

National 4-H Congress Registration & Applications

County Staff:

Please retain one copy for your files and distribute other copies to your county delegates as appropriate.

Note that requirements for participation are that youth be in 10th-12th grade at time of selection with a maximum age of 18 (did not pass 19th birthday) as of January 1, 2011.

On-line registration is open July 1-15, 2011 at

<http://www.uwex.edu/ces/4h/resources/eventapps/nc/index.cfm>

Delegates:

Please type or print legibly in BLACK ink;
incomplete forms will be returned unprocessed for completion!

Registration is not complete until complete Acceptance, Expectation and Health forms have been received by the State 4-H Office.

**July 29 postmark deadline for Acceptance and Expectation forms;
November 7 postmark deadline for notarized Health form.**



Cooperative Extension
4-H Youth Development Programs

University of Wisconsin-Extension
436 Lowell Hall
610 Langdon Street
Madison, WI 53703-1195
Phone: 608-262-1221
608-265-6407 (fax)
800-947-3529 (TTY)

DATE: July 1, 2011

FROM: Kay Hobler, WI 4-H Outreach Specialist

TO: National 4-H Congress Delegates

RE: 2011 National 4-H Congress

Congratulations on being selected by your county to attend the 2011 National 4-H Congress in Atlanta, Georgia to be held between November 25 - 29, 2011. We've just received registration information from Atlanta and are passing it on to you.

Please complete and return the enclosed registration form to your county 4-H office as soon as possible so the 4-H staff can register you electronically between July 1-15. The form is also available on the 4-H website if you prefer to complete and e-mail an electronic version to your county 4-H office: visit <http://www.uwex.edu/ces/4h/events/congress>.

Return the enclosed acceptance form with your Expectation and other application forms postmarked no later than **Friday, July 29, 2011** to the State 4-H Youth Development Office. This date is important because we must reserve space for you in Atlanta at that time. Before you accept or refuse the trip, there are some items you need to consider.

1. **Cost:** The cost for National 4-H Congress will be *approximately* \$1,000 per person (the amount will be determined as soon as airfare costs are confirmed.) It is up to you to work with your county 4-H office to determine just how much of this cost you will personally be responsible for paying. Counties will be invoiced in September with their payment due November 15.
2. **Cancellation policy:** The last date/time to cancel without financial penalty is by 4:30 p.m. CT July 29. If you cancel between July 31 - October 31, you will be responsible for airfare and program related fees equaling approximately \$400 - \$550. For cancellations after 4:30 p.m. CT October 31, you will be responsible for the entire program cost. All cancellations must be sent **in writing (by e-mail, fax or regular mail)** to the State 4-H Office and must be received by date and time listed above.
3. **Forms and other applications are due July 29:** Acceptance and Expectation forms are enclosed as well as various forms for applying for several leadership positions at National Congress, including Youth Leadership Team, Congress Teen Entertainer, State Flag Bearer, and State Youth Delegate Advisor. All of these materials are time sensitive! You must be prompt in returning them in order to qualify for these national positions. Please note that the Health Form should not be returned until November. Thank you ahead of time for reading and returning forms as soon as you receive them!
4. **Travel:** Delegates will be flying with qualified 4-H adult advisors to Atlanta from points as convenient as we can arrange for you. Departure points are anticipated to be Milwaukee, Minneapolis, and Central Wisconsin airports. ("Central Wisconsin" could be Mosinee, Green Bay, or Appleton depending on which is selected for the group based on cost) In some cases, you may be able to carpool with other county delegates to the airport, otherwise you will be responsible for your own transportation to that location. It may be possible to travel from and/or back to a different location, upon request. Please be advised that there may be additional charges to travel from a different or out-of-state airport.

If you have questions about National 4-H Congress, please contact your county 4-H Youth Development Educator or call the State 4-H Youth Development office at (608) 262-1557 or (608) 262-0575.

Enc: Deadlines and Important Dates to Remember
Registration Form Due to Your County 4-H Office July 11, 2011
Delegate Acceptance Form Due July 29, 2011
Youth Expectation Statement Due July 29, 2011
Application Materials Due July 29, 2011
Youth Health Form Postmark between November 1-7, 2011
Optional Youth Leadership Applications (Flag Bearer, Leadership Team, etc.) (due July 29, 2011)
2011 Design Team Application (due December 9, 2011)
2011 National Congress DVD Order Form

cc: Yvonne Horton, District Liaisons, County 4-H Educators (via e-mail; w/encls)

