



# NJ 4-H goLEAD Youth Leadership Institute



**Dates:** July 1, 2015 9:30 AM -  
July 2, 2015 4:30 PM

**Location:** G.H. Cook Campus  
Rutgers University  
New Brunswick, NJ

**Who Should Attend:**  
4-H Members in  
grades 6-8 interested  
in building their  
leadership skills

**The goLEAD approach focuses on:**  
leadership, project planning, and  
management skills taught through  
experiential activities to enable youth to  
make contributions to their community.

~ **NEW** ~

## Leadership Conference for Middle School 4-H Members!



Registration is limited to the first  
25 participants. Don't delay!

**Registration Cost:**  
**\$100.00 per person**

Includes one night lodging in a  
Rutgers University dormitory  
(2 people per room); four meals;  
conference t-shirt; conference  
materials, and snacks.

Make checks payable to:  
**Camden County 4-H Junior Council**

### To attend goLEAD:

Complete the registration  
forms and mail with payment  
to: Sharon Kinsey, Camden  
County 4-H Agent, RCE of  
Camden County, 1301 Park  
Boulevard, Cherry Hill, NJ  
08002 **by June 12, 2015.**

**For more information, contact  
Sharon Kinsey (856) 216-7130 x 2  
or Jeannette Rea Keywood at  
(856) 459-1900 x 4522.**



## What is goLEAD?

generationOn inspires, equips, and mobilizes youth to take action that changes the world and themselves through service. Their signature youth leadership institute, goLEAD (generationOn Leadership, Education, and Development), inspires both adults and young people to engage in meaningful service-learning and leadership skill-building to effect real community change. A state-of-the-art training program goLEAD teaches leadership and community service skills to middle school and high school-age students and focuses on the Creative Leadership Process below. Come learn what goLEAD is all about!





## New Jersey 4-H goLEAD Youth Leadership Institute

### Tentative Schedule

July 1-2, 2015

Cook Campus, Rutgers University, New Brunswick, NJ

#### July 1, 2015

9:30-10:30 am	Arrival - check-in and registration
11:00 - 12:00 pm	goLEAD Opening Workshop
12:00-1:00 pm	Lunch at Neilson Dining Hall
1:00-4:30 pm	goLEAD Program
4:30-5:00 pm	Free time
5:00-6:00 pm	Dinner at Neilson Dining Hall
6:30-9:00 pm	goLEAD Program
9:00-10:00 pm	Recreation time
10:00-10:30 pm	In dorm/preparation for lights out
11:00 pm	Lights Out

#### July 2, 2015

7:30-8:30 am	Breakfast at Neilson Dining Hall
9:00-12:00 pm	goLEAD Program
12:00-1:00 pm	Lunch at Neilson Dining Hall
1:00-4:00 pm	goLEAD Program and Closing Speaker
4:30 pm	Program Conclusion/Check-Out - Return home





***NJ 4-H goLEAD Youth Leadership Institute***  
***July 1-2, 2015***  
**Registration Form**

To register, please complete this Registration Form and a NJ 4-H Event Permission Form. Registration materials are due by no later than **June 12, 2015**. These forms and a check made payable to **Camden County 4-H Junior Council** should be mailed to Sharon Kinsey, Camden County 4-H Agent, 1301 Park Boulevard, Cherry Hill, NJ 08002. For questions about registration, please contact Sharon Kinsey at 856-216-7130 ext. 2.

**No Late Registrations can be accepted** due to contractual obligations to Rutgers University to guarantee numbers.

**Section I. REGISTRANT INFORMATION**

Name: \_\_\_\_\_ Preferred Name on Nametag: \_\_\_\_\_

4-H County: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade (as of Sept. 2014 school year) \_\_\_\_\_

Check one: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Participant Email: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

T-Shirt (adult sizes available): \_\_\_\_\_

**Please indicate any special needs (dietary or other accommodations) you may have: (the Rutgers Summer Camps and Groups Medical and Dietary Considerations Form must be included for anyone requiring Specialized Dietary Needs - forms enclosed)**

**Section II. YOUTH PARTICIPANT ROOMMATE PREFERENCE**

If you know another 4-H member who is also attending this conference and you would like to room with this person (and they would like to room with you), please list the name of **ONE** roommate choice below. 4-H staff will assign rooms (two people per room). **There will be no switching of rooms at the conference.** \* Your roommate choice must also request you on their registration form

Name of Roommate Preference\*: \_\_\_\_\_  
County: \_\_\_\_\_



### **Section III. REQUIRED ITEMS TO BE INCLUDED WITH REGISTRATION FORM FOR YOUTH PARTICIPANTS**

Enclosed with this registration form are the following items:

\_\_\_\_\_ A check or money order made payable to **Camden County 4-H Junior Council** for the full conference fee of \$100.00.

