

- Family Physician ___________________________________________ Phone (____) ______________________

- Dentist ___________________________________________ Phone (____) ______________________

- Do you carry family medical/hospital insurance? (Check one) YES _______ NO _______

- Carrier ___________________________ Policy/Group # ____________________________

- Name on Policy ____________________________

- **Emergency Contact Information**

- If you cannot be reached in case of emergency, whom should we notify?

- Name ___________________________________________ Relationship ____________________________

- Address ____________________________________________

- City __________________________ State __________ Zip ______________

- Home Phone (____) __________________ Work Phone (____) __________________

- Work Address ____________________________________________

- City __________________________ State __________ Zip ______________

- 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.

5) **PERMISSION TO ADMINISTER MEDICATION** *(if applicable)*

- Is the child taking any medication? ______ No ______ Yes

- If Yes, name of Medication(s) ____________________________

- (send only what will be needed at program – include directions for use of all Medication. Please write on a 3x5 card and put in zip lock bag with medications).

- • I hereby give permission for 4-H Program to administer over-the-counter medications if the first aid coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.

- • Do **Not** Administer the Following: ____________________________

**PARENT AUTHORIZATION & PERMISSION TO TREAT**

- I hereby give permission to the medical personnel selected by the Clemson University Extension Service and 4-H Youth Development Program 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 4-H Youth Development Personnel to secure and administer treatment, including hospitalization, for the person named above.

- Parent/Guardian Signature ___________________________________________________________
6) PARTICIPANT HEALTH & MEDICAL HISTORY – Participant’s Name

(Questions 1-6 in this section, 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? (Check all that apply.)
   Asthma _____ Bleeding Disorder _____ Attention Disorders (ADHD) _____ Eating Disorders _____ Heart Condition _____
   Diabetes _____ Wears Contacts _____ Seizures/Convulsions _____ Fainting Spells _____ Other _________
   Please describe/explain any condition you checked: ____________________________________________________________________________

3. 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: _______________________________________________________________________________________

4. Does the participant require special diet? (Including vegetarian dietary restrictions, dietary allergies, lactose or gluten intolerant, etc.)
   YES   NO   If YES, please explain: _______________________________________________________________________________________

5. Is there any necessary, additional information staff should know (including mental, emotional, social, behavioral, or physical disabilities, medication instructions, and/or special restrictions) to provide appropriate supervision, support and accommodations for the participant?
   YES   NO   If YES, please explain: _______________________________________________________________________________________

6. Are the Immunizations up-to-date for the Participant?   YES   NO
   Most recent date of Tetanus or Tetanus booster _____________ (mo/year)
   If NO, please explain _______________________________________________________________________________________

7) MEDICAL EXAMINATION (required for aerobic exertion activities & activities with elevated risk)

*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.

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

__________________________________________________________

Limitations or restriction on program activities__________________________________________________________

__________________________________________________________

Additional information for program personnel____________________________________________________________

In my opinion, the applicant is able to participate in active programs.

Date of Examination ________________________________

Signature of Licensed Medical Personnel ________________________________

Print Name ________________________________ Title ________________________________

Address ________________________________ Telephone ________________________________
This form is to be used to register all youth participating in a group which is not a 4-H club. The following information about my class/group is submitted in support of my request for 4-H educational materials/programming. I will inform the boys and girls they are participating in a Clemson Cooperative Extension 4-H program. After 4-H activity is completed, please complete and return the form. Mail or scan and email the form to your County Extension Office.

Please check one:
- School Enrichment
- Afterschool program
- Camping Program
- Instructional TV/Video
- Special Interest/Short Term Program
- Other (Specify) ____________

Name of Program: ___________________________ Date: __________________

Leader/Presenter: __________________________

Location: ____________________________________________________________
(address, city & zip code)

Location Contact: ______________________________________________________
County: __________________

Contact Info: _________________________________________________________

Project or Curriculum Used: __________________________ No. of Hrs: ______

<table>
<thead>
<tr>
<th>How Many:</th>
<th>How many of this group are current 4-H participants? (Duplicates)</th>
<th>Number of Adult Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males ___</td>
<td>Females ___</td>
<td>Total ___</td>
</tr>
</tbody>
</table>

