

Alpha I – Speak Out for Military Kids Track

State 4-H Contact: Laura Davis and Jodi Smith

PURPOSE: SPEAK OUT FOR MILITARY KIDS:

Operation: Military Kids will again be offering a Speak Out for Military Kids (SOMK) training to qualified military youth. This training is designed to provide youth with the opportunity to gain valuable public speaking skills, as well as leadership, organization, and presentation skills. This program will provide participants with a better understanding of the impact of the deployment cycle on families, as well as the unique challenges of being a military child.

This program is viewed as an ongoing experience, as opposed to an isolated event. Participants will be required to continue their commitment to SOMK once they return home; the small groups they have formed will be responsible for sharing their experiences with others in their communities. Participants will have access to materials to complete these requirements, and will be invited to SOMK weekends and meetings throughout the year (all expenses paid) to meet other youth participants and discuss their experiences.

If you participate in this class, you will receive a partial scholarship to camp in exchange for your commitment to Operation: Military Kids, SOMK and its curriculum. You will be asked to participate in activities in your county, as well as opportunities to share your experiences at regional or state events at various times over the next 12 months.

WHO: Youth entering 6th-12th grade

WHEN: Alpha I – July 7 to 12, 2013

WHERE: WVU Jackson's Mill

COST: **\$260.** Campers attending the Alpha I – Speak Out for Military Kids track are expected to provide services in their local community that reflect the educational programming at Alpha I.

Scholarships are available for the 2013 camp. Immediate family (ie Mother or Father) members of military personnel will receive a \$125 scholarship for Speak Out for Military Kids (SOMK).

Keep in mind that there are also other funding sources that campers can use to help ease the pain on the pocketbook: Early Bird scholarships (\$65) for Alpha I are available for those who register on or before May 31st, and Free and Reduced Lunch scholarships (\$20) are also available for qualifying campers.

The Preston County 4-H Foundation will provide one \$75.00 scholarship per 4-H member to attend one state 4-H camp. (Please Note: If you attend two State 4-H Camps you will receive a \$75.00 scholarship for only one state camp.)

REGISTRATION:

The pre-registration postmark deadline for the **Speak Out for Military Kids** is **Wednesday, May 29, 2013**. Camp registration is 2:00-4:00 P.M. on Sunday, July 7. Camp closes at 11:30 A.M. on Friday, July 12. See additional notes regarding registration in this section.

PROGRAM: 4 H members will participate in workshops that will enhance their personal understanding and skills. Additional workshops will relate to specific 4 H project work. Guest speakers and assemblies will emphasize daily themes.

CANCELLATION/REFUND POLICY:

Cancellations must be made in writing and e-mailed/faxed/postmarked to Lindsey Kalivoda-Hartley by June 24, 2013. There is a \$15 processing fee charge on all refunds. **NO REFUNDS FOR NO-SHOWS!!!**



West Virginia Operation: Military Kids (OMK)

Operation: Military Kids is the U.S. Army's collaborative effort with America's communities to support children and youth impacted by deployment. The purpose of OMK is to connect military children and youth with community resources, providing them with recreational, social, and educational programs. It is through a partnership with the Army Child, Youth, and School Services and National 4-H Headquarters/USDA that OMK is made possible. OMK is housed at land-grant universities in 49 states, and works with national partners that include the American Legion, Boys and Girls Clubs of America, the Military Child Education Coalition (MCEC), and the National Association of Child Care Resource and Referral Agencies (NACCRA). West Virginia OMK is housed at West Virginia University under Cooperative Extension and 4-H Youth Development.

West Virginia Speak Out for Military Kids (SOMK) Training Team Position Description

What is Speak Out for Military Kids (SOMK)?

Speak Out for Military Kids (SOMK) is a youth driven community outreach program through Operation: Military Kids, designed to generate awareness and stimulate community activism to support military youth and families. Through the help of military and non-military children, communities are made aware of the unique stressors and challenges faced by military youth during the deployment cycle of their parent.

SOMK provides youth participants with the opportunity to gain valuable public speaking skills, as well as leadership, organization, and presentation skills. Participating in the SOMK program will allow youth to make contacts in their community that could, in turn, increase the awareness and support that military youth and their families receive.