2011 National 4-H Congress Deadlines and important dates to remember

Mon., Jul 11	Registration Form due at your county 4-H office.
Jul 1-15	County 4-H Staff registers delegates electronically.
Fri., Jul 29	Postmark due date for all following applications and forms: Delegate Acceptance form U.W. Extension Expectation Form National 4-H Congress Code of Conduct Acceptance Form Youth Leadership Team Application & video (optional) Congress Teen Entertainer Application & video (optional) State Flag Bearer Application (optional) State Youth Delegate Advisor Application (optional) Adult Preferences for Special Assignments (adult advisors only) Facilitator and Adult advisor Registration Form (adult advisors only) Expectation Statement for Adults (adult advisors only)
Fri., Jul 29	Last day to withdraw without financial penalty.
~Aug 25	Watch for a letter with confirmation of your registration and a roster around Aug. 25.
~Sept 10	Watch for a second letter to be sent around Sept. 10.
Tues, Oct 18	Adult Advisor Orientation teleconference 7:30 - 8:30 p.m.
Tues, Oct 25	Delegate Orientation teleconference 7:30 - 8:30 p.m.
Late Oct	Tour reservations due (Optional- check Aug or Oct letter for exact information)
~ Nov 1	Watch for a flight information letter around Nov. 1.
Mon, Nov 7	Postmark due date for Youth Health Information & Consent form. Mark this on your calendar! The form must be sent after Nov. 1 but postmarked before Nov. 7 . Allow yourself extra time to get it signed by a parent/guardian (<u>regardless of age</u>) and notarized by a public official. Time is needed for copies to be made and sent to your adult advisors. You cannot travel if we (and they) do not have the forms!
Fri, Nov 25	Departure for Atlanta.
Tues, Nov 29	Return to Wisconsin.
Friday, Dec. 9	Postmark due date for Youth Design Team Applications for 2012 National 4-H Congress

Return Registration Form to your County 4-H Office by July 11

Return all other correspondence to:

WI 4-H Outreach, 436 Lowell Hall, 610 Langdon St., Madison WI 53703

Questions:

Kay Hobler, Outreach Specialist (608) 262-1557, kay.hobler@ces.uwex.edu

or

Peter Nordin, Outreach Assistant (608) 262-0575, peter.nordin@ces.uwex.edu

**2011 NATIONAL 4-H CONGRESS
DELEGATE ACCEPTANCE FORM**

_____ **I DO NOT ACCEPT** this status as Wisconsin delegate for the 2011 National 4-H Congress. (Please also notify your county 4-H & Youth Development Educator so this position can be offered to an alternate nominee.) Reason for not accepting this status:

_____ **I ACCEPT** this status as delegate for the 2011 National 4-H Congress and certify that I meet the below qualifications:

- _____ Did not pass my 19th birthday before January 1, 2011, and am presently enrolled in 4-H.
- _____ I will be an outstanding representative of Wisconsin and 4-H.
- _____ I anticipate that I will be able to free up the time to participate.
- _____ I will make arrangements to meet my financial responsibilities (approximately \$1,000).
- _____ I understand that if I withdraw after the final cancellation date of July 29, 2011, I will be responsible for the cost for my airline ticket (approximately \$400 - 550), and that if I withdraw after October 31, 2011, I will be responsible for payment of the entire program fee (approximately \$1,000)
- _____ I understand that I must maintain my county's approval of my participation through the time of the award trip.

To the best of my knowledge, the above information is accurate and complete.

County (please type) _____

Name (please type) _____

Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

**MUST BE POSTMARKED BY JULY 29.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**



"Become a Catalyst of Change"

Form 9

The 2011 National 4-H Congress, November 25 - 29, 2011, ATLANTA, GEORGIA

The purpose of the National 4-H Congress trip is for youth in 10th-12 grades to gain life skills and leadership experience through hands-on activities, workshops, large group seminars, and youth networking time. This experience begins with travel via airplane on Friday, November 25, 2011 and ends upon arrival back in Wisconsin on Tuesday, November 29, 2011. The event is held in Atlanta, GA with lodging in the Hyatt Regency. Health staff consists of volunteers who have first aid and/or nursing training. Youth will be under the direct supervision of older youth leaders and/or adults. The ratio of adults to youth participants is 1:10 or less. Adult Advisors are active 4-H volunteers that have completed Wisconsin 4-H Youth Protection. Adult Advisors assist by monitoring youth activities, conducting meetings and assisting with operational committee work. Participants will eat in a public cafeteria or dining room; share a hotel room with two queen beds and private bath with 2-3 roommates of the same gender. Adult Advisors are assigned to rooms on the same floors as their assigned delegates. During the conference, adults and youth will participate in large group activities which may involve any of the following: discussion, writing, reading aloud, arts and crafts; role plays or skits, running, dancing, climbing stairs, standing or sitting for long periods, or having personal contact with other participants; they will walk distances of up to approximately 1/2 mile on sidewalks, walk up stairs, and ride escalators and public trains to various activities; for community service activities or other events they may ride coach buses to off site locations up to 50 miles away and may do physical activities such as working with carpentry or garden tools.

