I pledge my head to clearer thinking,

my heart to greater loyalty,

my hands to larger service,

and my health to better living

for my club, my community, my country, and my world.
Welcome to 4-H

Thank you for opening the South Carolina 4-H Volunteer Handbook and being a vital part of our organization! The purpose of this handbook is to create a framework for 4-H programs in South Carolina and provide easy access to informational resources, working toward the overall effectiveness and success of the South Carolina 4-H Youth Development program.

In 4-H, we believe in the power of young people. We see that every child has valuable strengths and real influence to improve the world around us. We are America’s largest youth development organization -- empowering nearly six million young people across the U.S. with the skills to lead for a lifetime. As of the 2016-2017 club year, South Carolina 4-H had over 100,000 youth enrolled!

4-H is delivered by Cooperative Extension -- a community of more than 100 public universities across the nation that provides experiences where young people learn by doing. Kids complete hands-on projects in areas of health, science, agriculture, and citizenship in a positive environment where they receive guidance from adult mentors and are encouraged to take on proactive leadership roles. Kids experience 4-H in every county and parish in the country -- through in-school and afterschool programs, school and community clubs, and 4-H camps. These different delivery modes are offered by South Carolina 4-H Youth Development through Clemson University Cooperative Extension.

Based on their interests and guided by adult mentors, youth develop their own pathway in 4-H. They select from a broad menu of local 4-H programs. There are hands-on and learn-by-doing opportunities for everyone.

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Information was gathered from the Clemson University Cooperative Extension, Clemson University Pre-Collegiate Programs Office, South Carolina 4-H, National 4-H Council, National 4-H Headquarters websites, or as otherwise referenced.
Introduction to South Carolina 4-H

South Carolina 4-H Youth Development is the youth component of Clemson University Cooperative Extension, fulfilling our land-grant mission by taking research-based knowledge and educational resources to our state’s youth. The 4-H Program uses a learn-by-doing approach and involvement of caring adults to empower youth to become healthy, productive, and contributing members of society. Local 4-H Programs and opportunities often vary by county. For more information, contact your local Cooperative Extension Office: [http://www.clemson.edu/extension/co/index-new.html](http://www.clemson.edu/extension/co/index-new.html)

Key components of a 4-H program:

1. **Youth receive 6 hours (minimum) of positive youth development programming annually.** We target 6 hours as a goal for increased impact and reporting standards. For more information on positive youth development, see Defining the Positive Youth Development Experience (page IV).
3. **Educational content is research based and age appropriate.** We provide access to resources of the land-grant university system and Cooperative Extension to ensure 4-H programs, curricula, and procedures are based in research and are developmentally appropriate. See the Ages and Stages of Youth Development infographic on page # as a quick reference.
4. **Impact and civil rights data is collected on the program.** In order to keep “making the best better” and communicate our story of impact, we collect data on programming efforts. If you need help with evaluation instruments or surveys to use, please contact your local 4-H Agent.
5. **Open to all youth ages 5-18 years.** Ages in 4-H are determined as of January 1st of the 4-H club year. The club year runs from September 1st to August 31st. (For example, a youth that is 19 years old on January 1, 2018, would not be eligible to participate as a 4-H member, but we welcome them to participate as a 4-H volunteer or in a Collegiate 4-H program if it is available.)
6. **Programs must comply with the Clemson University’s Pre-Collegiate Program Office Guidelines.** The second section of this handbook (pages 1-69) is dedicated to South Carolina 4-H Day Programs and Clubs: Program Guide and Operating Standards.
South Carolina 4-H Programming

South Carolina 4-H Youth Development offers a wide variety of experiences and opportunities to get involved with 4-H. There are six program areas in South Carolina 4-H, each with their own projects and events for youth to participate. To receive more information on these state-level 4-H opportunities, visit: www.clemson.edu/4h Programs are also offered at the county and region-level too. The regions are South Carolina 4-H are presented below.

Age Divisions

There are three general age divisions used in South Carolina 4-H. Again, all ages are in effect as of January 1st of the current 4-H club year.

**Cloverbud:** Ages 5-8 years old; this is non-competitive age division.

**Junior:** Ages 9-13 years old

**Senior:** Ages 14-18 years old

Occasionally, you may see the age division “Cloverleaf”. This is generally a subdivision of the “Junior” age division. Follow the guidelines referenced by individual projects or programs for this age division.
Essential Elements of 4-H Youth Development

The essential elements of 4-H youth development are the underlying principles that we embed in programs, curricula, and learning opportunities to promote positive youth development. Regardless of the project area, youth need these four essential elements to develop to their fullest potential with a variety of experiences.

**Belonging:** a positive relationship with a caring adult; an inclusive, safe environment.

**Mastery:** engagement in learning: opportunity for mastery.

**Independence:** opportunity to see oneself as an active participant in the future; make choices.

**Generosity:** opportunity to value and practice service to others.

Experiential Learning Model

In 4-H, supportive, caring adults help youth discover what they are learning with minimal guidance. Part of their experience is to learn and discover on their own and to pursue deeper understanding to be able to apply what was learned in other life situations. We encourage youth to seek, and adults to provide, mentoring in life- and technical skill development through use of a five-step experiential learning model.
Defining the 4-H Positive Youth Development Experience

4-H serves as a model program for the practice of positive youth development by creating positive learning experiences; positive relationships for and between youth and adults; positive, safe environments; and opportunities for positive risk taking.¹

4-H positive learning experiences are an active process where young people gain understanding, skills, dispositions, identities, and new habits of mind through hands-on experiences. 4-H positive learning experiences are reflective and intentional. 4-H learning is also progressive, with experiences building on each other over time. 4-H learning is social and connected to a larger, real-world context. It is a multi-dimensional experience that integrates transformative relationships, learning environments, learning pathways, and learning outcomes.²

The positive relationships between youth and adults is a key component of the 4-H positive youth development experience. These relationships are built on a foundation of mutual respect and caring. 4-H programs provide opportunities for adaptive developmental relationships, where youth interact with their contexts in ways that are mutually beneficial and empowering. Developmental relationships help youth feel expressions of caring, expand possibilities, share power, provide support, and challenge growth.³

The 4-H program creates positive, safe environments through its organizational practices. The organizational practices are a combination of program quality standards, such as inclusion, safety and standards; program values, such as collaboration, culturally competent, flexible and youth as resources; and youth program principles, such as youth engagement, low/staff/volunteer to youth ratio. These practices describe the intentional strategies upon which a high quality youth program is built that has safe, reliable and accessible activities and spaces.⁴

Positive risk taking challenges growth and teaches youth how to push themselves to keep getting better, learning from mistakes and setbacks, and striving to live up to their potential. The 4-H program recognizes that challenges and experiences that stretch youth can be used as a strategy to help youth develop positive outcomes. Instead of avoiding difficult situations, positive challenge and growth can be a tool in addressing the ever-changing future.¹

Starting and Maintaining 4-H Clubs in South Carolina

What is a 4-H Club?

The 4-H club serves as the primary means of providing youth development programming in 4-H. It has the advantage of long-term involvement with the support of “caring” adults. Clubs are organized and supported to provide community based, positively structured learning opportunities for youth throughout their developmental years. Surveys of youth who have been involved in out-of-school youth programs report the importance youth place on knowing that programs will continue over many years. Youth are reluctant to take ownership in groups or establish relationships with volunteers when they appear temporary. While other 4-H delivery methods are effective, more in-depth experiences occur in and through the club.

The goals and structure of 4-H clubs vary according to the needs of the members they serve. Some clubs offer one project topic that the entire membership experiences together at the club meeting. Others offer a selection of projects delivered through project meetings held at times outside the club. Some clubs have a singular focus, such as community service clubs, or they serve a specific audience, such as tribal reservation, after-school, or home-school youth. Yet, there are components and characteristics common to all 4-H clubs and these commonalities provide the definition of a 4-H club.

A 4-H Club:

• Is an organized group of 5 or more youth from at least 2 families.
• Has a planned program that is ongoing throughout all or most of the year.
• Is advised by adult staff or volunteers.
• Elects officers.
• May meet in any location.
• Includes opportunities to learn skills through a wide variety of project experiences.
• Offers opportunities for leadership, citizenship/community service, and public speaking.

Who can join?

Youth ages 5-18 (as of January 1 of the current, 4-H year) are eligible to be 4-H members in South Carolina. The 4-H club year traditionally runs from September to August. Younger members (5 to 8 years of age) are called Cloverbuds. Additional volunteers are required to support clubs and events with Cloverbuds. Programs targeting this age group should focus on cooperative learning instead of competitive events based on an individual. Junior 4-H'ers are 9-13 years of age and Senior 4-H'er are 14-18 years of age, as of January 1 of the current, 4-H year.

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.
Types and Characteristics of Clubs

Organized 4-H Clubs

The 4-H club is one of the most effective methods used by the 4-H program. Clubs are organized groups of boys and girls supported by adult volunteers. The 4-H club conducts meetings and activities throughout the year — usually holding six or more official meetings annually.

Club meetings typically include:

- The conducting of some business by the officers,
- An educational program, and
- A group team-building or recreational activity.

The club frequently includes opportunities for leadership, citizenship, and public speaking. It may meet in any location. A chartered club is authorized through the county and state Cooperative Extension to use the 4-H name and emblem.

In all clubs, members are encouraged to learn and participate in one or more projects. Additionally, clubs do a community service activity or service-learning project during the 4-H year. All clubs require at least one designated adult club volunteer. There are different methods and locations of organizing 4-H clubs. Clubs may be formed in communities, in schools, in after-school settings, or on military installations. Two distinctive types of methods or organizational structure exist: clubs where youth have multiple interests or singular focus. Either type of club should provide an opportunity for youth to plan and conduct their own program with the guidance of adult volunteer(s) or have input into what they want to learn within a project focus. These clubs usually have elected youth officers, develop their own club name, create their by-laws and learn to govern themselves.

