The “Career Exploration Institute” is a series of events created to help high school students to prepare for college and reach their goals and dreams. **Cost: $50 per student.** It covers registration, room and board.

We strive to motivate students to:
- Finish high school
- Pursue postsecondary education
- Develop leadership skills
- Become successful, self-sufficient, and contributing members of this nation and the world

The main focus of this Institute is to:
- **Explore Career exploration.** Students participate in different hands-on workshops and presentation to learn about the different career options and choices they have in life. The event takes place from **May 20-22 at the OSU Campus in Corvallis. We will provide a place to check in and check out later.**
- **Community Service:** If accepted, serve as camp counselors for the Oregon State University 4-H International Summer Camps from August 1-6 and from August 8-13 of 2016.

The 4-H Outreach Institute is designed for high school students interested in pursuing college and becoming role models for younger children at the summer camps. If you enjoy learning and helping others, please complete this form ASAP.
Recommendation Letter

*Please complete all fields

Student’s name: ____________________________ Grade: __________
Your Name: ____________________________ Title: ____________________________
Schools Name: ____________________________ Address: ____________________________
Day time phone: ____________________________ Email: ____________________________

How long have you known this student and in what context?

Please complete the next chart and rate the following categories

<table>
<thead>
<tr>
<th></th>
<th>No Basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>The best I have seen this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: (You are also welcomed to write a recommendation letter instead of using the comment box!)


Dear 4-H Volunteer Applicant: For high school applicants only

Thank you for expressing interest in the Oregon State University – 4-H Outreach Leadership Institute and the 4-H International Summer Camp Programs. “Challenging our minds and bodies to make the best better.”

Here are the steps to becoming a 4-H Volunteer Leader and Camp Counselor:

1) Complete the 10-page enclosed 4-H Camp Counselor application package, this includes: **Camp Counselor application, letter of recommendation, and personal biography**. Once it is completed send it to: Oregon State University, 4-H Outreach Program, 123 Ballard Extension Hall Corvallis, OR 97331.

2) Complete the **Criminal History Check Release Authorization Form** separately and send it to the address on the bottom of the form: Oregon State University, Office of Human Resources, 200 Cascade Hall, Room 223, Corvallis, OR 97331.

3) Complete the 4-page Underage Admission Application: Ages 15-16 Form to receive one credit hour from Chemeketa Community College.

4) In addition to completing these forms, you will also need to attend two of the three Oregon State University 4-H Outreach Leadership Institutes (training) in fall, winter and spring of the current academic year.

5) When the process is complete, you will receive a letter or email from our department notifying you of the status of your application.
   a. *If approved, you will become an official 4-H camp counselor/volunteer leader and be able to start serving the 4-H community by participating in institutes, activities, trainings, conferences, events, and much more!*

If you have any questions about the application process, please contact Mario Magaña Álvarez at one of the numbers listed below and he will get back to you as soon as possible (hablamos español). We appreciate your interest in working with our youth, students, faculty, and other adult volunteers!

Thank you for your time, together we can make a difference!

Sincerely,

Mario Magaña Álvarez
Associate Professor and 4-H Outreach State Specialist
E-Mail: Mario.Magana@oregonstate.edu
Qualifications and Responsibilities

Position Title: 4-H Camp Counselor and Volunteer

Purpose of Position: To serve as the leader, role model, and primary caretaker for children and youth participating in 4-H summer camps, trainings, and other events conducted by Oregon State University 4-H faculty or staff. To assist 4-H faculty, staff, and volunteers in implementing the program, making sure the program runs smoothly and participants are safe, have fun, and learn.

Benefits of the Position: Interaction with younger youth; expand your knowledge; develop leadership skills and new leadership opportunities; increase your enthusiasm and possibilities for college; meet other young people and professionals with great vision and goals; learn about great scholarships, careers, and prepare for college; build a strong resume and earn lots of community service hour; receive letters of recommendation for college and scholarships.

Major Duties:
- Serve as camp counselor, role model, and mentor for 5-7 kids during summer camps/events.
- Ensure the health and safety of all participants during day and night.
- Assist 4-H faculty and staff with check-in and check-out in events.
- Assist instructors in classes, workshops, presentations, and events.
- Be a dorm chaperone for a group of students.
- Participate in night Camp Counselors and Volunteer meetings, skits, plays, campfires, etc.
- Touch base with Camp Director as needed.