\_\_\_\_\_ A completed copy of the *4-H Event Permission Form for Youth*, signed by my parent/guardian and myself.

\_\_\_\_\_ The *Rutgers Summer Camps and Groups Medical and Dietary Considerations Form* if applicable.

### **Section IV. OTHER**

**Members Seeking Sponsorship for the Conference:** 4-H members seeking sponsorship to attend this conference are encouraged to contact their county 4-H office to determine if sponsorship opportunities exist through county 4-H associations, advisory councils, boards of agriculture, etc. There is currently no sponsorship available at the state level.

**Registration/Refund Policy:** Once a member is registered for the NJ 4-H goLEAD Youth Leadership Institute, they are responsible for the cost of the conference and are expected to attend. No refunds will be made unless participant is ill and has a doctor's note. It is the participant's responsibility to contact Sharon Kinsey (856-216-7130 ext. 2) or Jeannette Rea Keywood (856-459-1900 ext. 4522) no later than the Monday prior to the conference in order to be eligible for the refund due to illness.

**Conference Chaperones:** The New Jersey 4-H goLEAD Youth Leadership Institute is being planned and conducted by NJ 4-H faculty and staff members. They will also serve as chaperones for the event. Like 4-H volunteers, 4-H faculty and staff are in compliance with the Rutgers University Policies to Working with Minors, including fingerprinting, background checks, and training.

For questions about registration, please contact Sharon Kinsey at 856-216-7130 ext. 2.



Printed Courtesy of the Board of Freeholders

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here**

Signature of parent or guardian: \_\_\_\_\_

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

\_\_\_\_\_  
**Name of parent/guardian**      **Phone number**      **Name of additional emergency contact**      **Phone number**

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here**

Signature of parent or guardian \_\_\_\_\_

*Continued on other side*

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013

## **Summer Camps/Groups Specialized Dietary Needs Procedure**

\*All campers/summer group members who identify themselves as having specialized dietary needs (i.e. food allergies, gluten free diet, diabetic diet, etc) are to be referred to the Dining Services Nutritionist **at least two weeks prior** to the start of camp. Contact information for the Nutritionist is listed above. *A Medical and Dietary Consideration* form must be completed two weeks prior to the first day of the camp/group.

\*The Nutritionist will speak directly with the camper/group member/parent to develop a Nutrition Care Plan and/or menus to satisfy the specialized dietary requirements documented by a physician.

\*The dietary/menu information will be communicated with the appropriate dining hall and catering management staff.

Dining Hall or Catering Management will confirm communication regarding specialized meal request via email. Catering contracts indicating a specialized meal will be sent to the Nutritionist for review.

\*When warranted, meals will be individually prepared, plated and labeled with the individual's name. Upon entering the dining hall or catered event, the individual is to request a manager to retrieve their meal.

\*It is the responsibility of the individual to bring with him/her any snacks to be consumed outside of the dining hall as food from the dining hall is not allowed to be taken out.

\*Dining Services is only responsible for meals prepared and served through Rutgers Dining Services. Meals received from outside vendors/facilities are not verified by the Dining Services Nutritionist.



# SUMMER CAMPS AND GROUPS MEDICAL & DIETARY CONSIDERATIONS



## Important Notes:

1. All sections of this form must be completed before the request can be processed.
2. This form must be received by the Dining Services Nutritionist at least **TWO WEEKS** prior to the first day of camp. Special dietary requests received after the two week period may not be honored.
3. Completion of this form will initiate a professional review of your nutritional and dietary concerns. Dining Services will work with campers/group member who have special dietary needs to ensure a medically appropriate and nutritionally sound diet.
4. After all sections of the form are completed, please return it to the RU Express/Board Plan Office, Records Hall, Room 102, CAC or faxed to: 732-932-3915. It will then be forwarded to the Dining Services Nutritionist who will contact the camper/parent/group member indicated to discuss individual dietary needs.

## I. TO BE COMPLETED BY THE CAMPER/GROUP MEMBER (OR GUARDIAN)

NAME: \_\_\_\_\_ CONTACT \_\_\_\_\_  
PERSON: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF CAMP/GROUP \_\_\_\_\_ DATE(S) OF \_\_\_\_\_  
CAMP/GROUP \_\_\_\_\_

Please describe the specialized dietary adjustments required:

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## II. TO BE COMPLETED BY PRIVATE PHYSICIAN

Describe briefly your medical findings regarding the individual's illness and special dietary adjustments required.

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Please suggest dining/nutritional accommodations to be considered for this individual: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Dining Services is only responsible for dietary accommodations for meals prepared and served through Rutgers Dining Services. All meals received from outside vendors/facilities will not be verified by the Dining Services Nutritionist.