<table>
<thead>
<tr>
<th>General or Multi-Project Club</th>
<th>Project Club</th>
</tr>
</thead>
<tbody>
<tr>
<td>The multi-project or general club:</td>
<td>The project club:</td>
</tr>
<tr>
<td>• meets regularly to conduct a business meeting,</td>
<td>• meets regularly to conduct a business meeting (can be seasonal),</td>
</tr>
<tr>
<td>• provides an educational program or activity (often by the youth themselves),</td>
<td>• provides an educational program or activity (often by the youth themselves),</td>
</tr>
<tr>
<td>• addresses county and community issues through community service-learning projects, and</td>
<td>• addresses county and community issues through community service-learning projects, and</td>
</tr>
<tr>
<td>• offers a selection of projects delivered through project meetings held at times outside the club meeting.</td>
<td>• focuses on one project for the entire membership.</td>
</tr>
<tr>
<td>This format provides a wider choice of learning experiences for the 4-H'er, but requires more volunteers for the additional project meetings. It is more complicated than single project clubs to manage.</td>
<td>In a single-project club, all the members are enrolled in the same project; although, they may be active in more than one project club.</td>
</tr>
</tbody>
</table>
**Supplemental Learning Activities**

In addition to the many activities scheduled in club meetings, 4-H members in all clubs are provided access to additional structured learning opportunities through community service-learning projects, day camps, overnight camping, trips, and events/activities, including competitive events/activities (fairs, judging etc.) and non-competitive events/activities (clinics, workshops, retreats, seminars, etc.).

**Club Program Support Materials**

Club kits for South Carolina 4-H and the annual South Carolina 4-H T-shirt are available for purchase through your local Extension Office. More 4-H items can be purchased via the 4-H Mall: 4-hmall.org. These or other materials may be available from your local 4-H office for club support each year:

- Club Secretary’s Book
- Club Treasurer Book
- Club Financial Handbook
- A Guide for Club Officers

**Enrolling Members**

Youth may join 4-H at any time and clubs may be formed throughout the year. Enrollment of new members who join the club during the year can be submitted immediately electronically or in print form to the county 4-H office by the club volunteer. However, many counties promote and recruit new members and “re-enroll” clubs and their membership each fall. Enrollment includes choices for projects, releases for use of photographs or program evaluation tools, and agreements for non-discriminatory membership. A statewide 4-H Code of Conduct must be read, signed, and submitted with the 4-H enrollment. Enrolling and re-enrolling may be done through the South Carolina 4HOnline enrollment system. Check with your County 4-H Agent for your county’s online enrollment procedures.

**Enrolling Volunteers**

South Carolina requires a screening and training process prior to serving as an official 4-H volunteer and working directly with youth. Position descriptions that outline leader responsibilities are usually provided. Every Extension volunteer who works directly with youth on a non-supervised basis or for an overnight situation must complete the 4-H Volunteer screening process, as well as complete the Child Abuse Prevention and Reporting Training, Emergency Procedure Training and Basic Child Development Training. In addition, 4-H Volunteers that transport youth in a vehicle must submit a consent form for Motor Vehicle Check and have taken the Defensive Driver’s Training offered through Clemson University. The South Carolina 4-H Volunteer Application Forms begin on page 34. Once a volunteer is appointed following screening, an annual enrollment form is used to provide updated information to the 4-H office. Enrolling and re-enrolling may be done through the County Extension Office. Returning volunteers must complete a disclosure statement in years 2, 3 and 4 with another background check in year 5. Throughout the year, youth, staff and volunteers who participate in special programs beyond the club level (e.g. 4-H Club Camp, State 4-H Congress, National 4-H Conferences) are required to complete additional forms related to the event.
CU Cooperative Extension Services Insurance

http://www.clemson.edu/administration/risk/accident-insurance/enrollment-request-form-cu-coop.html

This Accident Insurance is for Clemson University Cooperative Extension Services Only.

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.

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.

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

Coverage applies while participating in CU Extension supervised and sponsored activities.

* Required Department: *

Select the county in which your group operates

Administrator of Activity*:
Chaperone – your name

Number of Participants*:
Number of members in club

Effective Date of Activity: *

First meeting date

Termination Date of Activity: *

Last meeting of your year

Number of days: *

How many days out of the range given above, you will meet for meetings and special activities or service projects.

Age Group: *

Description of Activity: *
Club meetings and events

Location of Activity: *
Where the club meets

Type of Travel: * If no transportation is being provided, please enter N/A
n/a

E-mail Confirmation Address: *
Your email address
NEW 4-H CLUB CHARTER APPLICATION  
(to be completed by Club Secretary)

Name of 4-H Group ____________________________________________

Type of 4-H Group ____________________________________________

(4-H Project Club, 4-H Special Interest Group, General 4-H Club)

Community/School County ________________________________________

Purpose of Club ________________________________________________

Name of Club Leader ___________________________________________

Date Organized _________________________________________________

President: Name _______________________________________________
    Address ______________________________________________________

Vice President: Name ____________________________________________
    Address ______________________________________________________

Secretary: Name ________________________________________________
    Address ______________________________________________________

Signed by: ______________________________________________________

Club President _________________________________________________

Club Organizational Volunteer(s) __________________________________

4-H Agent _______________________________________________________

Date of Application _____________________________________________

Attachments:
   ____ Club Program Plan with meeting dates and locations
   ____ Roster of Club Members
   ____ Signed Charter Request Form
   ____ Club By-laws/Rules
   ____ Club Officers/Defined Youth Roles

Submit to your County 4-H Office
ANNUAL REQUEST FOR CLUB CHARTER

Due: __________________ County Extension Office _______________________

Name of Club: ________________________________________________________

Type of Request: ☐ Establishment of a new club
☐☐ Continuance of: __________________________________

Purpose of Club: to carry out a continuous 4-H club program, servicing the needs of youth in ____________________ County.

Name of Club Leader: ________________________________________________

AGREEMENTS:
I understand that if this club disbands during my leadership, all property and funds of this club or group shall be returned to the County 4-H Program Leader. If the group continues, it shall be turned over to the new club leader.

It is the policy of ________________________________ of the ____________________ County (Club Name) (County) Extension Service, 4-H & Youth programs, that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, religion, gender, sexual orientation, national origin, or disability.

Number of youth enrolled in this club: ______ Hispanic ______ Non-Hispanic
____ Black ____ White ____ American Indian ____ Asian/Pacific Islander ____ Other

Club Leader: ___________________________________________________ Date: __________
(Signature)

** The approval below will be granted upon receipt of this form for all clubs with minority enrollment. Clubs not meeting this requirement will be notified and will be required to conduct All Reasonable Efforts between the dates of September 1 and December 31.

OFFICIAL APPROVAL FOR 4-H CLUB OR GROUP: On the basis of the above purposes, and having fulfilled the Affirmative Action requirements, the ________________________________ is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H club of the Cooperative Extension Service.

Signed: ________________________________ County 4-H Program Leader
Establishing and Chartering a NEW 4-H Club

South Carolina has established criteria for enrolling as an official 4-H Club. Official enrollment as a 4-H Club and receipt of a 4-H Club charter gives the club the authority to use the 4-H name and emblem. Clubs must be chartered through a request to the local Extension Office, meeting the minimum criteria and receiving written approval. Criteria for clubs in South Carolina are as follows:

- The club has 5 or more members (from at least 2 families) with completed enrollments.
- The club is organized with youth officers or defined youth leadership roles.
- There are one or more appointed club volunteers, following application, screening and training.
- An initial meeting place is secured for at least several consecutive months.
- An official, non-discriminatory club name is chosen.
- Club rules, which may be in the form of bylaws, are established.
- At least 6 or more regular meetings, plus project meetings, are scheduled.
- A written educational plan/calendar for the club program and activities is presented to the county 4-H office (draft is okay).
- Follows the affirmative action policy of the Cooperative Extension Service.

A copy of the club enrollment is kept on file with the County Extension office. When requesting a club charter, the New 4-H Club Charter Application (Page IX) or Annual Request for Club Charter form (Page X) should be completed by the Club Secretary and signed by the Club President, Club Organizational Leader, and Extension Faculty. Once completed, the Extension Faculty will then forward the request to the State 4-H Headquarters. A letter from the County Extension Office will acknowledge continued club status annually.

Fiscal Requirements of 4-H Clubs

Chartered clubs have several rights and responsibilities for fiscal management of resources garnered in the name of 4-H. All individual clubs in South Carolina operate under the fiscal authority and jurisdiction of Clemson University. In each county, the County Extension Office is accountable for the administrative oversight of all funds associated with the County Extension and 4-H program. Club treasuries and fundraising activities have specific guidelines and procedures to follow. As clubs are formed, club leaders will receive training and materials regarding county 4-H club fiscal policies. Each club receives a South Carolina 4-H Club Treasurer’s Book annually. Details in the Accounts Tip Sheet.
### Expenditures

4-H Club Accounts are funds established under the University system to allow 4-H clubs to deposit and disburse funds necessary for club business. These funds are primarily secured through fund raising. With the exception of alcohol, gift cards (non-specific to awards), and gas cards, funds can be used for the purpose for which they are raised in support of 4-H.

### Pre-Approval

All club expenditures must be approved in advance by the club and recorded in the meeting minutes. This pre-approval of expenditure is necessary to ensure that the club has adequate funds to cover the expense and that the club account is not overspent. The “4-H Order/Direct Payment From” must accompany any request to purchase items using 4-H club funds and must be signed by Club Leader approving purchase. Email approval is acceptable in lieu of an actual signature.

### Direct Orders In CU BuyWays

The BuyWays purchasing system allows for ordering items for club use in advance of need. Pre-planning is needed to use this system. Should a vendor be willing to provide an invoice for payment, this can also be processed through the BuyWays system. The “4-H Order/Direct Payment Form” will initiate these transactions.

### Direct Billing

Several hotels will allow direct billing which prevents up-front payments by clubs and volunteers. Contact the facility directly and ask, “Will you accept a purchase order from Clemson University?” to determine if they allow direct billing and also if they will honor the state government rate. If so, then you will receive an estimate for the total amount of lodging. To process the payment the RBC will enter the purchase order (PO) in BuyWays for payment to the facility. The “4-H Order/Direct Payment Form” must accompany the request. The invoice is then mailed from the hotel to Clemson University and the hotel will be paid directly. If the Club Leader is handed an invoice, they should submit it to the 4-H Agent, who will approve and send to the RBC for payment.

If the hotel states that they will direct bill, but do not have an account for Clemson University, then you can establish one. Often a credit application is required by the facility, which they can send you electronically. In this case, the credit application is forwarded to Melissa Kelley melissk@clemson.edu in the Clemson University PSA Business Office to assist the vendor with setting up the direct billing process. Please allow 30 days' notice to setup this avenue for payment. The form is then returned to you so that you can forward it to the hotel. Once the hotel approves the account, you can make reservations.