Other Duties:
- Provide guidance and care to campers.
- Enforce rules and behavioral expectations including dress code.
- Help youth stay on task and respectful during activities.
- Report accidents, problems, and/or successes to both the nurse and Camp Director.
- Lead or supervise classes, physical activities, educational presentations, and other events.

Qualifications/ Requirements:
- Must pass a background check.
- Must submit a complete application.
- Must be a high school or college student.
- Must attend two of the three 4-H Outreach Leadership Institute events.
- Must comply with safety regulations.
- Must maintain a positive attitude!

Expenses
- Registration is FREE.
- Lodging and meals on site are FREE.
- Transportation will NOT be provided. You need to provide your own transportation.
Oregon 4-H Outreach Leadership Institute Part I, II, III, IV
Opening Doors and Reaching Dreams
“Developing the Leaders of Today”

APPLICATION FORM for High School Students Only

Your Name: ___________________________ Grade: ___ School Name: ___________________________

Parents/Guardians’ Name: ___________________________ Main Phone: ___________________________ Cell Phone: ___________________________

Emergency Phone: ___________________________ Facebook: ___________________________ E-Mail: ___________________________

Race/Ethnicity: □ Hispanic/Latino □ African American □ Asian/Pacific Islander □ Native American □ White (no Hispanic)

T-shirt size: □ Youth Med □ Adult Small □ Adult Medium □ Adult Large □ Adult X-Large □ Other __________

PERMISSION TO PHOTOGRAPH
Our signatures below indicate that:
• We give permission to use member’s image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
• We give permission for the member to participate in and or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
• We understand that participation in surveys and evaluations is voluntary and that the member may choose not to participate in surveys or evaluations without any impact on his or her eligibility to participate in the 4-H program,
• We understand that the member will be asked for his or her verbal assent before completing a survey or an evaluation.
• We understand that failure to abide by the policies and regulations governing the 4-H program may result in loss of membership privileges.

__________________________ Parent/guardian signature ___________________________ Date __________

PERSONAL BIOGRAPHY

Personal information about you: On a separate piece of paper, please type a letter, telling us a few things about yourself that would make you a good member at the Oregon State University 4-H Outreach Leadership Institute and a great role model, leader, and camp counselor for the 4-H International Summer Camp. See example letter in this packet.

PAYMENT INFORMATION

• The cost varies for each event. Before you send this application ask the 4-H Staff.
• Some events and trainings are free for prospective camp counselors for the 4-H International Summer Camps.
• Camp counselors, leaders, and supervisors participate as volunteers for 4-H.
• Note: Camp counselors, leaders, and supervisors DO NOT receive salary, payment, or remuneration compensation for their time spent in events or during camps.

Mail Application to:
Oregon State University
4-H Outreach Program
123 Ballard Extension Hall,
Corvallis, Oregon 97331

Contact: Oregon 4-H Outreach Team
E-mail: 4h.outreach@oregonstate.edu

Phone: 541-737-8798 or 541-737-0925 Fax: 541-737-1332

Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant programs. Oregon State University, United States Department of Agriculture, and Oregon counties cooperating. The Extension Service offers its programs and materials equally to all people.
Official 4-H Health and Code of Conduct Form
Rev. 1.2014

Type of activity - check one: □ county/area  □ state  □ regional  □ national
Name of event/activity: Oregon 4-H Outreach Leadership Institute

Participant's Name: ________________________________  ___________________  _____  ________________
Address: Street Address ________________________________  ___________________  _____  ________________
Participant is: □ Adult  □ Youth  □ Male  □ Female
Emergency Contact: ________________________________  ___________________  _____  ________________

Health Statement (to be completed by parent, physician or adult participant)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant currently under medical treatment?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Does the participant have any history of respiratory illness?</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant diabetic?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Is the participant subject to seizures of any kind?</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Date of last tetanus shot:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant’s participation in this program?</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

Does the participant have any allergies or dietary restrictions? If yes, please describe:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Name of all medications:

Name and phone number of physician:

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program? Yes ________ No ________ If yes, please describe: ________________

*Accommodations may include: speech, hearing or vision impairments that may affect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant ________________________________  Date ________________________________

4-H Activities Code of Conduct

Your participation in 4-H activities carries the responsibility of representing Oregon 4-H to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, and club as well as yourself.