SOMK is open to both military and non-military youth. Through simulations, interviews, and research, participants discover firsthand what military families go through during deployment. Having participants that are both military-affiliated and non-military will allow presentations to be able to highlight different perspectives and views on issues. This program is viewed as an ongoing experience, as opposed to an isolated event. Participants will be required to continue their commitment to SOMK once they return home; the small groups they have formed will be responsible for sharing their experiences with others in their communities (i.e. school assemblies, city council, teacher in-services, various community organizations, 4-H meetings, etc.). They will receive assistance in setting up these meetings, but will be expected to complete the tasks on their own.

Participants will receive the training necessary, as well as the funding, to complete the expected tasks. Youth will also be asked to attend an SOMK weekend over the course of the year (all expenses paid), to meet with other youth in the program in order to share ideas, successes, and create new tasks for their teams in an exciting and fun environment.

Operation: Military Kids is a partnership of Army Child, Youth and School Services, National 4-H Headquarters/USDA and West Virginia Cooperative Extension 4-H Program. Operation: Military Kids West Virginia is funded by the 4-H/Army Youth Development Project under Kansas State University Special Project #2007-48661-03686

Tips for those attending Alpha I & II State 4-H Camps

Due to the timeline when we receive camp registration forms and when camp begins, we are unable to send individual camp participant letters. The following information should answer the most frequently asked questions regarding camps.

- ↪ Please make sure members have their health statement signed by a parent/guardian. If the 4-H'er is 18 years old or older, we still prefer a parent's signature, especially if the member is covered by the parent's insurance. **Please put application and health statement on separate sheets.**
- ↪ **LATE ARRIVAL:** Campers who will be arriving late need to indicate a tentative arrival time on their registration form or notify Jeffrey Orndorff before registration.
- ↪ **LEAVING CAMP:** Campers should stay the entire week. However, if campers must leave camp early or leave and return, a parent/guardian note must accompany the 4-H'er to camp and given to Jeffrey Orndorff at registration. The note must specify time of departure and return, as well as, who will pick up the camper.
- ↪ **WORKSHOPS AND CLASSES:** Tech campers will attend different workshops each day.
- ↪ **DRESS:** State camps are informal and casual clothes are the rule. The only exception is the talent show at Alphas. Most campers take this time to dress up.
- ↪ **BED LINENS:** Sheets, blankets, and pillows are provided. Campers should bring towels and toilet articles along with a light jacket. Campers are encouraged to leave valuables at home; a bank is provided for money and other valuables.
- ↪ **CARS:** Campers driving to camp should plan to park their cars upon arrival and leave them parked until time to leave.
- ↪ **HOUSING:** Lodging assignments are made randomly by computer. We cannot guarantee that campers from the same county will be housed together. Campers should come prepared to be housed in a cottage without anyone from their county. If there are special circumstances where two 4-H'ers need to be housed together, we will try to accommodate. Otherwise, we will not take any requests. Younger, first and second year campers are housed together and not mingled with the older seasoned campers.
- ↪ **CAMP PICTURE:** Camp pictures are available at each camp. Last year the cost was \$8.
- ↪ **MEALS:** Campers with special dietary needs should contact Lindsey Kalivoda-Hartley at 304-293-2696 or lindsey.kalivoda-hartley@mail.wvu.edu. Once in camp they need to identify themselves to the kitchen staff.
- ↪ **VISITORS:** We welcome visitors in camp provided they understand and follow camp rules. They should check in and out with the camp director, camp coordinator, or one of the deans.
- ↪ **OTHER QUESTIONS:** We will be glad to answer any of your questions before camp. Laura Davis (304-269-5100, laura.davis@mail.wvu.edu), Jodi Smith (304-424-1960, Jodi.smith@mail.wvu.edu) or Lindsey Kalivoda-Hartley (304-293-2696; lindsey.kalivoda-hartley@mail.wvu.edu).



Please return to your County Office by:

4-H Youth Development

SPEAK OUT FOR MILITARY KIDS TRACK – ALPHA I

July 7-12, 2013

PLEASE PRINT! Fill in all items not marked office use. Obtain all required signatures.