REGISTRATION FOR YOUTH DELEGATE

Please type or print legibly in BLACK ink.

Delegate's name (Last) _____ (First) _____ (Middle Initial) _____		
First name as it should appear on name tag _____		
E-Mail of delegate, parent or county contact (used to send post conference electronic evaluations) _____		
HOME street address _____		City/State/Zip code _____
COLLEGE street address (for mailings after Sept. 1) _____		City/State/Zip code _____
Phone number () _____	Cell phone () _____	
Gender (Check one; requested to make room assignments.) _____ Male _____ Female		
Birth date _____	Age as of 1/1/11 _____	Number of Years in 4-H _____
Residence Code _____ (for statistical purposes only) (1) Farm (2) Town under 10,000 or and rural non farm (3) Town/city of 10,000 - 50,000 and its suburbs (4) Suburb of city more than 50,000 (5) Central city more than 50,000		Racial Code _____ (Racial/ethnic data are requested to comply with non-discrimination requirements.) (1) White (6) Asian (2) Black/African American (7) Undetermined (3) More than one Racial (4) American Indian/Alaskan Native (5) Native Hawaiian/Pacific Islander Ethnic Code _____ Hispanic or Latino _____ Non-Hispanic Latino
T-shirt size (Circle size)	S	M L XL 2XL 3XL
Special needs for dietary, transportation or facility accommodations? Please explain. _____		
Preferred Departure Airport on Friday, November 25, 2011: rank first and second choices. _____ Minneapolis _____ Milwaukee _____ Central Wisconsin* _____ Other** _____ (such as Out of State College)		
Preferred Return Airport on Tuesday, November 29, 2011: rank first and second choices. _____ Minneapolis _____ Milwaukee _____ Central Wisconsin* _____ Other** _____ (such as Out of State College)		

* Central Wisconsin final site selection (Mosinee, Green Bay or Appleton) will be based on price.

** Note delegates are responsible for any additional costs for travel from other cities or return to different city from origin.

**Delegates: Due to your County 4-H Office by July 11
To complete your registration, postmark your Expectation form by July 29 and Health form between November 1-7 as indicated on each form
County 4-H Staff: Register delegates on-line between July 1-15.**

“Become a Catalyst of Change”

2011 National 4-H Congress
November 25 - 29, 2011
Atlanta, Georgia

**FORM MUST BE
TYPED**

YOUTH LEADERSHIP TEAM APPLICATIONS

STATE DEADLINE: <State to set deadline> _____

RETURN TO: <State Contact/Coordinators Name and Address>

**STAPLE PHOTO
HERE
WITH STAPLES**

INSTRUCTIONS:

- Each state may nominate two 4-H delegates to serve as members of the 4-H Congress Youth Leadership Team.
- Application must include two (2) Recommendation Forms, one completed by an Extension Educator/Faculty staff member, and one by a 4-H volunteer, leader, or community leader.
- Application must include a CD, DVD, Flash Drive, or applicant can post a video on YouTube and provide a direct link to the video. YouTube video must be posted by September 1, 2011 and must remain until November 15, 2011. (Crackle.com postings are not acceptable)
- Video should include three components: (1) Speaking from the written script, (2) a 3-5 minute biography of the applicant telling about themselves, their family, personal interests, and (3) a 3-5 minute speech on what the National 4-H Congress theme of “Become a Catalyst of Change” means to the applicant as a 4-H member and a young person.

APPLICANT INFORMATION

Name: _____	Age on January 1, 2011: _____
Address: _____	Number of Years in 4-H: _____
City/State/Zip: _____	Major (if in college): _____
Phone: _____	YouTube Link: _____
E-mail: _____	

Provide a 35 WORD description of yourself for introductions. Include 4-H projects and community service facts about yourself.

Approved by State 4-H Leader or Staff _____

(over)

**MUST BE POSTMARKED BY JULY 29.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**

“Become a Catalyst of Change”

2011 National 4-H Congress
 November 25 - 29, 2011
 Atlanta, Georgia

YOUTH LEADERSHIP TEAM APPLICATION SCRIPT

APPLICANT Good morning, I am _____, Youth Leadership Team member from _____. I am pleased to welcome you to our general assembly. Eleanor Roosevelt once said, “The future belongs to those who believe in the beauty of their dreams.” I am sure as you participate in the 4-H Congress, you will find that your dreams are achievable.

