

Oregon State University
Oregon 4-H Outreach Leadership Institute
“Developing the Leaders of Today”



Leadership Opportunity for High School Students

The Oregon 4-H Outreach Leadership Institute is a series of events created to help high school students to prepare for college and reach their goals and dreams.

We strive to motivate students to:

- Finish high school
- Pursue postsecondary education
- Develop leadership skills
- Become successful and contributing members of the community and society

STUDENTS FROM
DIFFERENT CULTURAL
BACKGROUNDS ARE
ENCOURAGED TO
APPLY!

The main focus of the Institute is:

- College Preparation. **November at the OSU Campus**
- Leadership Development. **March YVA/OLI Part II in Salem**
- Career exploration, internships and summer jobs. **May at the OSU Campus**
- Community Service: Serve as camp counselors for the 4-H Summer Camps

We are looking for **high school students** interested in pursuing college and becoming role models for younger children. If you enjoy learning and helping others, please contact us at the information below!



Contact the 4-H Outreach Program Team:

- Mario Magaña Álvarez (Institute Director): mario.magana@oregonstate.edu
- Jaime Guillén (Director's Assistant): jaime.guillen@oregonstate.edu 541-737-4660
- Lulú Rodríguez (Institute Coordinator): 4h.outreach@oregonstate.edu
- Office: (541) 737-8798 or (541)737-0925 Fax: 541-737-0999
- Web <http://oregon.4h.oregonstate.edu/>



<https://www.facebook.com/oregon.state.4H>



@OSU4-HOutreach

Accommodations for students/adults with disabilities please call Mario Magaña Álvarez at: (541) 737-0925



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

	No Basis	Below Average	Average	Above Average	The best I have seen this year
Leadership					
Initiative					
Motivation					
Academic Achievement					
Work Habits					
Creativity					

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

OREGON STATE UNIVERSITY EXTENSION SERVICES 4-H

Oregon State
UNIVERSITY

Oregon 4-H Outreach Leadership Institute Part I, II, III, IV Opening Doors and Reaching Dreams “Developing the Leaders of Today”



CAMP COUNSELOR/LEADER 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 Hispano)

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

COUNSELOR BIOGRAPHY

Personal information about you: On a separate piece of paper, please type a note, 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.

PAYMENT INFORMATION

- Prospective camp counselors for the 4-H International Summer Camps participate free of charge in most trainings, institutes, conferences, and during summer camps if they are selected.
- Camp counselors participate as volunteers for the 4-H Summer Camps.
- Note: Camp counselors DO NOT receive salary, payment, or remuneration compensation for their time spent in trainings or during camps.

Mail Application to:

4-H Outreach Program

106 Ballard Extension Hall, Corvallis, Oregon 97331

Contact: Jaime Guillén at: jaime.guillen@oregonstate.edu

Office: 541-737- 4660 Cell: 541-619-1870

Mario Magaña Álvarez at: mario.magana@oregonstate.edu

Office: 541-737-0925 Cell: 503-931-7206

Lulú Rodríguez office 541-737-8798 Fax: 541-737-0999³

Web: <http://oregon.4h.oregonstate.edu/>



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: _____

Last First M.I. County

Address: _____

Street Address City State Zip Code

Participant is: Adult Youth Male Female _____

Grade Birth Date Home phone

Emergency Contact: _____

Name Relationship Daytime phone Evening phone

Health Statement(to be completed by parent, physician or adult participant)Is the participant currently under medical treatment? **Yes No** Does the participant have any history of respiratory illness? **Yes No**
(describe) (describe)Is the participant diabetic? **Yes No** Is the participant subject to seizures of any kind? **Yes No****Date of last tetanus shot:** _____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? **Yes No**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) **Yes No**Does the participant have any allergies or dietary restrictions? If yes, please describe: **Yes No**

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



4-H EARLY RELEASE/CHECK-OUT REQUEST FORM

Dear Parents/Guardians,

The safety of your child is our priority. In order to secure the safety and wellbeing of your child we are requesting your assistance. Please complete an "Early Release/Check Out Form" for each child if you are **NOT** checking out on the approved check-out day and time scheduled by the 4-H program.

Once you have completed and signed this form, the 4-H program is no longer responsible for the child named on this form. Parents are allowed to "call in" and release their child over the phone in case of an emergency but we very much appreciate if you can let us know at check-in by completing this form. Check-outs over the phone are reserved for emergencies only. Under no circumstances will an early release request be granted to the student without the submission of this form or a phone call from a parent or guardian to a 4-H administrator. Parents/guardians are encouraged to come and sign-in and check-out their child/children from the program with a designated 4-H staff member.

A 4-H representative may call the student's parents and/or guardians to confirm whether or not the **Early Release/Check-out Request Form** was in fact signed by one of the parents or guardians.

Parent/Guardian's name/ relationship: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/guardian's phone: _____ Alternative phone: _____

Student's name: _____

Student's signature: _____ Date: _____

4-H Director/Administrator Signature _____ Date: _____

Departure date/ Time: _____

Please contact Mario Magaña Álvarez at (541) 737-0925 from 8:00 AM-5:00 PM if you have any questions or on cell phone at any time. (503) 931-7206, or Jaime Guillen at 541-737-4660, cell 541-619-1870 or email at Jaime.guillen@oregonstate.edu

Thank you for your participation and cooperation! ¡Gracias por su apoyo y participación!

Sincerely,

Mario Magaña Álvarez
OSU Associate Professor & State 4-H Outreach Specialist
E-Mail: mario.magana@oregonstate.edu

THIS IS JUST AN EXAMPLE. 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 ...