Last Name First Name (specify name for nametag) County

Home Address City State Zip Phone

E-mail Address Age Birthdate Last Grade Completed
Gender: ___ Male ___ Female Tribe: ___ Cherokee ___ Mingo ___ Delaware ___ Seneca
If 18 or older, have you participated in the Citizenship? ___ Yes ___ No Are you an All Star? ___ Yes ___ No
Years in 4-H: _____ Number of OMC's attended: _____ Number of Alpha's attended: _____
Do you have a Charting Pin? ___ Yes ___ No Year received: _____
Have you been a tribal chief? ___ County, ___ OMC, ___ Alpha I, ___ Alpha II
A tribal Sagamore? ___ County, ___ OMC, ___ Alpha I, ___ Alpha II
Need special meals or accommodations? _____
I live in a Military Family? _____ Who is the Military Family Member? _____

Make checks payable to: West Virginia University; to pay by credit card, a Credit Card Information Form must accompany this form.

Cancellation/Refund Policy: Cancellations must be made in writing and e-mailed/faxed/postmarked to Lindsey Kalivoda-Hartley by June 24, 2012. There is a \$15 processing fee charge on all refunds. **NO REFUNDS FOR NO-SHOWS!!!**

The WVU requires the following information about the person/entity submitting payment to process a refund, if necessary:

Name: _____ Daytime Phone: _____

No application will be considered without the two sections below being completed. A completed Health Form with parent's signature is also required.

Parent's Consent: I have read and understand the enclosed camp rules and feel that my child understands them and will abide by these rules. I give my consent for my child to attend this event.

Parent's Signature Date

Agent's Approval: I have discussed the state camping program with this 4-H'er and he/she demonstrates appropriate behavior to represent this county.

Agent Signature Date

Note to Agent: Please return this form to: **Alpha I, WVU Extension Service, 618 Knapp Hall, PO Box 6031 Morgantown, WV 26506-6031 by the deadline date stated on the Event Calendar. Agent must complete information below before returning to State Office.**

Total Individual Payment Due	\$260.00		
	Amount	Payer Name	Check #
Early Bird	-\$65.00	Preregistration postmark deadline for Alpha I is Friday, May 31, 2013.	
Free and Reduced Lunch	-\$20.00	A free/reduced form must accompany the Alpha application to qualify	
State/Staff Scholarship – State Only	-		
County Scholarship	-		
Other	-		
Amount Due			

Health History Form: 4-H Camps, Events, and Activities



Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

Name _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female Birth date ____/____/____ Age at event _____

CUSTODIAL PARENT/GUARDIAN _____ Phone _____
Name

Home address (if different from above) _____
Street address City State Zip

Home phone () _____ Work phone () _____ Other () _____

SECOND PARENT OR GUARDIAN OR EMERGENCY CONTACT _____

Address _____ Phone _____
Street address City State Zip Name

If not available in an emergency, notify _____

Relationship _____ Phone _____ Address _____
Name Street address City State Zip

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Insurance carrier address _____ Phone number _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) Food allergies (list) Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (describe) _____

PERMISSIONS: Important – This section must be completed for child to attend.

My child has my permission does not have my permission to attend
 has my permission does not have my permission to participate in swimming
 should not participate in the following activities _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp

to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper/staffer _____ Date _____

MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis. *OR* This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer. _____

GENERAL QUESTIONS: (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to the event?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should know.

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chickenpox <input type="checkbox"/> German measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	Please give all dates of immunization							
	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Diphtheria		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pertussis		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Tetanus		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Polio		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Typhoid		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> TB Mantoux Test	Date of last test	_____				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	

SCREENING RECORD (For staff use only) Screened by _____

Date screened _____ Time _____ AM / PM Updates/additions to health history noted Yes No None required

Meds received _____

Current health needs identified _____

Observational notes _____

To request disability accommodations for state WVU Extension events, contact the Event Coordinator, 618 Knapp Hall, PO Box 6031, Morgantown, WV 26506-6031, phone 304-293-2694, or fax 304-293-7599. For local events, contact your county WVU Extension Office.