



**OUR DEADLINE IS APRIL 21ST!!!**

**4-H Youth Development**  
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May 1, 2023

TO: Applicants for the Kentucky 4-H Performing Arts Troupe  
*Jennifer Tackett*

FROM: Jennifer Tackett, Extension Specialist for 4-H Youth Development

RE: Performing Arts Troupe Applications for 2023-2024

Thank you for your interest in being on the Kentucky 4-H Performing Arts Troupe (PAT). Good luck with your application to be a part of this state level board!

The KY 4-H Performing Arts Troupe & Board is a group of amazing and talented high school teens who love to sing and perform. Members will attend a music camp, perform at various 4-H State level events, learn about careers related to the performing arts and lead a Performing Arts workshop for middle school 4-H members. The troupe will be made of 12-15 youth.

### **Requirements**

Applicants must be in grades 8-11 at the time of application so that they are in grades 9 through 12 during their year of service.

### **Application Procedure**

- Complete the Applicant Information Form
- Attach required typed pages (Project Proposal, Professional Resume, PIE form)
- Application is due May 1st.
- Participate in audition.
- Live auditions will take place the first day of Teen Conference at 2:00 p.m. or if you are unable to attend Teen Conference you will submit a video.

### **Preparing for the Audition**

Pick your very best performance number. Use a background vocal track file. Singing a cappella will not be permitted. Do not sing along with the original artist. Pick a song that is within your vocal range. Select a song that you can stay on key and maintain pitch with. Music must be on a device with a headphone jack (Phone, iPod, mp3 player etc).

### **Attendance**

There is a significant time involvement to serving on the Performing Arts Troupe. Attendance at 4-H PAT meetings is considered mandatory and absence or tardiness may lead to removal from the board. With only four meetings a year it's very important that everyone attend the full meeting each time. Those individuals, who cannot attend the meetings, should not apply to be on PAT.



PAT members are expected to be at Music Camp, November Board, February Board, the 4-H Summit session they are assigned and all of Kentucky 4-H Teen Conference.

Arranging travel to the meetings is your responsibility.

### **Meeting Cost**

In addition to the time commitment, there are fees associated with being involved on the State 4-H Teen Board. These include, but are not limited to, the following:

3 PAT Board Meetings (August/November/February)	* \$100 =	\$300
4-H Teen Conference	=	\$250
4-H Summit	=	\$100
Total Expenses		\$650

It is encouraged that you work with the youth and adult boards, businesses, and leadership in your county to secure funding for this participation. However, it is your responsibility to ensure that these are paid in a timely manner. Please have your 4-H agent contact Jennifer Tackett if financial concerns may keep you from membership on the PAT. Performing Arts Troupe fees are subject to the Kentucky 4-H Fee & Late Payment Policy, lack of payment may mean removal from board.

### **Educational Programming**

The Performing Arts Troupe will develop a program to share with younger 4-H members at 4-H Summit. Each year the PAT will be involved in leadership and college/career readiness activities to develop their skills related to the next step in their life.

### **Behavior & Conduct**

PAT members are considered representatives of the overall, Kentucky 4-H Program. As such, their behavior, conduct, dress and actions reflect the standards of 4-H in Kentucky. PAT members should serve as role models for other 4-H members in the State and adhere strictly to the code of conduct. Members that fail to adhere to these expectations may be dismissed from the board.

### **Other Information**

The 4-H Performing Arts Troupe Director and selection committee will select the talent they feel is most appropriate for a statewide presentation. Their decision will be final. They reserve the right to select additional talent as needed. Presenting the most outstanding show we can is our goal.

4-H'ers who are selected as members of the Kentucky 4-H Performing Arts Troupe will receive more information including rehearsal and performance dates, expectations, commitment, etc.

The Kentucky 4-H Performing Arts Troupe is designed to showcase talent while increasing each individual's confidence, responsibility and leadership as a member of a team. The Kentucky 4-H Performing Arts Troupe is truly a team concept.