### Pre-Payments to Vendors

Pre-payments can be processed through CU BuyWays if the amount owed for a service is known ahead of time. Examples would be for judges, bus drivers, 4-H Camp. An invoice must be received in advance for full amount of payment. The “4-H Club Order/Direct Payment Form” must accompany the request. Payments to individuals/companies require them to be registered into the CU BuyWays Vendor Registration System. Link: [https://www.clemson.edu/procurement/suppliers/index.html](https://www.clemson.edu/procurement/suppliers/index.html)

A check is issued and sent directly to the vendor, unless we know ahead of time and are told to mark it “Hold for Pickup” or “Attachment”. This
should be indicated at the top of the “4-H Club Order/Direct Payment Form”.

If marked “Hold for Pick Up” someone in the PSA Business Office (Beverly Lavier or Melissa Kelley) must be notified that you have a check that needs to be picked up. We need the BuyWays Invoice # and the Vendor Name. We can then pick up the check and mail it to you. We will need to know who you want it mailed to.

If marked “Attachment” you must send an envelope with the address that you want the check mailed to on the front and the BuyWays Invoice # on the back. The envelope must be received by Jennifer Cobb in Procurement before the Thursday that the checks cut. She will then mail the check in the envelope provided.

### P-Card Purchases

Extension Agents are eligible to apply for a purchasing card to use for online or in-store purchases. Volunteers are not eligible to have a P-Card. Therefore, prior arrangements must be made with the 4-H Agent to purchase items using this method. P-Card purchases must be pre-approved by the Agent.

**P-Card Uses:**
- Over the counter sales with local vendors
- Purchases from the US Post Office
- Air Fare
- Conference and course fees, registration fees

**Limitations:**
- Personal Use: Gifts, flowers, coffee services, cash advances, etc.
- Business Travel Expenses: accommodations, car rental, oil/gas, and restaurants, business meals, personal items.
- Charges over $2500, no splitting of transactions to avoid limit.
- BuyWays and the P-Card cannot be used to make purchases that are to be charged directly to Clemson University Foundation. You can however use the P-Card or BuyWays as long as the charge is allowable on a CU Companion project that is established for your foundation funding.

For a complete list of Allowable/Unallowable charges on the P-Card please see: [https://www.clemson.edu/procurement/faculty-staff/pcard-program.html](https://www.clemson.edu/procurement/faculty-staff/pcard-program.html)

### Sales Tax Exemption

Clemson University is not exempt from sales tax. No Sales Tax Exemption forms are to be completed using Clemson University’s Tax ID#.

### Fundraising

Clubs conducting fund raising activities (which may include concession sales, plant sales, fruit sales, candy sales, doughnut sales, magazine sales, etc.) will account for all funds collected by members and will be responsible for proper preparation of “4-H Club Deposit Forms”. An order log/sales sheet is sufficient documentation to account for collection of funds by club members from individuals purchasing items for sales. You do not have to have a receipt for each individual, as long as you attach the log showing each individual that has ordered and paid. One receipt can be written to cover the entire log.

Clubs purchasing items for re-sale (i.e. fundraising, concessions, etc.) will pay sales tax at the time of purchase and will not collect sales tax upon sale of the item.
| Temporary Petty Cash Advance | A Temporary Petty Cash Advance is a cash fund that is used when larger amounts of cash is needed for a club event or activity. Examples include premiums for county horse shows, livestock shows, exhibits, awards at achievement programs, etc. 4-H Clubs wishing to request a Temporary Petty Cash Advance will notify the local County 4-H Agent at least 30 days prior to the event. The Temporary Cash Advance cannot be made for more than what is currently available in the Club’s project.

When funds are picked up, the authorized club representative will complete a “Non-Employee Temporary Cash Change of Custodian” form for the amount of funds received. Funds are to be place in a tamper proof bag when given to the club representative. During the time that the funds are out, they are the responsibility of the individual who signed the custody transfer form.

If funding is to be distributed as awards or prizes to support 4-H Club activities, a log must be maintained of all disbursements by name.

Participants earning $100 or more should be paid via check in the BuyWays system. If an individual is to be paid via BuyWays instead of using the cash advance, a separate log should be utilized to show name, address, email, and phone number of person to be paid along with the amount to be paid. These individuals will need to register in BuyWays under One-Time Payment. The individual is required to register online since personal tax information and checking account information may be required. Registration Link: https://www.clemson.edu/procurement/venreg/index.php

If any individual receives $600 or more on a single or cumulative basis during a single calendar year, it will be reported by the university via IRS Form 1099.

Any unused funds must be returned to the County Extension Office, within 7 days after the event in a tamper proof bag, along with a completed spreadsheet of participation and class placing, a participation log showing the name of the event, location, date, participants name, address, total cash amount awarded to each individual, and their signature showing that they received the cash. The total amount awarded and received must show at the bottom of the log signed by the custodian of the Temporary Cash Advance. All funds expended outside of awards must have a receipt. The sum of the unused cash, the total amount awarded, and total of receipts must equal the total of the disbursement funds received.

A Temporary Petty Cash Advance can also be utilized to obtain cash for making change at an event. In this case, the total distributed must equal the total amount returned.

CU Employees should familiarize themselves with the Temporary Cash Advance Policy & Procedure for detailed instructions and rules regarding these funds: https://www.clemson.edu/finance/business-manual/cts07pol.html |

| Deposits | Funds should be turned in to the County Extension Office for deposit as |
soon as possible. Clemson University's policy is that all funds should be
deposited within 3 days of receipt. Each deposit should be accompanied
by the “4-H Club Deposit Form,” and the yellow copy of the receipts
matching the deposit from the Club’s receipt book. If funds are delivered
during office hours, a CU Employee will verify funds in front of the Club
Leader and both will sign the “4-H Club Deposit Form”. A copy of the
form will be given to the Club Leader, and the original will be placed with
the deposit backup that goes to the RBC. If a deposit is left in an
overnight drop box, the county will mail/email a copy of the 4-H Club
Deposit Form to the Club Leader. No cash is to be sent to the Extension
Office via US Mail.

Forms
Volunteer reimbursement requests don’t have to exactly match the forms.
The more information that we have the better, original receipts, if food has
been purchased; a detailed receipt of the exact food/meals purchased is
required.

Specific Purchases
1. Catering can be paid for prior to an event but you can’t put
restaurant meals on a P-Card. (Only exception is if we are feeding
4-H Club participants and volunteers only. NO CU Employee
meals are to be purchased with a PCARD. CU Procurement will
need to be notified in advance so that they can unlock the
restaurants for food purchases.)
2. Food from Grocery stores are allowed and can be coordinated with
the County Agent to be purchased with a P-Card. Again, this food
must be for 4-H participants and volunteers only, no CU
Employees.

Raising and Using Funds
• Some examples of appropriate fund raising:
  o 4-H Handbook and Policy Guidelines car washes
  o Product Sales (e.g. candy, nuts, flowers, gift items, bird
    houses, pizzas)
  o Learn to Earn projects
  o Carnival or booth at fair
• Some examples of inappropriate fund raising:
  o Sale of a product which is inconsistent with the mission
    and image of 4-H
  o Sale of products which are poor in quality or in poor taste
• Some examples of appropriate use of funds:
  o Educational field trips
  o Community service projects
  o Member and leader recognition
  o Scholarships to participate in 4-H activities (e.g. Camp)
  o Educational scholarships
  o Donation to the 4-H center or Foundation
• Some examples of inappropriate use of funds:
  o Expenditures which have not been approved or which do
    not comply with by-laws
  o Anything in which only a few members continually benefit

Obtaining a Report of Club Funds
Reports showing balances in Club accounts and breakdown of revenue and
expenditures are available upon request from your County 4-H Agent.

Disbanding a Club
If a Club is disbanded, the funds remaining in the individual club project
will be transferred to the County 4-H program funding.
4-H Club Individual Reimbursement Form

Name of Individual to be Reimbursed: ______________________________________

The above named individual purchased items or services out of their own personal funds, for use by our 4-H Club and is approved to receive reimbursement in the amount indicated below.

4-H Club Name: __________________________________________________________

Date of Purchase/Receipt: ______________________

Purpose of Purchase: ______________________________________________________

Purchaser Signature: ___________________________ Date: ______________________

I hereby certify that the expenses listed above were incurred by and are necessary and appropriate expenditures of the University for the use in an approved 4-H program. By my signature, I acknowledge that the goods and/or services purchased become the property of 4-H and Clemson University.

Agent Approval: ___________________________ Date: ______________________

Receipt Required:
Attach Receipt Here or Staple to Reimbursement form.

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, marital or family status and is an equal opportunity employer.
4-H Club Deposit Form

<table>
<thead>
<tr>
<th>Totals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coins</td>
<td>$</td>
</tr>
<tr>
<td>Bills</td>
<td>$</td>
</tr>
<tr>
<td>Checks</td>
<td>$</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$</td>
</tr>
</tbody>
</table>

Allocate Amount by Source:

- **4-H Club Funds**: $_________
- **Membership Dues**: $_________
- **Project Funds**: $_________
- **Registration**: $_________
- **Event**: _______________________
- **Other**: $_________

Receipt #s Included: _________ to _________

(Attach Receipts to this form)

4-H Club Name: _______________________

Club Leader: ________________________ Date: ____________________

Clemson Employee: _____________________ Date: ____________________

The signatures above verified the amount received matches the total of all receipt tickets. The original is to be placed with the deposit backup. A copy is to be given to the Club Leader. If the deposit was not verified in front of a Club Leader, a copy of this form is to be mailed to the Club Leader for backup.
4-H Club Order/Direct Payment Form

4-H Club Name: ________________________________________________

Date Items Needed By: _____________ or Invoice Due Date ______________

Hold for Pickup: _____  Attachment Required: _______

Address to mail check to if different from vendor:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Purpose of Purchase: ____________________________________________
________________________________________________________________________________________________________

Items to be Ordered (If Applicable):
*  
*  
*  
*  
*  
*  
*  

Club Leader Signature: ____________________  Date: ___________________

By my signature, I acknowledge that the goods and/or services purchased become the property of 4-H and Clemson University.

Agent Approval: _________________________  Date: ________________

Attach Invoice (if applicable)
Non-Employee Temporary Cash Change of Custodian Form

Current Custodian
Custodian Name: __________________________________________ (please print)
Custodian Signature: _______________________________________

New Custodian
Custodian Name: __________________________________________ (please print)
Custodian Signature: _______________________________________

Cash Change Fund Information
Fund Amount $____________ Date of Event __________

In accepting custody of change of custodian I understand and agree to the following:
• I am responsible for full compliance with all Clemson University policies and procedures relating to cash funds.
• If this advance fund is not reimbursed within seven (7) days of the event, the amount of the funds will be deducted from my 4-H Clubs Account.
• If my account becomes delinquent and is turned over to a collection agency, I agree to pay collection costs, attorney’s fees, and court costs associated with the collection of the fund.
• If I am no longer affiliated with the 4-H Club I will complete transfer of custody immediately.
• Any fund amount deducted from my 4-H Club Account could result in forfeiture of the club’s privilege to use cash funds in the future.