In keeping with tradition, we will begin with the flag pledges to be led by Frank Kralicek from South Dakota and Emily Robin from Louisiana.

FRANK American Pledge

EMILY 4-H Pledge

APPLICANT Thank you, Frank and Emily.

We now have a very special treat! The harmonious sounds of P.R.I.D.E., an acapella, five-part harmony group, have been singing together as a group for five years. They are all former 4-H ‘ers and 4-H performing arts leaders. They are currently serving as 4-H volunteers leaders in Operation 4-H P.R.I.D.E. where they are teaching younger groups stage presence, poise, and vocalization. They have performed for Senator Saxby Chambliss and at various colleges. Their national concert tour has included National Society of Black Engineers, and high schools and churches through the southeast.

(P.R.I.D.E. Performs)

APPLICANT Thank you, Gentlemen! Our appreciation to the Hyatt Regency Hotel for sponsoring their performance.

We are pleased to have a representative here from the United Soybean Board. The United Soybean Board is a producer-funded, producer-run organization that works to promote soybean and the profitability of U.S. soybean farmers within four program areas: International Marketing, Domestic Marketing, New Uses, and Production.

Today, United Soybean is sponsoring our 4-H Congress inspirational speaker, from the United Soybean Board’s international Marketing committee is Tennessee soybean grower, Jimmy Barbour. Mr. Barbour.

“Become a Catalyst of Change”

2011 National 4-H Congress
November 25 -29, 2011
Atlanta, Georgia

YOUTH LEADERSHIP TEAM APPLICATION – RECOMMENDATION FORM

Name of Applicant: _____

Name of Evaluator: _____

Evaluator Address: _____

Evaluator City, State, Zip: _____

Circle One: Extension Staff 4-H Volunteer High School/ College Instructor Other: _____

Evaluator, please rate the applicant on the following (U - unknown and 1-poor to 5-excellent). Each evaluator should place the completed form in a sealed envelope with the applicant's name on the front and the evaluator's signature across the seal. Envelopes should be returned to the 4-H member for attachment to the application.

	<i>Unknown</i>	<i>Poor</i>				<i>Excellent</i>
Leadership; Teamwork; Volunteerism						
Ability to work w/ different and diverse audiences (i.e. adults, younger children, ethnic groups, etc.)	0	1	2	3	4	5
Does fair share of work on joint projects	0	1	2	3	4	5
Serves as an appropriate role model for peers and younger youth.	0	1	2	3	4	5
Communicates ideas effectively.	0	1	2	3	4	5
Ability to get others to work together; compromise.	0	1	2	3	4	5
Volunteers to assist; carries through with responsibilities; knows when to say “no”.	0	1	2	3	4	5
Citizenship						
Willingness to work with others, regardless of diversity within a group.	0	1	2	3	4	5
Participates in activities involving issues of local importance.	0	1	2	3	4	5
Takes a stand on issues that applicant believes in.	0	1	2	3	4	5
Involvement in community service activities.	0	1	2	3	4	5
Professionalism						
Attitude (i.e. positive, professional, not arrogant.)	0	1	2	3	4	5
Appearance (neat, well-groomed)	0	1	2	3	4	5
Accepts/completes work assignments.	0	1	2	3	4	5
Exhibits enthusiasm in regard to increasing knowledge of subject matter.	0	1	2	3	4	5
Uses proper etiquette.	0	1	2	3	4	5
Exhibits appropriate behavior in public venues	0	1	2	3	4	5

Please add any additional comments regarding this applicant on the reverse side.

Signature of Evaluator: _____ Date: _____

MUST BE POSTMARKED BY JULY 29.**SEND TO:****WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**

“Become a Catalyst of Change”

2011 National 4-H Congress
November 25 -29, 2011
Atlanta, Georgia

**FORM MUST BE
TYPED**

CONGRESS TEEN ENTERTAINER

RETURN BY: _____ <State to set deadline>

RETURN TO: _____ <State Contact/Coordinators Name and Address>

**STAPLE PHOTO
HERE
WITH STAPLES**

NOTES:

- Form must be accompanied by a photo, video, or weblink to your YouTube audition video.
- Please make sure your audition is on a CD, DVD or Flash Drive that is viewable in any computer or video player. Flash Drive/CD/DVD's must be labeled clearly with your name, state, and type of audition. Or, you may upload your video to YouTube.com and provide a direct link to your video for consideration. All videos must remain on YouTube until November 15, 2011. (Crackle.com postings are not acceptable)
- Solo acts should be submitted as solo performances; not as part of a group performance.
- Auditions may include more than one number, but should not exceed 10 minutes.
- Each state may nominate two acts.
- No media will be returned.