1. You are expected to attend all planned program activities. Inform those in charge if you are not feeling well or have a schedule conflict.
2. On overnight activities, observe hours established and be in your room when indicated.
3. Boys are not allowed in "girls only" designated areas nor girls in "boys only" designated areas.
4. Dress appropriate to the occasion. At all times be courteous, clean and display good manners. Language must be appropriate and respectful of others. No swearing.
5. Participants are not to leave assigned program areas at any time without written permission of the person in charge of the group except as part of the planned program. (Example: dormitories, cabins, campus, campsite, etc.)
6. Participants will not use tobacco, alcohol, drugs (except those directed by doctor) or fireworks or remain in the immediate area where they are being used. Only 4-H Shooting Sports participants will handle firearms and only in secured designated areas under the direct supervision of a trained 4-H Shooting Sports leader.
7. Criminal law violations (including, without limitations, shoplifting, theft, drug possession, under-age tobacco use or under-aged drinking) will NOT be tolerated.
8. Avoid roughness and damage to room furnishings, equipment, etc. Participants are financially responsible for any damage or misconduct.
9. 4-H events are to encourage interaction among all members of the group. However, display of personal affection is not appropriate behavior and will not be tolerated.

Violators may expect to: 1) have the opportunity to explain actions to staff in charge; 2) Behavior that is disruptive to the event will be noted and a letter describing such may be sent to parents and county 4-H leadership; 3) Violation may result in dismissal and the offender being sent home at parental expense; 4) Violations involving numbers 5 & 6 above will result in the offender being sent home at the earliest convenience at the parents’ expense and can result in criminal charges.

I have read the Code of Conduct rules on this form and am in agreement.

4-H Member Signature ________________________________  Date ________________________________
Parent/Guardian or Adult Participant Signature ________________________________  Date ________________________________
Criminal History Check Disclosure Notice and Release Authorization
EXTENSION VOLUNTEER

NOTE *Please attach a copy of your official photo ID with this completed release*

FULL Legal Name (Last, First, Middle Name) □ New Volunteer □ Returning Volunteer Date of Birth (MM/DD/YYYY)

Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.)

Current Mailing Address

If you have not lived at your current address for the last seven (7) years, please complete the following.

City ___________________________ State ________ From _________ To __________

City ___________________________ State ________ From _________ To __________

City ___________________________ State ________ From _________ To __________

City ___________________________ State ________ From _________ To __________

(Add another page if necessary)

Primary Phone Number Alternate Phone Number

Email Address

Position Title Extension Volunteer – NON driving children □ Extension Volunteer – driving children □

If you marked “Extension Volunteer – driving children” (please submit a non-employment driving history from the DMV)

OSU Extension Office: 4-H State Office - Mario Magaña Álvarez Program Name: 4-H Outreach YP Recheck

DISCLOSURE NOTICE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

Oregon State University (the “University”) may request, for lawful employment purposes, background information about you from a third party or agency in connection with your application for employment or volunteer service or if you are contracted to provide services to the University. The University may obtain background information, such as criminal history information pursuant to OAR 576, Division 055 et seq, credit reports pursuant to ORS 659A.885 (commonly known as “credit history checks”), or other such related reports. A credit history check will only be conducted in narrow circumstances pursuant to statute. Additionally, the University may obtain education history, work history and reference information regarding your employment and performance from current and former employers and personal and professional references in the course of conducting recruitment and selection processes.

The University or a law enforcement agency will prepare or assemble criminal reports, educational history, and other similar background reports for the University’s use in conducting a background investigation. The types of information that may be obtained by the University in the course of verifying your background information may include, but are not limited to: address history; criminal records and history; public court records; driving records; accident history; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; and other information bearing on your character, general reputation and personal characteristics. The University will only conduct a criminal background check where the applicant has received separate notification that the position is of a critical or security-sensitive nature pursuant to OAR 576-055-0000 et seq. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews; and other information sources.