Please be sure to remove current 4-H participants (duplicates) from each of the following:

<table>
<thead>
<tr>
<th>Where do the participants live?</th>
<th>Farm</th>
<th>Rural &lt;10K</th>
<th>Town 10-50K</th>
<th>Suburb of City</th>
<th>City 50K+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades</td>
<td>K</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
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<td>12</td>
<td>Post HS</td>
<td>Spec</td>
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<td>Not in school</td>
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Please estimate the ethnic and racial distribution of the participants:

<table>
<thead>
<tr>
<th>Race</th>
<th>Participants</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ethnicity</td>
<td>Ethnicity</td>
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<tr>
<td></td>
<td>Hispanic or Latino</td>
<td>Not Hispanic or Latino</td>
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<tr>
<td>White</td>
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<td>Black or African American</td>
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<tr>
<td>American Indian/Alaskan Native</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Native Hawaiian or Pacific Islander</td>
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<td></td>
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<tr>
<td>Indicating more than one race</td>
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<tr>
<td>Total</td>
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</table>

4-H is the youth development program of the Cooperative Extension Service, a nationwide partnership of federal, state and county governments, and the private sector. Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.
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: 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/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
busylone@clemson.edu
864-656-3354

All 4-H programs are covered under an umbrella Extension Policy. The form is on page 56 of the Appendix. This form should be sent with the participant to the medical facility. The policy number is PAI L005000016601. This policy is through Berkley Life and Health Insurance Company. Please direct questions regarding Cooperative Extension Accident Insurance coverage to Clemson University Risk Management, E-306 Martin Hall, Clemson, SC 29634-5339, 864-656-3365.

The Office has Risk Management has created a Google form and linked it to their website for CU Cooperative Extension to report their participant numbers and activities. It is a very simple form and only takes 2-3 minutes MAX to fill out. The link is http://www.clemson.edu/administration/risk/accident-insurance/enrollment-request-form-cu-coop.html. There is NO charge to individual groups for this coverage. This is a blanket policy and is pre-paid by Extension Services. However, all activities are required to be reported through the “Enrollment Request form for CU Cooperative Extension Accident Insurance” in order to be covered by this policy.

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.

Accident Insurance Card
Clemson University
Nationwide Life Insurance Company
Policy PAI L005000016601

NAME: ______________________________

NAME: ______________________________
# Accident Claim Form

**Parent/Guardian to Complete**

All information must be complete or claim cannot be processed.

### Father's Information
- **Full Name:**
- **Home Address:**
  - *City*:
  - *State*:
  - *Zip*:
- **Home Phone:**
- **Employer Name:**
  - *Title*:
  - *City*:
  - *State*:
  - *Zip*:
- **Self Employed?**
  - Yes
  - No

Please complete the following section even if no benefits are provided:
- **Do you have insurance?**
  - Yes
  - No
- **Is this student covered?**
  - Yes
  - No
- **Name of Insurance Plan:**
- **Social Security Number:**
- **Phone Number:**

If you are employed, but your dependent is not covered under your employer's plan, a letter to this effect from your employer is required.

### Mother's Information
- **Full Name:**
- **Home Address:**
  - *City*:
  - *State*:
  - *Zip*:
- **Home Phone:**
- **Employer Name:**
  - *Title*:
  - *City*:
  - *State*:
  - *Zip*:
- **Self Employed?**
  - Yes
  - No

Please complete the following section even if no benefits are provided:
- **Do you have insurance?**
  - Yes
  - No
- **Is this student covered?**
  - Yes
  - No
- **Name of Insurance Plan:**
- **Social Security Number:**
- **Phone Number:**

If you are employed, but your dependent is not covered under your employer's plan, a letter to this effect from your employer is required.

---

**Authorization - To Permit Use and Disclosure of Health Information**

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits. Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit administrator to provide First Agency, Inc. as an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any StarNet & Berkley Life & Health Insurance Company on previous applications. If this Authorization is for someone other than myself, that individual has given me authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This Authorization is valid for the date signed for the duration of the claim.