By signing each party affirms that they have verified the cash advance fund total(s) are correct and agree to the total(s) listed above. The individual designated as the new custodian has read and understands the university procedures regarding cash funds.

Funds Returned Verification
The Cash Advance used for the 4-H event conducted on the date above were returned to the Extension Office and have been counted and verified for accuracy.

Cash Returned $_________ Receipts/Log Total $_________ Date Returned ______

Current Custodian
Custodian Name: __________________________________________ (please print)
Custodian Signature: _______________________________________

New Custodian
Custodian Name: __________________________________________ (please print)
Custodian Signature: _______________________________________

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, marital or family status and is an equal opportunity employer.
## Annual Summary Financial Report

From September 1, 20____ to August 31, 20____

Name of Group: __________________________

<table>
<thead>
<tr>
<th>Financial Activity</th>
<th>Amount</th>
<th>Yearly Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account balance at beginning of program year: (A)</td>
<td></td>
<td>--------------</td>
</tr>
<tr>
<td>Taxable sales revenue (List each separately):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales subtotal: (B)</td>
<td>Add 1-3 Above</td>
<td></td>
</tr>
<tr>
<td>Grants, donations, and other fundraising revenue (List each separately):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-sales subtotal: (C)</td>
<td>Add 1-3 Above</td>
<td></td>
</tr>
<tr>
<td>Total revenues for year: (D)</td>
<td>B + C</td>
<td></td>
</tr>
</tbody>
</table>

Expenditures:

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6. Sales tax for raffles</td>
<td></td>
</tr>
<tr>
<td>Total expenses for year: (E)</td>
<td>Add 1-6 above</td>
</tr>
</tbody>
</table>

Account balance at end of year: (F)                                             | A + D – E    |

Back checks that haven’t shown up on bank statement: (G)                        |              |

Deposits that haven’t shown up on bank statement: (H)                           |              |

Adjusted balance (A matching bank statement or record of finance must be attached to verify this amount.): (I) | F + G - H |

Prepared by: ___________________________________________________________________ Date: __________

Audited and approved by: __________________________________________________________________ Date: __________

Approved by CU 4-H Extension: __________________________________________________________________ Date: __________

T
South Carolina 4-H
Yearly 4-H Club/Advisory Summary Sheet
By County

Directions: Please include financial summary information for all 4-H Clubs and Advisories within your county.

County: ________________________________________________________________
Name of Advisory Chair: ___________________________________________________
County 4-H Agent: _________________________________________________________
Phone Number: ____________________________________________________________
Program Year: __________________ to ____________________ , 20 __________

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants (Please list sources)</td>
<td>_______________________</td>
</tr>
<tr>
<td>Donations: (Indicate both cash &amp; checks)</td>
<td>_______________________</td>
</tr>
<tr>
<td>Fundraising Events: (Name of Events &amp; Amounts)</td>
<td>_______________________</td>
</tr>
<tr>
<td>All Other Income: (Summary Only)</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

Expenses: (Summary Only) ______________________

Closing Balance ______________________

Signature & Date of Agent: ____________________________________________________________
Date Received by State Office: ________________________________________________________
# Semi-Annual Financial Report

**Month:**

**Name of Group:**

<table>
<thead>
<tr>
<th>Sales Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Sales subtotal:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Grants & Other Fundraising Revenue**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Non-sales subtotal:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total revenues for month:**

**Expenses**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6. Sales tax for raffles</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses for month:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Account balance at end of month:**

**Back checks that haven’t shown up on bank statement:**

**Deposits that haven’t shown up on bank statement:**

**Adjusted balance at end of month:**

Prepared by: ___________________________ Date: ________________

Audited and approved by: ___________________________ Date: ________________

Approved by CU 4-H Extension: ___________________________ Date: ________________
# Projected Budget/Fundraising Plan

**From September 1, 20____ to August 31, 20____**

**Name of Group:**

<table>
<thead>
<tr>
<th>Financial Estimates</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account balance at beginning of fiscal year:</td>
<td></td>
</tr>
<tr>
<td>Projected account balance at end of year:</td>
<td></td>
</tr>
<tr>
<td>Projected operating surplus or shortfall:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Sales Tax*</th>
<th>License*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations (Personal, Estate, Business)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraisers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Cash Donations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. All other income (Ex. Fees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Projected Revenue (Excluding non-cash donations)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Sales Tax*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising-related Expenditures</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>Activity Expenses (Ex. Field trips)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
<td></td>
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<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>Total Projected Expenditures</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by: ___________________________  Date: ______________

Audited and approved by: ___________________________  Date: ______________

Approved by CU 4-H Extension: ___________________________  Date: ______________
Recognizing 4-H Club Performance

Evaluation and Reporting

South Carolina 4-H and local county agents report data to state and federal agencies in an annual statistical report of summarized demographic data regarding members and volunteers. This information includes the numbers of clubs in the county, member enrollment, and project information about the program. Information from our 2015-2016 report has been compiled into the infographic on the last page of this handbook. Youth-development professionals working with a 4-H club for an organization outside Extension will need to work closely with the County 4-H Extension staff to include data on the 4-H club in this report.

In addition to the statistics gathered about the 4-H club, volunteers will want to evaluate the success of the club in providing the support youth need. This will allow club volunteers to communicate how well the club is contributing to the growth and development of its members. This assessment involves more than gathering numbers. While the numbers of youth participating does indicate a level of success in reaching youth (they keep coming or drop out), there are other indicators that will help assess what is happening in the club. Work closely with the 4-H Extension staff and use quality evaluation tools to assess club progress.

Club Performance Recognition

Club recognition systems exist to recognize clubs for their performance. Clubs may strive to reach specific standards of performance just as individual club members work to achieve standards. South Carolina 4-H provides four levels of recognition -- bronze, silver, gold, and emerald for 4-H Club attainment. Each of the four levels of standards is available for clubs to achieve. The Standards of Excellence for 4-H Clubs and Groups can be found on the following two pages.

BRONZE Clover, club receives a BRONZE Clover Certificate and name printed in the 4-H newsletter.

SILVER Clover, club receives a SILVER Clover Certificate and name printed in the 4-H newsletter.

GOLD Clover, club receives a GOLD Clover Certificate and name printed in the 4-H newsletter.

EMERALD Clover, club receives an EMERALD Clover Certificate, name printed in the 4-H newsletter and name in a news article submitted to the local newspaper for publication.

Club Leader Recognition

Each year on May 1st (deadline), the State 4-H Office accepts nominations for the Glen Krohn Award for Volunteerism in 4-H. For more information on how you can nominate someone, please see the application on page XXIII or posted on https://www.clemson.edu/extension/4h/4h_volunteer/index.html. Please consider working with your local 4-H Agent to nominate an outstanding volunteer!
Standards of Excellence: Club Performance Standards

Check the following Club Performance Standards completed during the 4-H year. Documentation may come from meeting minutes, scrapbooks, photos, newspaper articles, letters, etc., and should be attached to this form.

- 1. Club/group had a planned annual program that includes group goals. (Ex: recruit 4 new members; all members will choose one county learning activity to attend)

- 2. Club/group members were actively involved in planning the club/group’s annual program.

- 3. Club/group selected an area of focus for their annual program. (Ex: health & fitness; environmental science; pet care; community service; intercultural understanding) OR club/group is represented in the community, by serving on a committee, council or board with adult partners.

- 4. Club/Group members were involved in implementing the annual program/activities. (Ex: planning and bringing snacks; leading the pledges; calling club/group members for a meeting or assignment; presenting a demonstration; organizing a tour; introducing a speaker; leading recreation; teaching others)

- 5. A calendar for the year was printed and distributed to members, parents, volunteers, and the local Extension Office. (Ex: identify meetings dates, locations, educational programs; special projects; social events; county or district events)

- 6. All members were invited and at least 75% of club/group members were involved in at least nine club/group activities during the year. (Ex: meetings; club/group tours; recognition event)

- 7. Club/Group officers were elected or appointed, and fulfilled their leadership roles.

- 8. Club/Group completed at least one (1) community service project.

- 9. Club/Group completed at least one (1) promotion activity that promotes 4-H visibility at the community or county level. (Ex: participating in a community parade; radio interviews during National 4-H Week; project displays in business windows; or doing website development for County Extension office.)

Club/Group Name ___________________________________________________________
County ____________________________________________________________

Club/Group President Signature __________________________________________ Date __________
Organizational Volunteer Signature __________________________________________ Date __________

Total Number of checked responses for the 20 Excellent Standards ____________________
10. Club/Group has completed at least one (1) project that promotes 4-H visibility at the county, multi-county, district, state, multi-state, national or global level.

11. Club/Group recruited at least one (1) project volunteer for at least 75% of the member’s project learning areas.

12. At least 75% of the members made progress toward individual 4-H project goals.

13. Group developed a method to communicate with families at least three (3) times per year regarding club/group activities, education, and achievements. (Ex: newsletters; e-mails; calling tree; group activity that includes families)

14. Club/Group planned at least one (1) activity to include parents and families in club/group activities. (Ex: project showcase; skating party; tours; recognition event)

15. Members took part in a variety of non-competitive activities and/or meetings beyond the 4-H club/group level. (Ex: county project workshops; council meetings; interstate exchange programs)

16. A scheduled recognition event was held for members, volunteers and parents.

17. Club/group planned and implemented at least one multi-club activity. (Ex: doing multi-club community service; several clubs managing a community or county event; conducting a multi-club learning or social event)

18. Members participated in competitive 4-H events beyond the club/group level. (Ex: county events; district events; state fair; project area competitions)

19. 4-H club/group consistently had a safety/supervision ratio of 1 adult to 10 youth.

20. The racial/ethnic composition of the club reflects the diversity of the surrounding community. (If club does not reflect the diversity of the community, then successful efforts to contact minority citizens in person, by mail, and through mass media may be used. Work with your county 4-H agent for help achieving this goal.)