APPLICANT INFORMATION

Name: _____ Age on January 1, 2011 _____
 Address: _____
 City/State/Zip: _____ YouTube Link: _____
 Phone: _____
 E-mail: _____

TYPE OF TALENT (Check one)

TALENT INFORMATION:

Instrumental: _____ Vocal: _____ Dance: _____ Dramatic: _____ Other: _____	Number of 4-H members in your group: _____	
	List performance number on accompanying videos: _____	_____
	Equipment needed if selected for presentation: _____	_____

Describe your entertainment act:

Approved by State 4-H Leader or Staff

MUST BE POSTMARKED BY JULY 29.

SEND TO:

WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703



Form _____

“Become a Catalyst of Change”

The 2011 National 4-H Congress

November 25 - 29, 2011

ATLANTA, GEORGIA

STATE FLAG BEARER

One youth from each state will carry their state flag to the front of the assembly during the opening ceremony.
(Selected by the state office.)

Please type or print legibly in BLACK ink

WISCONSIN
Gender (check one): _____ Male _____ Female
Name
Mailing address City/state/zip
E-mail

Why should you be selected for this role? _____

Approved by State 4-H Delegation Coordinator _____

MUST BE POSTMARKED BY JULY 29.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703



“Become a Catalyst of Change”

The 2011 National 4-H Congress

November 25 - 29, 2011

ATLANTA, GEORGIA

STATE YOUTH DELEGATE ADVISOR APPLICATION

The youth advisor coordinates and leads the nightly state meetings with the lead adult advisor. This entails making announcements, distributing workshop assignments and leading discussions. (Selected by the state 4-H office.)

Please type or print legibly in BLACK ink

WISCONSIN
Gender (check one): _____ Male _____ Female
Name
Mailing address
City/state/zip
E-mail

List experience with public speaking: _____

List experience conducting meetings and describe your leadership style in past meetings with over 50 unfamiliar people in attendance:

Describe yourself (personality, interests): _____

Approval by the State 4-H Leader or staff _____ Date _____

**MUST BE POSTMARKED BY JULY 29.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**

Name: _____, _____ County, Wisconsin

National 4-H Congress, November 25 – 29, 2011, Atlanta, Georgia

University of Wisconsin Extension 4-H Youth Development Programs

Expectation Statement for Youth on UW-Extension Sponsored Trips and Events

This form applies to all youth on UW-Extension sponsored trips or events. The youth, by signing this form, agrees to conduct him/herself in a responsible manner and abide by all expectations as stated.

Youth responsibilities:

1. Attend and participate in program orientation; prepare for the program in advance.
2. Be on time and participate in all scheduled sessions including workshops, recreation, evening activities and delegation meetings. Those not feeling well or having a schedule conflict must inform an adult leader.
3. Bring back ideas and experiences to share with county's youth and/or adult leader groups.
4. Cooperate with the adult advisors' and program staff's leadership. Contact the adult advisor in regard to any conflict or problems during the event.
5. Show respect and courtesy for programs and speakers in progress by remaining for the entire program and be courteous when taking flash photos during speeches and entertainment.
6. Be respectful of public property and the facilities used during the activity or event and assume financial responsibility for any damages you cause. Be responsible for your own property.
7. Behave in accordance with applicable federal, state and municipal laws.
8. Behave in ways that are acceptable to other delegates, adult advisors and hosting organizations and uphold high standards for the group by respecting the ideas, abilities and bodies of others. Use of language and gestures found to be objectionable to others is not permitted.
9. Remain on the premises or assigned program area throughout the program; unauthorized absence is not permitted.
10. Refrain from participating in Initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.
11. Visiting or leaving the premises with non-registered persons is discouraged. Adults in charge must be notified in advance by the participant's parent/guardian if guests are expected.
12. Refrain from driving any vehicle during the event without expressed permission of the group advisor.
13. Wear program name-tag to all program activities unless removal is specified. Use good judgement in selecting clothing appropriate for weather and occasion, abiding by any established dress code. Clothing that is revealing or with obscene language/pictures or with drug, tobacco or alcohol advertising is never allowed.
14. Abide by the lodging assignments for the entire event for easy location in emergency. No room switching is allowed.
15. Abide by established written curfew and quiet times or by adult advisor's spoken word. (Curfew means being in the assigned room with the lights out.) Be quiet and considerate of others when they wish to sleep. Do not order food to be delivered after curfew.
16. Respect the privacy of others. Visiting sleeping rooms of any member of the opposite sex is forbidden.
17. Youth are encouraged to interact with all members of the group and not pair up with another person. Necking, kissing and other displays of personal affection are in poor taste and will not be tolerated. Refrain from all sexual activity during the program.
18. Possession and/or use of alcohol, tobacco, fireworks, weapons, illicit drugs or medication(s) unapproved by program staff will result in disciplinary action for the offender(s). Adult advisors must be informed of all prescription medications present during the program.
19. Be considerate of other hotel guests who are not part of National 4-H Congress.