**Name of Authorized Representative, or Next of Kin (please print):**

**Signature of Authorized Representative or Next of Kin: Date:**

**Relationship of Authorized Representative or Next of Kin to Claimant:**

---

**School/Administrator/Official/Policyholder to Complete**

**School Student Attends:**

**Student’s Full Name (print last, first, mi.):**

**Student’s Home Address:**

**Date of Accident:**

**Time of Accident:**

**Detailed Description of Accident:** How did it occur? (or attach accident report completed by the school representative who witnessed the accident):

Where did it occur?

- [ ] body injured:
  - [ ] Right
  - [ ] Left

**Activity:**

- [ ] Interscholastic
- [ ] Intramural
- [ ] Club
- [ ] Other (describe):

**Name of school authority supervising activity:**

**Was supervisor a witness to the accident?**

- Yes
- No

If No, date reported to school:

**Signature of School Official:**

**Date:**

**Title of School Official (please print):**

---

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Dear Parent,

Our program provides accident coverage for all participants. Outlines below is important information regarding this coverage. It is intended as a brief description for reference only, and is not the policy.

Only ACCIDENTS that occur in program-sponsored and supervised activities are covered.

**DEFINITION OF AN ACCIDENT:**

ACCIDENT means a sudden, unexpected event that results in injury to the Covered Person.

Conditions that result from participating in an activity do not necessarily constitute accidents. For example, diseases, degeneration, conditions caused by continued stress to a particular area of the body, and existing conditions aggravated by an accident are not covered.

A. This plan of insurance is **EXCESS ONLY**: It will not duplicate benefits paid or payable by any other insurance or plan including HMO's or PPO's.

B. Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

C. Medical treatment for a covered accident must begin within 60 days of that accident. Only expenses incurred within 52 weeks are considered. Benefits are determined on the basis of **REASONABLE AND CUSTOMARY** for the geographic location where services are performed.

D. Specific exclusions of the policy include, but are not limited to, disease, or hernia in any form; non-prescription drugs; fighting; and orthotics not prescribed exclusively for rehabilitation (e.g., playing brace, mouth guard).

E. Dental Sub-limit, sound natural teeth, limited to $250 per tooth per covered accident.

F. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Accidents must be reported to the program official within 20 days. Medical bills must be submitted to First Agency, Inc. within 90 days after date of treatment. Questions regarding claim procedures may be directed to First Agency, Inc. at 5071 West H Avenue, Kalamazoo, Michigan 49009 or (269) 381-6630 or Fax (269) 381-3055.

**HOW TO FILE YOUR ACCIDENT CLAIM FORM**

1. Complete **ALL** blanks. If information is not applicable, indicate the **reason** it is not (e.g., deceased, unknown).

2. Attach all **ITEMIZED** bills to date (not balance due statement) for **MEDICAL EXPENSES ONLY**. Subsequent medical bills can be submitted within 90 days after date of treatment.

3. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge must be processed by all other insurances/plans before they can be processed by First Agency, Inc.)

4. If you are employed and no coverage is provided by your employer, **A LETTER OF VERIFICATION FROM YOUR EMPLOYER STATING THAT NO COVERAGE IS PROVIDED MUST BE SUBMITTED**.

Mail claim form within 90 days of the accident to: First Agency, Inc.

5071 west H Avenue
Kalamazoo, MI 49009-8501
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, SC  29634-5339
Fax (864) 656-4558, Phone (864) 656-3354.
## 4-H CHECK-OUT FORM

[INSERT YOUR PROGRAM NAME HERE]

<table>
<thead>
<tr>
<th>Full Name (please print clearly)</th>
<th>Date &amp; Time OUT</th>
<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>M/F</th>
<th>Legal Name</th>
<th>Health Problem or Concern</th>
<th>Health Care Provided</th>
<th>Report filed?</th>
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</thead>
</table>

Camp Health Record Log Page
# 4-H Medicine Log

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<tr>
<th>4-H Club</th>
<th>Medicine Name</th>
<th>Dosage</th>
<th># Times Daily</th>
<th>Times</th>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>S</th>
<th>Special Instructions or notes (including omitted doses)</th>
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Please print neatly. This is a permanent record.