

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

TO: Kentucky 4-H Shooting Sports Teen Ambassador Board Applicants

FROM: Ashley Marcum, Extension Specialist for KY 4-H Shooting Sports

RE: Kentucky 4-H Shooting Sports Teen Ambassador Board Applications for 2023-2024

Thank you for your interest in serving as a Kentucky 4-H Shooting Sports Teen Ambassador. Being a SS Ambassador is an opportunity to practice and develop your leadership skills as well as help promote the 4-H Shooting Sports Program throughout the state. Being a Teen Ambassador is a significant time commitment. Please make sure you review the entire application and what is expected of you before applying.

**Eligibility**

Applicants must be between the 4-H age (age as of Jan. 1<sup>st</sup> of this year) of 14 to 17 at the time of application. Applicants are not required to be a certified teen coach at time of application. However, if selected, they are required to obtain certification at the first available opportunity while serving as an ambassador. Failure to do so will result in immediate dismissal from the board.

**Application Procedure**

Complete all forms posted on website. Selection will involve a selection committee consisting of KY 4-H Shooting Sports Advisory Group members.

**Time Commitment and Attendance**

Serving as a 4-H Shooting Sports Teen Ambassador is not to be taken lightly. It is a big commitment and something that must be considered a priority for you. Follow through is very important. You and your fellow Ambassadors will be required to attend both Fall & Spring Coaches Certification Workshops, Shooting Sports Camp, Shooting Sports State Competition and will play an active role on the 4-H Shooting Sports Advisory Group that meets quarterly. Your participation at all these events will require the full support of each individual member to succeed. Attendance at all meetings and events is mandatory. Absence or tardiness may lead to removal from the board.

**Meeting Costs**

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

• 2 Coaches Certification Workshops (October & March) *\$75	=	\$150
• Shooting Sports Camp	=	\$150
Total Expenses		\$300

## Travel

You, or your family, will be expected to provide transportation for you to and from each board meeting and event. Do NOT count on your 4-H agent to transport you. Anticipate the following:

- Travel to and from Lake Cumberland 4-H Camp for Fall & Spring Coaches Certification Workshop
- Travel to and from Lake Cumberland 4-H Camp for Shooting Sports Camp in April
- Travel to and from **TBD** for quarterly Shooting Sports Advisory Group meetings
- Travel to and from Wilmore, KY and Berea, KY for State Shooting Sports Competition

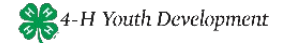
## Educational Programming and Project Work

Shooting Sports Teen Ambassadors will assist with the educational components of the fall and spring Coaches Certification Workshops, providing support to Level II Instructors within their certified disciplines, as well as develop a program to share with younger 4-H members at Shooting Sports Camp. Ambassadors will be involved in leadership and college/career readiness activities to develop their skills related to the next step in their life.

## Behavior & Conduct

Shooting Sports Teen Ambassadors are representatives of the overall Kentucky 4-H Program. As such, your behavior, conduct, dress, and actions reflect the standards of the 4-H program. Ambassadors serve as role models for other 4-H members and adhere strictly to the 4-H Code of Conduct. Those who fail to adhere to these expectations may be dismissed from the board.





## Kentucky 4-H Shooting Sports Teen Ambassador Board Application Cover Sheet

**The following information is to be submitted to your 4-H Agent by your county deadline:** this Cover Sheet (form 2 with My Story and Resume attached), the TAB Application Form (form 3) and the 4-H Participant Information/Enrollment Form (form 4). **Note to agent:** scan & submit all to the Qualtrics link by June 1.

First Name:	Last Name:
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### **My Story (REQUIRED)**

Write a minimum one-page essay telling your story and why you would like to serve as a Kentucky 4-H Shooting Sports Teen Ambassador. Stories should include, but are not limited to: a) what you feel that you can contribute as an Ambassador and how it will help 4-H and you personally; b) how your past 4-H and other experiences have prepared you for a position such as this; c) how 4-H opportunities have contributed to the person you are today.

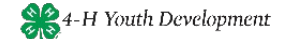
### **Resume (REQUIRED)**

Attach your professional resume that outlines your qualifications to serve as Shooting Sports Teen Ambassador. 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 resume.

- A. Qualification Highlights (describe qualities about yourself that would contribute to your success as an Ambassador)
- B. Education (current grade level in school; educational experiences you have had in 4-H, etc.)
- C. Work Experience (employment, if any)
- D. Volunteer Experience (leadership roles in which you served as a volunteer)
- E. 4-H Involvement and School Involvement
- F. Awards or Honors

Member's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Agent's Signature: _____	Date: _____





**2023 – 2024 Kentucky 4-H Shooting Sports Teen Ambassador Board Application Form**

**Please fill out the following information completely.** Check it for accuracy. All forms should be sent to Ashley Marcum via your County 4-H Agent by May 1st. Check the meeting dates to make sure you can make the commitment of being a Shooting Sports Teen Ambassador. Attendance is mandatory! Applicants must be 4-H age (age as of Jan. 1<sup>st</sup> of this year) of 14 to 17 at the time of application. **The following information is to be submitted to your 4-H Agent by your county deadline:** the Cover Sheet (form 2 with My Story and Resume attached), this TAB Application Form (form 3) and the 4-H Participant Information/Enrollment Form (form 4).

**Note to agent:** scan & submit all to the Qualtrics survey by June 1.

First Name:	Last Name:	Birthdate: (XX-XX-XXXX)	4-H Age (as of Jan.1 <sup>st</sup> ):	
Street Address:		County:	District:	
City:		Zip Code:		
Home Phone:	Cell Phone:	Your Email:		
Polo/T-Shirt Size: __ Small __ Medium __ Large __ X Large __ XX Large __ XXX Large				
Answer the following by checking the appropriate column:		YES	NO	
Are you a Certified Teen Coach?				
Are you a returning Shooting Sports Teen Ambassador?				
<b>Can you attend the following events?</b>			<b>Keep in mind...</b>  - ACT testing may be held on these same dates. Plan to take tests on dates that do not conflict.  - Sports and band events sometimes conflict with TAB meetings. Inform coaches/teachers of your commitment to TAB	
Make sure you can attend these events before applying for the TAB. Not attending meetings inhibits the effectiveness of the ENTIRE board. Therefore, attendance is enforced. A written explanation MUST be submitted to the advisor prior to the missed event. Not doing so may result in removal from the board.  <b>All members on the TAB are expected to attend 4-H Teen Conference &amp; 4-H Teen Summit. No exceptions.</b>	Fall Coaches Certification, Oct. TBD 2023 Lake Cumberland 4-H Camp, Jabez			
	Shooting Sports Advisory Group Meeting (Oct.) Date & Location TBD			
	Shooting Sports Advisory Group Meeting (Jan.) Date & Location TBD			
	Spring Coaches Certification, March TBD 2024 Lake Cumberland 4-H Camp, Jabez			
	Shooting Sports Advisory Group Meeting (April) Date & Location TBD			
	Shooting Sports Camp, April TBD Lake Cumberland 4-H Camp, Jabez			
	Shooting Sports Advisory Group Meeting (July) Date & Location TBD			
	State Shooting Sports Competition Sept. 7 & 8, 2024 Wilmore, KY & Berea, KY			
ALL meeting and event registration information will be sent through email. Ambassadors are expected to make use of email.  Agents and parents are to sign below to indicate that the 4-H member is in good standing. Incomplete applications will not be considered.				
Members Signature: _____		Date: _____		
Parent/Guardian's Signature: _____		Date: _____		
Agent's Signature: _____		Date: _____		





## 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 \_\_\_\_\_