Participants and their families understand the adult advisor's role is:

1. To serve as an advocate for the participants;
2. To maintain regular contact with participants to monitor health, attitude, problem situations, behavior, etc.;
3. To be aware of all prescription medication; but not to dispense medication;
4. To make appropriate decisions in emergency situations to enhance the health and well-being of the participants;
5. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions as follows.
(over)

Adult Advisors will take the following steps for violations of this Expectation Agreement:

1. Counsel involved participants to reach an understanding and stop the inappropriate behavior;
2. Take disciplinary actions at the time of occurrence. This will not include physical punishment but might consist of restriction of privileges, restriction to an assigned area, apology to the group, additional duties, etc.;
3. Inform parents and local Extension personnel of misbehavior at time of occurrence if chaperon feels severity of situation warrants such immediate notification; and
4. When the infraction is serious, decide as part of a committee of at least two adults to remove a participant from the program and send him/her home immediately. (Participants removed from the program will wait for transportation at the General Headquarters or other area designated by program representatives.)
5. Write a letter describing disruptive behavior to be sent to the participant's parents, the state 4-H office and the county 4-H office within ten (10) days after the event concludes.

Consequences of disciplinary action:

1. Families of participants removed from the program will be responsible for the participants' transportation, including bus/plane fares and supplemental "Unaccompanied Child" fares or expenses for a chaperon. Event registration, lodging or other participant fees will not be reimbursed.
2. If damage/destruction of property occurred, participants will be assessed for the cost of damages and repairs.
3. Participants removed from the program may be required to relinquish all funds donated to help meet his/her financial obligations for the event.
4. Youth who do not follow the guidelines in this Expectation Agreement while participating in a 4-H event may be required to appear before a county Disciplinary Review Committee in addition to consequences that occur during the event.
5. Disciplinary action may result in restricted opportunity to participate in future 4-H related activities for the involved members.
6. Youth who break public laws will be dismissed from the program and will be subject to legal action by law enforcement authorities.

Youth Statement of Agreement:

I have read and understand this Expectation Agreement and will abide by it.

Youth Participant's Signature

Date

Parent/Guardian Statement of Agreement:

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to U.W.-Extension to use such images of this participant without any expectation of compensation.

Parent/Guardian's Signature

Date

Address and telephone where parent or guardian can be reached during this program:

Name: _____

Address: _____

Street Address

City

State

ZIP

Daytime phone: _(_____) _____ Night phone: _(_____) _____

MUST BE POSTMARKED BY JULY 29.

SEND TO:

WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703

“Become a Catalyst of Change”

2011 National 4-H Congress
November 25 – 29, 2011
Atlanta, Georgia

CODE OF CONDUCT ACCEPTANCE FORM

Name of Delegate: _____
LAST FIRST MIDDLE

State **Wisconsin**

I hereby agree to attend *Accept the Challenge, The National 4-H Congress* as a delegate. I will participate fully in all sessions and abide by the established rules. I realize I represent my state and 4-H and will do my best to do so well.

SPECIFIC RULES INCLUDE:

- Quiet is to be observed in sleeping room areas from 11:30 p.m. to 7:00 a.m. 4-H delegates are to be in their own rooms or in a state suite or meeting room during these hours. During other hours, boys and girls may not be in the same sleeping room.
- The use of alcohol, tobacco, or illegal drugs is not permitted during Congress.
- 4-H delegates shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- Delegates are responsible for attending all Congress activities. Any unauthorized absence from the Congress premises is not permitted.
- 4-H delegates shall be considerate of other hotel guests who are not part of National 4-H Congress.
- 4-H delegates should have respect and courtesy for programs and speakers in progress by remaining for the entire program and show courtesy when taking flash photos during speeches and entertainment.
- 4-H delegates will be respectful of all speakers and presenters and will not be using cellular phones or PDA's for conversations or texting.
- 4-H delegates acknowledge that any, and all, adults have authority to serve and act in the role of chaperone during the event.
- 4-H delegates will behave with maturity and respect at dances. This includes the manner of dancing and respect for others.