*This report is due in the State 4-H Office June 1 of the current club year.*

<table>
<thead>
<tr>
<th>Questions Checked</th>
<th>Award Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-13</td>
<td>BRONZE Clover Club Award</td>
</tr>
<tr>
<td>14-15</td>
<td>SILVER Clover Club Award</td>
</tr>
<tr>
<td>16-17</td>
<td>GOLD Clover Club Award</td>
</tr>
<tr>
<td>18-20</td>
<td>EMERALD Clover Club Award</td>
</tr>
</tbody>
</table>
The Glen Krohn Award recognizes outstanding volunteer leadership in the 4-H program. It is named for the late Dr. Glen Krohn, retired Assistant Director, Family and Youth Development. Dr. Krohn was a strong believer in volunteers throughout his career, having as one of his philosophical mottos the statement, “Volunteerism is the price you pay for the space you take”.

To nominate a volunteer, **submit a one-page overview of the volunteer’s accomplishments.** A one-page limit on nominations will be strictly enforced. (Please use one-inch margins and 12-point font of Times New Roman or similar.) Excerpts of the one-page narrative will be read at the State 4-H Awards Banquet at State 4-H Congress for each recipient of the award. The following criteria will be used to judge each entry:

- Impact on Youth 25%
- Program Responsibilities 20%
- Creativity of Program 15%
- Level of Involvement (County) 20%
- Level of Involvement (State) 10%
- Length of Service 10%

**Nominations are due on May 1st annually.** (If May 1st falls on a weekend, nominations are due on the following Monday. Nominations must be postmarked, hand-delivered, or emailed by the due date to:

Dr. Ashley Burns  
State 4-H Office/Clemson University  
2054 Barre Hall  
Clemson, SC 29634-0108  
taberp@clemson.edu

Letters of Appreciation should be sent to:  
Mrs. Phyllis Krohn  
526 Colonial Drive  
Greenwood, SC 29649

Updated: April 2018 by T.A. Burns
Guide to Business Meetings and Youth Leadership

Business Meeting Guide

A well planned 4-H club meeting generally consists of three main parts - business, educational program, and recreation.

- The business section of a meeting includes pledges, reports, and announcements. Parliamentary procedure, designed to ensure equal voice for all members, should be used during the business meeting segment when possible.
- The educational program consists of a combination of talks, demonstrations, presentations, movies, guest speakers, etc. The program should be well balanced, with variety to add interest and enthusiasm.
- Recreation is the social part of the meeting. A good recreation program will offer something for all members, not just a few. Consideration should be given to the time allotment and facilities available. The activities and refreshments should support the health aspect of 4-H.

Flags and Pledges

General rules for using the flag of the United States of America:

- The flag should be displayed outside from sunrise to sunset unless there is rainy or stormy weather. (Exceptions are made for special occasions.)
- During the ceremony of raising or lowering the flag, or when it is passing in a parade, all persons should face the flag, stand at attention, and salute.
  - Raise the flag briskly and proudly; lower it slowly, ceremoniously.
  - Never allow the flag to touch the ground or floor. Gather it and fold it correctly.
- When the American flag and the 4-H flag are presented together on a table or a stage, the American flag should always be on the speaker’s right (audience’s left).
- People in civilian clothes salute by placing their right hands over their hearts. All hats are removed. People in uniform bring their right hands to their foreheads with fingers extended.

Pledge of Allegiance

I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

4-H Pledge

I pledge my Head to clearer thinking; my Heart to greater loyalty; my Hands to larger service; and my Health to better living for my club, my community, my country, and my world.
Parliamentary Procedure

Parliamentary procedure gives us the right way to make a motion and to amend a motion. Roberts’ “Rules of Order” is the oldest and most recognized set of rules on the best ways to conduct business meetings. The rules were first printed in 1876 by General Henry M. Roberts of the Corps of Engineers, United States Army. If you follow these rules, they will help keep your group orderly and help you reach decisions with less confusion. If your president uses these rules fairly, both the majority and the minority in your club will be heard and respected.

The skill level of the members along with the size and age(s) of your group will usually determine how strictly the rules are followed. With larger groups, it may be necessary to follow these rules very strictly. With small, informal groups you will need to use only the basic rules for making motions, seconding motions, and amending motions. Officers and members need to learn the appropriate parliamentary procedure the group will use in making group decisions. Besides knowing how to make and amend motions, there are some simple rules of courtesy members need to follow in every meeting:

- Only one subject or item of business can be before the group at one time. No new item of business can be introduced or discussed until the one being discussed is voted on.
- Every member of the group has an equal right to speak and be heard.
- The will of the majority must be carried out, but the rights of the minority must also be protected.
- Every member has the same rights as any other member. Any member can introduce a motion, debate and vote on a motion,
- The business and discussion need to follow rules of courtesy. Receive permission from the chair before you speak. Do not talk to other members when someone else has the floor.

Using the Gavel

The President may wish to use a gavel. It is used as a symbol of authority to support self government and an orderly meeting. Here are the general guidelines to follow when using a gavel:

- Two taps of the gavel call a meeting to order.
- Three taps of the gavel signal for all members to stand (this could be used for the pledge to the flags, etc.).
- A single tap of the gavel is a signal to be seated.
- One tap of the gavel follows the announcement of the result of a motion being passed or defeated.
- One tap of the gavel follows the announcement that a meeting is adjourned.
- The gavel is an instrument for maintaining order during the meetings. If at any time it is necessary to return the meeting to order, a sharp tap (or series of taps) of the gavel restores order.
Steps to making and voting on a motion:

1. **Addressing the chair:** The member wishing to present an item (motion, question, share information, etc.) for business must first address the presiding officer (by position or title, not by personal name).

2. **Chair recognizes speaker:** The presiding officer will recognize the person by calling their name; once recognized that person may present their item.

3. **Motion is made:** “I move...,” are the proper words to use in presenting a motion.

4. **Motion is seconded:** All ordinary motions must be seconded (“I second the motion.”). If it does not receive a second the motion is dead and cannot be acted upon by the group. The person wishing to second the motion does not have to be recognized by the presiding officer.

5. **Motion is restated:** The motion is restated to make sure everyone understands what is to be voted upon.

6. **Motion is discussed:** Any member of the group has the right to discuss the motion after they receive permission from the presiding officer to speak. All discussion must be about the motion or the speaker can be ruled out of order by the presiding officer.

7. **Motion is voted on:** The presiding officer will say, “Is there any further discussion?” In order to leave time for replies, the presiding officer needs to ask this three times before the motion is voted upon. The presiding officer will say, “All those in favor of ... (restate the motion) say ‘Aye’. All those opposed say ‘No’.”

8. **Results are announced:** The presiding officer announces the results by stating if the motion is carried or defeated.

9. **Amendments to motions:** An amendment must be made in the form of a motion, seconded, and voted on before the motion as amended can be voted on. This usually occurs during the discussion period of the original motion.

The members of the club have a working responsibility to it. It is just as important for the members to do their part as it is for the officers. Unless members and officers work together, the club will not be an effective group. Every club member should support the club by serving as a junior leader, officer, committee chair, or committee member.
Officer Guide

Responsibilities of 4-H Officers

Officers need to be proud of their jobs, do their best, and get things done on time. They need to work with members, parents, and leaders to plan and carry out the club program. To be successful, officers and committees must perform many duties. Some of those duties (or responsibilities) are listed below:

- Secure new members
- Organize the club
- Plan the program, month by month, that involves all members
- Arrange for a meeting place and its care
- Conduct and take part in all meetings
- Keep club records and submit them as required
- Show enthusiasm and interest in the club
- Help every 4-H'er find a place in the club and an opportunity to contribute
- Keep the community informed about the club
- Maintain contact with the local County Extension office
- Share leadership with many and give others the opportunity to develop their skills
- Be dependable

Each officer should work toward the following personal leadership goals:

- I know the duties and responsibilities of my office
- I am willing to improve myself in order to be a better officer
- I am friendly to all members of the club and include everyone in club meetings and activities
- I willingly accept responsibilities assigned to me
- I enjoy doing more work than what is required of me
- I give credit to others for work well done
- I am prompt in arriving at meetings
- My appearance inspires confidence and respect
- I am kind, tactful, and courteous, and use “please” and “thank you” when I should
- I ask for suggestions and cooperation
- I show appreciation to leaders and parents for their time, effort, and devotion to the club

Officer Positions and Descriptions

Not every club will have the same number of officers or the same officer positions. The following is a list of possible positions. Your club may need to create other positions to fulfill specific responsibilities relevant to your club.
President: The president is the presiding officer, the leader of the organization, and the spokesperson for the group. This officer:

- Prepares a meeting agenda in advance
- Conducts meetings according to parliamentary procedure
- Makes sure a quorum (majority) is present before conducting any business that will require a vote
- Appoints a temporary secretary if the elected secretary is absent
- Appoints special committees when needed; checks on committees between meetings to see that necessary work is being done
- Provides opportunities for all members to be heard; encourages everyone to participate
- Keeps order; courteous but firm
- Start and stop the meetings on time

Vice President: The vice president acts as the backup for the president and may oversee all committee work. Cooperating with other officers and committees is a vital part of this responsibility. This officer:

- Presides at the club meeting if the president is absent
- Is familiar with parliamentary procedure and the business of the club
- Supervises the work of the committees
- Keeps the club reporter informed about the program for different meetings so advance publicity can be given

Secretary: The secretary is the official record keeper of the club. This officer:

- Calls roll and keeps an attendance record of all meetings and events
- Prepares and reads the minutes from each previous meeting
- Reminds the president of any unfinished business left from the previous meeting
- Keeps a record of committee members, reports, and accomplishments
- Records the exact wording of motions (passed and defeated) and the names of the people making and seconding the motion
- Reads correspondence directed to the group and writes replies when necessary
- Writes letters, requests, and invitations in the name of the club as needed
- Keeps and brings to each meeting all official documents and papers of the club including the secretary’s minutes, lists of committees and reports, copies of the annual program plan, and a copy of the club’s constitution and bylaws
- Presides over the meeting when both the president and the vice president are absent

Treasurer: The treasurer is the keeper of the money and financial reports. This officer:

- Handles the accounts in a business like way; keeps the accounts up to date
- Maintains accurate records of all income and expenses
- Presents a report at each business meeting
- Collects club dues and/or registration fees (if any)
- Deposits money in a bank and issues checks when authorized to do so by the club
**Reporter:** The reporter writes and submits interesting reports and photographs of club activities, members, and leaders to local newspapers, radio, and television stations.

**Editor:** The editor is responsible for organizing and preparing the club newsletter. The newsletter should contain all upcoming activities, recognition of special achievements, and project related information. The newsletter may be printed or emailed.

**Web Master:** The web master maintains the club website (if applicable) and makes sure the information is kept up to date. It may include special sections for posting the secretary's report, newsletter, press releases, photographs, club history, project information, etc.

**Historian:** The historian collects various memorabilia about club activities and compiles it into an orderly display. This display should be shared at appropriate events.