Oregon State University is an affirmative action/equal opportunity employer. You may have rights under Title VII of the Civil Rights Act of 1964. If you wish to obtain further information, you must contact the Oregon Bureau of Labor and Industries.
Authorization for Background Investigation

I have carefully read and understand this Disclosure and Authorization Form. By my agreement below, I consent to the University obtaining background information for purposes related to employment, volunteer service, or contracting for services. My consent includes preparation of background reports and related information by the University or a law enforcement agency and to the release of such background reports and related information to the University and its designated representatives and agents, for the purpose of assisting the University in making a determination as to my eligibility for employment, promotion, retention, volunteer service or for other lawful purposes related employment or contracting for services. I also authorize the University to obtain any reports or background information necessary to verify my identity and fitness for the position for which I am applying. I understand that refusal to consent to a background check or to release related background information will disqualify me from consideration. I understand that information contained in my employment, volunteer service application or service contract or otherwise disclosed by me before or during my employment or service, if any, may be used for the purpose of obtaining and evaluating background reports on me.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information regarding me that is requested by the University, the University’s contracted reporting agency, or law enforcement agency either orally or in writing.

I understand that personally identifiable information, such as date of birth, may be requested by the University or law enforcement agencies solely for the purpose of accurately verifying my identity. If there is a need to verify my identity or if I have lived outside the state of Oregon in the last seven (7) years, I understand that I may be asked by the University to submit my fingerprints or additional information as requested by the University. Failure to submit to fingerprinting or failure to provide additional information to verify my identity will cause me to be removed from further consideration.

I understand that nothing herein may be construed by me as an offer of employment, appointment to a volunteer service position, or a contract for services by the University.

I understand that further consideration by the University of my candidacy is contingent upon my consenting below and, therefore, I acknowledge that I authorize the University to obtain such reports and background information. I understand a copy of my Disclosure and Authorization for Background Investigation form will be maintained on file by the University in accordance with state rules and laws.

I understand that I have the right to receive a copy of my background report from the Oregon State Police, Federal Bureau of Investigation, and records resources that have provided this information to the University.

I also understand that before I am denied employment based, in whole or part, on information contained in the background report received from the reporting agency, I will be provided a copy of the report and a written copy of my rights under the Fair Credit Reporting Act: www.ftc.gov/credit. I understand that if I am going to dispute the accuracy of information in the report, I must notify the University within fourteen (14) calendar days of the date of the University’s notification letter to me. I understand that appealing the University’s decision or challenging information provided to the University by the reporting agency will not cause a delay or postponement of the University hiring process or employment decisions.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information on the University’s behalf, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and disclosure of information in connection with this background investigation.

I understand employees and volunteers whose position descriptions have been designated as critical or security sensitive are required to notify the Assistant Vice President or Associate Director of the Office of Human Resources if they are convicted of a crime relating to determination of fitness as identified in OAR 576-055-0060 while serving in these positions. Incumbents in Youth Programs may have criminal history checks repeated every 24 months.

By my signature below, I certify and affirm that I have read and understand the above Disclosure Notice and Authorization for Background Investigation form and am aware of how to access a summary of my rights under the Fair Credit Reporting Act. I certify that I have authorized the University or a law enforcement agency to conduct a background investigation about me as outlined herein.

Applicant’s Signature (actual signature vs. typed or electronic) Date

Guardian’s Signature (required for minor applicants)

Please mark correspondence “CONFIDENTIAL” and return your completed form to:
Oregon State University, Office of Human Resources
FAX: 541.737.0468
200 Cascade Hall, Oregon 97331-2132
Email: DPSCHC@oregonstate.edu
THIS IS JUST AN EXAMPLE FOR YOU TO USE.
PLEASE DO NOT WRITE IN THIS PAPER

Personal Biography

Name
Phone
Email

School and Grade

Use this information to complete your personal biography. Make sure you write an essay format and not like a questionnaire. Do not use any information below that does not correspond to your personal biography. Use the information below to help guide you.

My name is ...
I was born in ... and grew up in ... Now, I live in ...
I have ___ number of brothers and ___ number of sisters.
My parents ...
My school ... I am taking ... classes.
My favorite classes are...
To prepare for my future, I plan on doing ...
I want to attend the Oregon 4-H Outreach Leadership Institute because ...
I enjoy working with kids because ...
When my family and friends describe me they say I am ...
One thing that I have not mentioned that is very important to me and for the 4-H Programs to know is that ...