Updated 2/9/23

## Kentucky 4-H Performing Arts Troupe Application

*The following information should be submitted to your 4-H Agent along with any additional forms required. Applications are due May 1st to Jennifer Tackett.*

First Name:	Last Name:
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### **Project Proposal (REQUIRED)**

Please write a one-half to one-page project proposal. All project proposals will be voted on by PAT members with one selected for implementation in a 60-minute, workshop format geared toward middle school youth (but easily adaptable for younger or older youth). These should be clearly outlined and specific. As the person proposing this, you will be leading the committee if your project is selected:

- A) The selected topic with a brief explanation of why this is important to KY 4-H.
- C) Step by step instructions on what will be taught in the workshop.

### **Professional Resume (REQUIRED)**

Please attach your professional resume which outlines your qualifications to serve as a representative on the Performing Arts Troupe. Please refer to the *Kentucky 4-H Workforce Preparation and Career Readiness* curriculum, Chapter 5, *Going for It: Resume* and *Resume Construction* to prepare this document. Below are areas that need to be evident in your professional resume.

- A) Qualification Highlights
- B) Work Experience
- C) Volunteer Experience
- D) 4-H Involvement and School Involvement
- E) Awards or Honors

Youth Signature: _____  Date: _____
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Parent/Guardian's Signature: _____  Date: _____
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Agent's Signature: _____  Date: _____
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**2023-2024 Kentucky 4-H Performing Arts Troupe - Applicant Information**

**Please fill out the following information completely.** Check it for accuracy. All forms should be sent to Jennifer Tackett. **Check the meeting dates and times to make sure you can make the commitment of being a 4-H Performing Arts Troupe Member. Attendance is very important! Applicants must be in grades 8-11 at the time of application so that they are in grades 9 through 12 during their year of service.**

First Name:	Last Name:	Grade Level:	Age:
Street Address:		County:	Area Grouping:
City:		Zip Code:	
Home Phone:	Cell Phone:	Email:	
Polo/T-Shirt Size:      Small      Medium      Large      XLarge      XXLarge      XXXLarge			
Are you a returning KY 4-H PAT member?	YES	NO	
<p><b>Can you attend the following events?</b></p> <p><b>PLEASE make sure you can attend these events before committing to being on the PAT. Not attending meetings inhibits the effectiveness of the ENTIRE troupe. A written letter of explanation MUST be submitted to the director for all missed events. Missing three events can result in being removed from the troupe!</b></p> <p><b>All members on the PAT are REQUIRED to attend the Music Camp, 4-H Summit and Teen Conference. No exceptions.</b></p>	Music Camp August 20-22, 2023 Louisville, KY _____ YES _____ NO	<ul style="list-style-type: none"> <li>• ACT tests are held around these same dates. Plan accordingly, attendance is mandatory at PAT meetings.</li> <li>• Sports and band may conflict with meetings. Missed meetings will result in dismissal from the council.</li> <li>• PAT members will register for all meetings with the state director except for Summit and Teen Conference which they will register with their 4-H agent</li> </ul>	
	PAT Meeting 2: November 3-5, 2023 Location TBA _____ YES _____ NO		
	PAT Meeting 3: February 2-4, 2024 Location TBA _____ YES _____ NO		
	4-H Summit: March 14-16, 2024 _____ YES _____ NO		
	4-H Teen Conference: June 11-14, 2024 Lexington, UK _____ YES _____ NO		
<p><b>Parents Signature:</b></p> <p>_____</p> <p><b>Agent Signature:</b></p> <p>_____</p>	Due to our active meeting schedule, business is conducted through email and Remind in between meetings.  Meeting information is not mailed to PAT members or agents.		

**Applications MUST be submitted by May 1st to Jennifer Tackett.**





## 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: \_\_\_\_\_ County/District: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Youth  Female  
 Adult  Male

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm:  Yes  No

Race:  Asian  White  Black  American Indian  Hawaiian & Pacific Islander  Hispanic  Non-Hispanic Grade: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

### HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine Pill      | <input type="checkbox"/> Antacid      | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Hydrocortisone Cream            |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine         | <input type="checkbox"/> Polysporin (topical antibiotic) |

### MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. **SIGNATURE OF PARENT/PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

**SIGNATURE OF PARENT:** \_\_\_\_\_  **NO, I do not permit.**

# 4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_ County \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