**Photographer:** The photographer brings a camera with them to all meetings and events in order to visually record activities and accomplishments. The photographer works closely with the reporter, editor, historian, and web master in selecting appropriate photographs and captions to be publicly shared.

**Host:** The host is responsible for making sure that all special guests and speakers are met upon arrival, properly greeted, and introduced to the club.

**Parliamentarian:** The parliamentarian is the expert on parliamentary procedure and maintains a copy of Robert's Rules of Order for reference. This officer ensures that procedure is followed and makes final decisions on any discrepancies that occur.

**Inspiration Leader:** The inspiration leader prepares and presents a “thought for the day” for each meeting and special activity. This quote or poem can help set the attitude for the business to follow.

**Pledge Leader:** The pledge leader makes sure that the flags are at each meeting and event, displayed correctly, and leads the group through the reciting of the pledges.

**Song Leader:** The song leader uses a variety of songs to help the group have fun and to create a feeling of unity. The song leader may stimulate enthusiasm or quiet a boisterous group depending on the selection of songs.

**Recreation Leader:** The recreation leader plans various types of games - opening mixers, quiet and active groups games, relays, mental teasers, rhythmic activities, etc. Good recreation develops good leisure time practices of members. Choice of activities depends on the interest and ability of the members, and the type of meeting place.

**Refreshment Coordinator:** The refreshment coordinator ensures that adequate refreshments are available at each meeting and activity. This includes snacks, drinks, and any needed paper goods. This officer frequently creates a list of which members will bring refreshments on which date, then sends a reminder notice a few days before their scheduled date.

**Council Delegate:** The council delegate attends the County Council government meetings and presents an update of their club's activities and accomplishments. This officer then reports back to their club any relevant youth or community issues being addressed by the Council.
Election of Officers

It is important that each officer be chosen because of their fitness for the office. The president of the previous year should preside at the election of officers. It is also important to use parliamentary procedure in conducting the election.

NOMINATIONS
To nominate a member for office, one of two methods may be used:

1. A nominating committee may be appointed to suggest a candidate for each office before the election. The members present at the election meeting should be given an opportunity to make other nominations for each of the various offices after the nominating committee’s report is made.
2. Candidates may be nominated by those present. This is known as a “nomination from the floor.”

The president will say, “Are there any further nominations?”. If none, the president may close the nominations or a member can move that nominations be closed. This motion should be seconded and voted upon.

VOTING
When the candidates have been nominated, the president announces their names, and the members vote for the respective officers. The president may have the members vote by raising their right hand, by standing, or by written ballot. If the voting is done by raising the hand or standing, the candidates for the office being voted on are usually asked to leave the room or are asked to close their eyes and bow their heads. When the votes have been counted, the president announces the name of the person elected to each office.

INSTALLATIONS
Clubs may choose to conduct a formal installation ceremony where each incoming officer agrees to accept the position and fulfill that role to the best of their ability. Outgoing officers may pass on any significant materials or supplies to the new officers.

Alternatives to elections

ALTERNATIVES
A club may opt to have officers appointed by the club leaders or have an officer rotation where each month the positions rotate so that every member gets the opportunity to serve in each role. This is particularly useful in very small clubs, or clubs where the members are very young.
Committee Guide

Committee Structure

Much of the work to be accomplished by a club can best be done by committees. This gives more club members the opportunity to participate and to assume responsibility. Committees can make business meetings go more smoothly because much of the detailed planning can be done outside the meeting. In addition, it is good training in group leadership to have a few members devote their full attention to a particular subject, then share their results at the full club meeting. To involve adults, engage the youth-adult partnership model, and appoint a parent or leader to each committee as an advisor. There are two general types of committees:

1. Standing Committees are active throughout the entire year. These committees focus on topics that relate to every meeting or are part of a long-term club effort or goal.
2. Special Committees are appointed and serve for a single event.

Committees should:

- Know the specific assignment
- Give serious thought and study to the issue
- Seek opinions and suggestions from outside the committee membership, if needed
- Encourage cooperation among its members in working out details
- Prepare recommendations for club action

The committee chair should:

- Call the committee together and preside at the meeting
- Know the assignment given to the committee and explain it clearly at the first committee meeting
- Seek ideas from committee members before expressing their own ideas
- Assign specific duties to committee members, if necessary
- Report the findings of the committee to the club
- Inform the president before the club meeting starts that the committee report is ready to be presented

Committee Descriptions

Executive Committee: Focuses on creating the meeting schedule, annual club plan, and making sure everything is prepared for each meeting. This includes confirming the place and setting the agenda. Usually made of the President, Vice President, Secretary, Treasurer, and club leaders.

Program Committee: Focuses on implementing the annual club plan (created by the executive committee). This may include finding guest speakers, overseeing special committees, or finding educational resources. Usually chaired by the Vice President.

Finance Committee: Reviews the budget, makes recommendations on purchasing supplies, plans and organizes fund raising events. Usually chaired by the Treasurer.
**Membership Committee:** Focuses on recruiting new members to join and makes sure all new members are oriented to the club activities and are introduced to all the members. Usually chaired by the Secretary.

**Service Committee:** Focuses on gathering ideas of what can be done to make the community better. Plans and organizes the community service projects for the year.

**Recreation Committee:** Works to select various games and activities to be used during the recreation portion of the meetings. Usually chaired by the Recreation Leader.

**Song Committee:** Works to select various songs and music to be taught to and practiced by the club. Usually chaired by the Song Leader.

**Publicity Committee:** Focuses on making sure the club membership, the county extension office, and the general public is informed of club meetings, activities, and events. Usually made up those involved with club reporting, photography, newsletters, and the website.

**Special Committees**
Here are some possible topics that you may want to form a special committee to address: nominations, shows/competitive events, displays/exhibits/fairs, awards/recognition, holiday celebrations, parades, field trips, project related family event, etc.
## Additional 4-H Club Resources

### Sample Annual Plan

<table>
<thead>
<tr>
<th>Month</th>
<th>Business</th>
<th>Educational Program</th>
<th>Recreation</th>
<th>Community Project</th>
<th>Special Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Collect enrollment info; elect officers;</td>
<td>Parliamentary procedure</td>
<td>Ice Breaker Games</td>
<td></td>
<td>County Fair</td>
</tr>
<tr>
<td></td>
<td>appoint committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>Announce community service projects</td>
<td>Project record book workshop</td>
<td>Halloween Games</td>
<td>Community</td>
<td>State Fair; National 4-H Week</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>beautification</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Committee reports</td>
<td>Make holiday gifts and</td>
<td>Team building games</td>
<td>Food drive</td>
<td>County Junior Leadership Workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>decorations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Committee reports</td>
<td>Cook holiday dishes and</td>
<td>Holiday Party</td>
<td>Toy drive</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>treats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>Discuss parent involvement opportunities</td>
<td>Safety poster contest</td>
<td>Dance lesson</td>
<td>Road side clean up</td>
<td>Family Night</td>
</tr>
<tr>
<td>February</td>
<td>Promote county and state events</td>
<td>Prepare presentations</td>
<td>Valentine’s Dance</td>
<td>Share projects</td>
<td>Fund raiser</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>with nursery</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>school children</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>Committee reports</td>
<td>Give presentations</td>
<td>Relay races</td>
<td>Statewide service</td>
<td>County Presentations Contest</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>project</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Committee reports</td>
<td>Career exploration</td>
<td>April Fool’s Party</td>
<td>Cards to</td>
<td>Make A Difference Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>community</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>volunteers</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Announce plans for summer activities</td>
<td>Members give project reports</td>
<td>Intergenerational</td>
<td>Visit nursing</td>
<td>Job Shadowing Day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>games</td>
<td>homes</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Update project records</td>
<td>Healthy lifestyles skills</td>
<td>Patriotic games</td>
<td>Operation Military</td>
<td>Camping</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kids project</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Report on events; annual review; set goals</td>
<td>Entering into fairs review</td>
<td>Picnic; folk games</td>
<td>School supplies</td>
<td>County Healthy Lifestyles Challenge</td>
</tr>
<tr>
<td></td>
<td>for next year</td>
<td></td>
<td></td>
<td>drive</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>Collect records; give out re-enrollment info</td>
<td>Open house; recruitment</td>
<td>Action songs and</td>
<td>Fairgrounds clean</td>
<td>Recognition Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>games</td>
<td>up</td>
<td></td>
</tr>
</tbody>
</table>
Sample Meeting Agenda

Opening
- President calls the meeting to order
- Pledge of Allegiance
- 4-H Pledge
- Inspirational thought
- Song
- Secretary takes roll call (attendance)
- Introduction of new members and special guests

Officer Reports
- Secretary reads minutes of last meeting and any new correspondence
- Treasurer’s report
- Other officer reports

Committee Reports (used to streamline business meetings and keep members involved.)

Member Involvement (reports, demonstrations, etc.)

Unfinished Business (taken from the minutes of the previous meeting)

New Business

Announcements (include the place, date, time, and program topic for upcoming events and activities)

Adjournment (The formal part of the meeting should be adjourned before the other activities, such as committee work, educational program, or recreation begin.)

Educational Program

Recreation and Refreshments

Sample Treasurer’s Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Income</th>
<th>Expense</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/xx</td>
<td>Starting balance</td>
<td></td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>10/8/xx</td>
<td>Collected dues</td>
<td></td>
<td>25.50</td>
<td>125.50</td>
</tr>
<tr>
<td>10/15/xx</td>
<td>Club notebooks</td>
<td></td>
<td>15.75</td>
<td>109.75</td>
</tr>
<tr>
<td>10/26/xx</td>
<td>Program supplies</td>
<td></td>
<td>47.96</td>
<td>61.79</td>
</tr>
<tr>
<td>10/31/xx</td>
<td>Bake sale</td>
<td></td>
<td>42.25</td>
<td>104.04</td>
</tr>
</tbody>
</table>

The balance on October 1 was $100.00. We received $67.75 in income from dues and the bake sale. We spent $63.71 for notebooks and supplies. The balance on November 1 is $104.04.
Sample Meeting Minutes

The meeting of the ________________ (name) 4-H Club was held at ______________________(place) in ______________ (town) on ______________ (date). The president, ______________(name), called the meeting to order at ____________ (time).

_______ (number) members were present along with special guest(s) __________________ (name/s). 4-H member (or officer), ____________ (name/s) lead the club in the pledge of allegiance, the 4-H pledge, and inspiration thought for the day. ______________ (name and position) led the song.