WRITTEN NOTICE OF PASSIVE CONSENT

As a participant in National 4-H Congress your son or daughter may be asked to help with the evaluation of the program. At the end of each National 4-H Congress we conduct an evaluation to tell us how well the program is working. Your son or daughter may be asked to complete a written survey about what he or she may have learned from participating in the program. Youth are not required to participate in the evaluation. If your young person decides that he or she does not wish to participate, it will not affect his or her participation in National 4-H Congress. The survey responses will be anonymous and your son or daughter's responses will not be identified in any way.

During National 4-H Congress official videos and photos will be made for use in publicity and the National 4-H Congress DVD. If you do not want your son or daughter to participate in the evaluation or to be included in videos, photos, and other publicity of National 4-H Congress please notify Susan Stewart, Executive Director of National 4-H Congress, PO Box 367, Alpharetta, GA 30009, before your young person begins attending the program. Notification must be in writing

If I break this agreement or my conduct is not satisfactory to my state's chaperones, I understand that I can be sent home early and will be responsible for paying the plane/bus fare of approximately \$400. I also may be asked to return all funds expended upon my behalf during Congress. I understand that I may not be eligible to participate in future 4-H activities.

Participant's
Address

Parent's/Guardian's
Address

Parent's/Guardian's Phone Number(s)
Day ()
Night ()

PARTICIPANT'S SIGNATURE DATE

PARENT'S/GUARDIAN'S SIGNATURE DATE

**MUST BE POSTMARKED BY JULY 29.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**

“Become a Catalyst of Change”

2011 National 4-H Congress
November 25 - 29, 2011
Atlanta, Georgia



CONFIDENTIAL

DELEGATE HEALTH FORM

CONFIDENTIAL

PLEASE CARRY A COPY OF THIS FORM WITH YOU DURING YOUR TRIP.

Parent’s Statement: To be filled out **after November 1st**. Delegates must present this sheet to a State delegation adult advisor, before delegate can be registered onsite for National 4-H Congress

Name of Delegate: _____
LAST FIRST MIDDLE

Birth Date: _____ *Gender:* _____
Month Day Year Male Female

Home Address: _____
Number and Street/PO Box

City/State/Zip Code

Parent/Guardian: _____ *Home Phone:* _____
Cell Phone: _____ *Work Phone:* _____

Alternate Emergency Contact: _____
Name

Alternate Emergency Phone: _____
Phone Number

Insurance Company: _____ *Insurance Policy Number:* _____

I am of the opinion that _____ can SAFELY PARTICIPATE in National 4-H Congress and that he or she has no contagious or communicable diseases. His or her health is POOR FAIR GOOD (strike out words that do not apply) and he or she has had no illnesses within 30 days prior to departure. In case of emergency while participating in National 4-H Congress, permission is given for physicians to perform needed treatment. I will assume all financial obligations incurred if not covered by insurance.

Parent’s/Guardian Signature _____
(or of adult participant if applicable)

Notary Public

State of: _____ County of: _____

Sworn to and subscribed to before me this _____ day of _____, 20 _____

My commission expires _____, 20 _____

If the answer is "yes" to any of the following, enter the details in the space provided indicating the diagnosis, date of illness, name of hospital, length of hospitalization, name of doctor, etc.

	YES	NO
1 NERVOUS OR MENTAL Problems such as epilepsy, emotional stress, convulsions, loss of consciousness, dizziness, paralysis, Frequent anxiety, excessive crying. <i>If yes, please explain:</i>		
2 LUNG DISEASE Asthma, blood spitting, persistent cough, tuberculosis, abnormal chest x-rays. <i>If yes, please explain:</i>		
3 DISEASE OR HEART OR BLOOD VESSELS, INCREASED OR ABNORMAL BLOOD PRESSURE <i>If yes, please explain:</i>		
4 PAIN IN THE CHEST OR SHORTNESS OF BREATH Heart murmur, rheumatic fever <i>If yes, please explain:</i>		
5 STOMACH OR INTESTINAL TROUBLE Ulcers, gall bladder or liver disorders, jaundice, hernia, colitis. <i>If yes, please explain:</i>		
6 ARTHRITIS, DIABETES, KIDNEY OR BLADDER DISEASE <i>If yes, please explain:</i>		
7 HAY FEVER OR ALLERGIES <i>If yes, please explain:</i>		
8 ALLERGIES TO MEDICINES (including Penicillin, Tetanus) <i>If yes, please explain:</i>		
9 IMPAIRED SIGHT OR HEARING, CHRONIC EAR INFECTIONS <i>If yes, please explain:</i>		
10 RECENT SURGICAL OPERATIONS, ACCIDENTS OR INJURIES <i>If yes, please explain:</i>		
11 BEEN A PATIENT IN A HOSPITAL (other than #10) <i>If yes, please explain</i> :		
12 ANY INFECTIOUS DISEASE OR CONTACT WITH INFECTIOUS DISEASE IN THE TWO WEEKS PRIOR TO THIS TRIP. <i>If yes, please explain:</i>		
13 SKIN DISEASE <i>If yes, please explain:</i>		
14 ALLERGY TO FOODS <i>If yes, please explain:</i>		
15 MEDICATIONS YOU ARE CURRENTLY TAKING (list name and doses) <i>If yes, please explain:</i>		
16 UNDER ON-GOING CARE OF A PHYSICIAN FOR CHRONIC OR RECURRING PROBLEM (Name and telephone number of physician) <i>If yes, please explain:</i>		
17 DATE OF LAST FLU SHOT:	_____	
18 DATE OF LAST TETANUS BOOSTER:	_____	
19 LIST ANY SPECIAL NEEDS OR CONCERNS (<i>Attach additional page if need more space</i>)	_____	

Must be completed, notarized & postmarked between November 1-7, 2011.
Send to
WI Outreach, 436 Lowell Hall, 610 Langdon St., Madison WI 53703

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**FORM MUST BE
 TYPED OR PRINTED.**

CONGRESS DVD ORDER FORM

RETURN BY: Can be ordered before or during event.

ORDERS PRIOR TO EVENT SHOULD BE RETURNED TO: Dr. Susan Stewart
 National 4-H Congress Coordinator
 P.O. Box 367
 Alpharetta, GA 30009

NOTE: If the form is not legible, you will not receive your video. Be sure that your address is complete.

Congress DVD's will be available at a cost of \$18. DVD's will be mailed to delegates approximately three months after National 4-H Congress. They may be ordered before or during the event.

Check payable to: _____ (information to be provided later)

ORDER INFORMATION

Name:	_____		
Address:	_____		
City:	_____		
State:	_____	Zip:	_____
Phone:	_____	Email:	_____

For office use only:

_____ Check	Check Number: _____
_____ Cash	

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**FORM MUST BE
TYPED**

YOUTH DESIGN TEAM APPLICATION – REFERENCE FORM

Name of Applicant: _____

Name of Evaluator: _____

Evaluator Address: _____

Evaluator City, State, Zip: _____

Circle One: Extension Staff 4-H Volunteer High School/ College Instructor Other: _____

Evaluator, please rate the applicant on the following (U - unknown and 1-poor to 5-excellent). Each evaluator should place the completed form in a sealed envelope with the applicant’s name on the front and the evaluator’s signature across the seal. Envelopes should be returned to the 4-H member for attachment to the application.

	Unknown	Poor				Excellent
Leadership; Teamwork; Volunteerism						
Ability to work w/ different and diverse audiences (i.e. adults, younger children, ethnic groups, etc.)	0	1	2	3	4	5
Does fair share of work on joint projects	0	1	2	3	4	5
Serves as an appropriate role model for peers and younger youth.	0	1	2	3	4	5
Communicates ideas effectively.	0	1	2	3	4	5
Ability to get others to work together; compromise.	0	1	2	3	4	5
Volunteers to assist; carries through with responsibilities; knows when to say “no”.	0	1	2	3	4	5
Citizenship						
Willingness to work with others, regardless of diversity within a group.	0	1	2	3	4	5
Participates in activities involving issues of local importance.	0	1	2	3	4	5
Takes a stand on issues that applicant believes in.	0	1	2	3	4	5
Ability to work w/ authority figures to establish new and /or revised policies	0	1	2	3	4	5
Involvement in community service activities.	0	1	2	3	4	5
Professionalism						
Attitude (i.e. positive, professional, not arrogant.)	0	1	2	3	4	5
Appearance (neat, well-groomed)	0	1	2	3	4	5
Accepts/completes work assignments.	0	1	2	3	4	5
Exhibits enthusiasm in regard to increasing knowledge of subject matter.	0	1	2	3	4	5
Uses proper etiquette.	0	1	2	3	4	5
Exhibits appropriate behavior in public venues	0	1	2	3	4	5

Please add any additional comments regarding this applicant on the reverse side.

Signature of Evaluator: _____

Date: _____

**MUST BE POSTMARKED BY DECEMBER 9.
SEND TO:
WI 4-H OUTREACH, 436 LOWELL HALL, 610 LANGDON ST, MADISON WI 53703**