________ (name), Secretary, read the minutes. Motion made and carried to accept the minutes as read. (names of first and second on the motion)

________ (name), Treasurer, read the treasurer’s report. Motion made and carried to accept the report as read. (names of first and second on the motion) __________ (name), chair of the ____________committee reported that ________________________ (recommendation of committee).

The president appointed _____________ (name) chair, ________________ (name), and ____________ (name) to the ________________ (name) special committee. This committee will ________________ (state purpose or goal) and report back on _________________ (date).

The president announced that the next club service activity would be on ____________ (date) at ____________ (place) and the next club meeting would be on __________ (date). Motion made and carried to adjourn at ______(time). (names of first and second on the motion)

Respectfully submitted by:

Tips for Minute Taking

- Make sure writing/typing is neat and legible
- Check for correct spelling, especially peoples names
- Note the when/where/etc. details of the meeting
- List those who took leadership roles during the meeting and what that role was
- Not every word said during the meeting has to be written down
- Exact wording of motions needs to be recorded along with who made and seconded the motion
- Record if the motion carried or defeated
- Keep an attendance list with the minutes
- Prepare written minutes within one week of the meeting (or as soon as possible after the meeting for accurate documentation).
Sample News Story

4-H NEWS RELEASE
May 17, 2017
Contact: Chris Clover, Leader of Greentown 4-H Club
4 Clover Way, Greentown, SC 44444, (555) 555-4444

Greentown 4-H Club To Hold Open House, June 19

The Greentown 4-H Club will hold an Open House on Friday, June 19, from 7:30 to 9:00 pm at the club leader’s home on 4 Clover Way. The purpose is to attract new members. The admission is free and refreshments will be served. Parents are encouraged to attend with their children.

The club normally meets the first and third Tuesday of each month at 7:30 p.m. at Clover’s home. The club’s projects include woodworking, science, and bicycling. They also conduct community service projects, like one they were honored for recently, and also have many fun activities like parties, trips, and camps.

The club currently has eight 4-H members, boys and girls ranging from ages 9-15, from Greentown and several neighboring towns. However, any boy or girl, ages 5-19, from anywhere in Green County is welcome to join.

For more information about the Open House or the Greentown 4-H Club, call Mr. Chris Clover at 444-4444. For other 4-H Clubs in Green County, contact the 4-H Office of Clemson University Cooperative Extension Service of Green County, at 555-4141. Membership in 4-H is offered to all youth, ages 5-19, on an age-appropriate basis, without regard to race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status.

Information Needed to Write Story

- Prepared By:
- Address:
- Phone:
- Name of Club:
- Time and Date of Meeting:
- Place of Meeting:
- Opening Ceremony:
- 4-H’ers Giving Reports:
- Program Taught:
- Recreation Activities:
- Community Service Performed:
- Club and County Contact Information:
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 (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 4-H 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 advise/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. E. 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:
- 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.
- 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 FOR LIABILITY, PERSONAL INJURY AND PROPERTY DAMAGE

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 L00500016601. 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 deivices 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.

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Is wary of adults</td>
<td>Has unexplained or unusual burns (look for cigarette burns, burns to buttocks or genitals, burns to hands, immersion lines, demarcation lines or outlines, rope burns)</td>
</tr>
<tr>
<td>Is extremely aggressive or withdrawn</td>
<td>Has unexplained bite marks</td>
</tr>
<tr>
<td>Is dependent and indiscriminate with his attachments</td>
<td>Has unexplained fractures or dislocations (look for spinal fractures caused by twisting or pulling, rib fractures)</td>
</tr>
<tr>
<td>Is uncomfortable when other children cry</td>
<td>Has unexplained bruises or welts (look for different colors, stages of healing, bruises to the back, buttocks, backs of legs, groups or patterns, defense wounds to arms and hands)</td>
</tr>
<tr>
<td>Generally controls own crying</td>
<td>Has unexplained lacerations (look for loop type lacerations from belts, cords, lacerations to backside of body, series or groups of straight line welts, scarring from previous injuries)</td>
</tr>
<tr>
<td>Exhibits a drastic behavior change when not with parents</td>
<td>Has unexplained head injuries (look for black eyes, split lips, loose or missing teeth, lumps on the head, facial bruises, jaw, nose fractures)</td>
</tr>
<tr>
<td>Is manipulative</td>
<td>Wets the bed</td>
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<tr>
<td>Has poor self-concept</td>
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<tr>
<td>Exhibits delinquent behavior such as running away from home</td>
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<tr>
<td>Is self-mutilating</td>
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<tr>
<td>Uses alcohol or drugs</td>
<td></td>
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<tr>
<td>Is frightened of parents or going home</td>
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<tr>
<td>Is overprotective of parents</td>
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</tbody>
</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>
<thead>
<tr>
<th>Behavioral Indications</th>
<th>Physical Indicators</th>
</tr>
</thead>
<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 warrant</td>
<td>• Is hyperactive</td>
</tr>
<tr>
<td>• Is excessively anxious</td>
<td>• Exhibits eating disorders</td>
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<tr>
<td>• Is depressed</td>
<td></td>
</tr>
<tr>
<td>• Is unwilling to discuss the problem</td>
<td></td>
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<tr>
<td>• Exhibits aggressive or bizarre behavior</td>
<td></td>
</tr>
<tr>
<td>• Is withdrawn, apathetic or passive</td>
<td></td>
</tr>
<tr>
<td>• Has unprovoked fits of yelling or screaming</td>
<td></td>
</tr>
<tr>
<td>• Exhibits inconsistent behaviors</td>
<td></td>
</tr>
<tr>
<td>• Feels responsible for the abuse</td>
<td></td>
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<tr>
<td>• Runs away from home</td>
<td></td>
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<tr>
<td>• Attempts suicide</td>
<td></td>
</tr>
<tr>
<td>• Has low self-esteem</td>
<td></td>
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<tr>
<td>• Exhibits a gradual impairment of health or personality</td>
<td></td>
</tr>
<tr>
<td>• Has difficulty sustaining relationships</td>
<td></td>
</tr>
<tr>
<td>• Has unrealistic goal setting</td>
<td></td>
</tr>
<tr>
<td>• Is impatient</td>
<td></td>
</tr>
<tr>
<td>• Is unable to communicate or express feelings, needs or desires</td>
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</tr>
<tr>
<td>• Sabotages chances of success</td>
<td></td>
</tr>
<tr>
<td>• Lacks self-confidence, is self-deprecating and has negative self-image</td>
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</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>
<th>Physical Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is reluctant to change clothes in front of others</td>
<td>• Has pain and or itching in the genital area</td>
</tr>
<tr>
<td>• Is withdrawn</td>
<td>• Has bruises or bleeding in the genital area</td>
</tr>
<tr>
<td>• Exhibits unusual sexual behavior</td>
<td>• Has venereal disease</td>
</tr>
<tr>
<td>• Has sexual knowledge beyond that common for developmental stage</td>
<td>• Has swollen private parts</td>
</tr>
<tr>
<td>• Has poor peer relationships</td>
<td>• Has difficulty walking or sitting</td>
</tr>
<tr>
<td>• Either avoids or seeks out adults</td>
<td>• Wets the bed</td>
</tr>
<tr>
<td>• Is pseudo-mature</td>
<td>• Experiences pain when urinating</td>
</tr>
<tr>
<td>• Is manipulative</td>
<td></td>
</tr>
<tr>
<td>• Is self conscious</td>
<td></td>
</tr>
<tr>
<td>• Has problems with authority and rules</td>
<td></td>
</tr>
<tr>
<td>• Exhibits eating disorders</td>
<td></td>
</tr>
<tr>
<td>• Is self-mutilating</td>
<td></td>
</tr>
<tr>
<td>• Is obsessively clean</td>
<td></td>
</tr>
<tr>
<td>• Uses or abuses alcohol or drugs</td>
<td></td>
</tr>
<tr>
<td>• Runs away from home</td>
<td></td>
</tr>
<tr>
<td>• Exhibits extreme compliance or defiance</td>
<td></td>
</tr>
<tr>
<td>• Is fearful or anxious</td>
<td></td>
</tr>
<tr>
<td>• Exhibits suicidal gestures</td>
<td></td>
</tr>
<tr>
<td>• Is promiscuous</td>
<td></td>
</tr>
<tr>
<td>• Engages in fantasy or infantile behavior</td>
<td></td>
</tr>
<tr>
<td>• Is unwilling to participate in sports activities</td>
<td></td>
</tr>
<tr>
<td>• Has school difficulties</td>
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</tbody>
</table>
WHAT IS CHILD SEXUAL ABUSE?

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

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

Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready.

Child sexual abuse includes behaviors that involve touching and non-touching aspects.

What causes abuse? What factors contribute to an abusive situation? What personality characteristics foster an attitude conducive to abusiveness? What conditions enhance the probability of abuse?

Background Indicators
Has been a victim of abuse
Has been a victim of substance abuse
Lack of education and experience in 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>
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</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>
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<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>
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</table>

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

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

- **Always be in view of others.** If you need to meet with someone alone, do so in a place that is in full view. Do not use private rooms with doors shut or other areas that might raise questions, such as the swimming area after lights out.

- **Do not allow program participants into private staff areas.** At no time should campers be allowed into staff living areas. Also, do not allow campers to share your bunk or sleeping bag.

- **Do not share your romantic life with campers.** Although campers may ask personal questions about relationships, dating and sexual activity, you should avoid sharing personal details. Do not ask campers personal questions regarding sexual experiences.

- **Supervise private activities in pairs.** Have double counselor coverage while supervising showers or changing clothes. Allow younger children to change their own clothes as much as possible.

- **Stay out of cabins you are not assigned to** or have no specific camp business in.

- **No hazing or use of physical punishment** at any time.

- **Limit pillow fights, wrestling or water fights.** These activities often end up out of control, with campers getting hurt.

- **Limit your contact with campers outside of the program.** It is okay to correspond with campers, but be aware of how you say things. They can easily be misinterpreted. It is probably best not to socialize with campers outside of the program, but if it occurs one should do so in a manner that preserves the counselor/camper relationship rather than changing the nature of the relationship to something more personal or intimate.

- **Report any injuries or unusual behaviors.** This would include injuries that may have occurred prior to coming to camp. Also, any change in room or bunk assignments of staff or participants should be reported to the program director.

SPECIFIC ACTS AND OMISSIONS IN VIOLATION OF THE POLICY

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

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

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

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

2) Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor.
3) Sexual advances or sexual activity of any kind between any person and a minor.
4) Infliction or physically abusive behavior or bodily injury to a minor.
5) Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of the program.
6) Mental or emotional injury to a minor.
7) The presence or possession of obscene or pornographic materials at any time.
8) The presence, possession, or being under the influence of any illegal or illicit drugs.
9) The consumption of or being under the influence of illegal or illicit drugs or alcohol while on site or leading or participating in any program activity.

**CHILD ABUSE PREVENTION – REPORTING**

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

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

Also, report to the Pre-Collegiate Programs Office at (864-656-5535). The Office will follow up as necessary with appropriate agencies.

Although it is rare in the camp setting, allegations of abuse to campers will arise. Due to the on-going contact with campers throughout the week and the close bond that can develop between the counselor and campers, campers may reveal situations that fit in one of the categories described. It is critical that those individuals understand the process involved in reporting abuse, so as to respect the privacy of the victim. Any person having cause to believe that a child’s physical or mental health or welfare has been intentionally harmed, or may be intentionally harmed by abuse or neglect shall report the person’s belief in full compliance with the child abuse reporting statute. For purposes of providing guidance and to ensure that appropriate actions are taken, the following procedure is established:
1) Upon the first suspicion of an instance of child abuse, the following steps should be taken immediately:
a) If any employee or volunteer suspects a case of child abuse, he or she shall report his/her suspicions immediately to the police.
b) He or she shall also report his/her suspicions immediately to your program director or supervisor. If the employee or volunteer suspects a case of child abuse that involves their program director or supervisor, he or she shall contact the Pre-Collegiate Programs Office OR your program director’s supervisor. Do not treat the suspicion as frivolous.
c) The program director OR the program director’s supervisor shall report the suspicions to the Pre-Collegiate Programs Office.
d) Emphasize confidentiality of the victim and any accused as much as possible.
e) The person receiving the initial report will be responsible for confirming the facts reported and the condition of the child, on the same day on which the first report was made.
i) Commence an investigation immediately, and conclude it as soon as possible.
ii) Data concerning the child, name, address and other pertinent information will be obtained through discussions with the initial reporter and other staff members. The
name and address of the person responsible for the care of the child, if available, will be obtained.

iii) After the information is secured, a non-accusatory report (a report that identifies the victim of abuse or neglect whether or not the person responsible for the abuse or neglect is known) shall be made to the county office of the Department of Social Services or local law enforcement agency in the county where the child resides or is found.

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

f) Cooperate fully with law enforcement officials.

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

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

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

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

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

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

4) Other Ways You Can Help

a) Show unconditional love and acceptance of the child.

b) Be willing to listen without judging.

c) Reinforce that revealing the abuse was the right thing to do.

d) Reinforce that the abuse was not the child’s fault.

e) Be prepared for negative behaviors. Often victims lash out at innocent other as they work through their own anger. Do not tolerate this acting out, but lovingly enforce the rules and regulations in dealing with the incorrect behavior.

f) Provide opportunities for the safe release of feelings.

g) Provide examples of healthy relationships. Staff should provide models of positive, unconditionally caring people.

h) Encourage the victims to get professional help.

i) Be aware of your own physical gestures and actions.
CONCLUSION
We need to be prepared! This is the basic reason for creating safety policies, but there’s a deeper, more significant reason – to protect the children. Policies are only printed expressions of the value placed on children.

We desire to be an organization that truly cares through the implementation of appropriate policies to help in the prevention of child abuse or neglect. Adoption of these provisions will enable us to provide a more safe and secure environment for each individual we serve.

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>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Name You Prefer</th>
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If less than a year, previous address

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<th>State</th>
<th>Zip</th>
<th>Email Address</th>
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<th>Daytime Phone</th>
<th>Evening Phone</th>
<th>Best Time to Call</th>
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## 4-H EXPERIENCE

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

  If yes, where?
  - City_________________ State_____

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

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

  If yes, where?
  - City_________________ County_________________ State_____

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

What time commitments are you considering?

- [ ] ______ hrs./ week
- [ ] ______ hrs./month

Have you ever worked with youth before? Please explain briefly.

- [ ] Yes
- [ ] No

## DEMOGRAPHIC DATA

- [ ] Male
- [ ] Female

Hispanic Ethnicity: (check one):

- [ ] Yes-Hispanic or Latino
- [ ] No-Not Hispanic or Latino

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native
- [ ] Native American or Other Pacific Islander
- [ ] Asian
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

Do you have access to a car?

☐ Yes ☐ No

Do you have a valid driver’s license?

☐ Yes ☐ No

Drivers license number and state

DL# ________________ State ________________

Date of Expiration __/__/____

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?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

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, according 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>
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<tbody>
<tr>
<td></td>
<td>Email Address</td>
<td>Relationship</td>
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<td>Day ______________________</td>
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<td>Email Address</td>
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</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>
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</thead>
<tbody>
<tr>
<td>County Orientation</td>
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<tr>
<td>Child Abuse Prevention Training</td>
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<tr>
<td>Risk Management Training</td>
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<tr>
<td>Positive Youth Development and Behavioral Management</td>
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<tr>
<th>Additional</th>
<th>Trainer/Delivery Mode</th>
<th>Training Date</th>
<th>Exp. Date</th>
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<tr>
<td>First Aid Training (good for 4 yrs.)</td>
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<td>CPR Training (good for 2 yrs.)</td>
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<td>Driver Improvement Program* (good for 3 yrs.)</td>
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<tr>
<td>DMV Driver License Screening* (good for 1 yr.)</td>
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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 TrueScreen, 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 TrueScreen®, P.O. Box 541, Southhampton, 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). TrueScreen’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 ________
The following information is required to complete the background investigation (please print):

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<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
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OTHER NAMES USED [INCLUDING MAIDEN NAME]

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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:

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<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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<th>STATE</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>
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<th>OFFENSE</th>
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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)

|                     |                         |               |
|                     |                         |               |

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>
</thead>
<tbody>
<tr>
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</tbody>
</table>

ACCOUNT NUMBER  DEPARTMENT #: POSITION #: JOB OPENING #  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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Driver’s License Number</th>
<th>State Licensed In</th>
<th>Expiration Date</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<tbody>
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</table>

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](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 _______ Birthday ________________________

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:

Where do the participants live?
- Farm
- Rural <10K
- Town 10-50K
- Suburb of City
- City 50K+

<table>
<thead>
<tr>
<th>Grades</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>Post HS</th>
<th>Spec</th>
<th>Not in school</th>
</tr>
</thead>
</table>

Please estimate the ethnic and racial distribution of the participants:

Fill in the appropriate numbers. *Ethnicity is separate from race.* You should indicate an ethnicity category for each participant and all racial categories that apply to each participant (i.e. a participant of more than one race would be recorded in each applicable racial category). Ideally, your total participants should equal the total numbers in your ethnicity section. Totals of racial categories will be equal to or greater than your total participants if they all report racial information.

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

07/27/18
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 _____(insert dates here)_____.

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
busyone@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:**

---

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

**NAME:**
ACCIDENT CLAIM FORM

PARENT/GUARDIAN TO COMPLETE

ALL INFORMATION MUST BE COMPLETE OR CLAIM CANNOT BE PROCESSED

Student's Full Name (please print) _______________________________________________________

Student's Social Security Number _______________________________________________________

Exact Date of Accident ____________________________

Student's Date of Birth ____________________________

Please note that the Injured Person's Social Security Number MUST be provided as required by the Center for Medicare Services pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007.

FATHER

Father's Full Name ________________________________________________________________

Home Address _________________________________________________________________

City_________________________State_________Zip__________________________

Home Phone ( )

Employer Name ________________________________________________________________

Employer Address ______________________________________________________________

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 ( ) Group 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

Mother's Full Name ________________________________________________________________

Home Address _________________________________________________________________

City_________________________State_________Zip__________________________

Home Phone ( )

Employer Name ________________________________________________________________

Employer Address ______________________________________________________________

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 ( ) Group 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. or 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 or 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 from 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: [ ] AM [ ] PM

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?

[ ] Yes [ ] No If Yes, date reported to school:

Name of school authority supervising activity:

Was supervisor a witness to the accident? [ ] Yes [ ] No

Signature of School Official _________________________ Date ________

Title of School Official (please print) _________________________
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]

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<th>Full Name</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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<th>Date</th>
<th>Time (a/p/m)</th>
<th>M/F</th>
<th>Legal Name</th>
<th>Health Care Provided</th>
<th>Health Problem or Concern</th>
<th>Report filed?</th>
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Please print neatly. This is a permanent record.
Ages and stages of Youth Development
Keep these aspects of youth development in mind as you plan activities.

5-8
Early Childhood “Cloverbuds”
- 20 min. attention span
- Concrete thinkers
- Participation
- Winning
- High energy

9-11
Middle Childhood “Junior 4-H’ers”
- Attachment to older youth
- Loyal to same-sex peers
- Active learners
- 45 min. attention span

12-14
Early Adolescence “Junior/Senior 4-H’ers”
- Make unrealistic choices
- Self-conscious
- Make own decisions with guidance

15-18
Middle Adolescence “Senior 4-H’ers”
- Abstract thinkers
- Drive for social acceptance
- Leaders emerge

ALL AGES
- Variety of experiences
- Safe opportunities to try, fail, and try again!


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.
Because of your contribution, we have been able to reach over 100,000 youth across the state of South Carolina that are representative of the people who live here. Thank you for all your hard work, dedication, and commitment to the youth of your community and our great state and country!

Thank you!!!
PARTICIPATION

OVER 100K TOTAL PARTICIPANTS FOR 2016-2017

VOLUNTEERS

3770 ADULT VOLUNTEERS

6% INCREASE OVER THE LAST YEAR

522 YOUTH VOLUNTEERS

41% INCREASE OVER THE LAST YEAR

RESIDENCE

TOWNS 32%

RURAL 32%

SUBURBAN 30%

CITIES 3%

FARM 4%

DEMOGRAPHICS

ETHNICITY

7% HISPANIC

93% NOT HISPANIC

DIVERSITY

54% WHITE

1% ASIAN

39% AFRICAN AMERICAN

& 6% OTHER

GENDER

51% FEMALE

49% MALE

GRADE LEVEL

K-2 30%

3-5 36%

6-8 22%

9-12 11%

4-H’ERS ARE...

2X MORE LIKELY TO BE CIVICALLY INVOLVED

4X MORE LIKELY TO MAKE CONTRIBUTIONS TO THEIR COMMUNITIES

2X MORE LIKELY TO MAKE HEALTHIER CHOICES

2X MORE LIKELY TO PARTICIPATE IN SCIENCE, ENGINEERING, AND COMPUTER TECHNOLOGY PROGRAMS
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.