



**OUR DEADLINE IS APRIL 12TH!!!**

February 2023

TO: Applicants for State 4-H Teen Council

FROM: 

Rachel N. Guidugli, Ed.D.  
Extension Specialist for 4-H Youth Development

RE: State Teen Council Applications for 2023-2024

**4-H Youth Development**  
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Thank you for your interest in serving on the Kentucky State 4-H Teen Council (STC). This council has been an active part of the Commonwealth's 4-H program for many years. Past STC members include elected officials, College of Agriculture, Food and Environment administration, 4-H agents, business leaders, and many others who have been impacted by their experiences in 4-H. Good luck with your application to this distinguished council!

Each area grouping is asked to select up to four youth to represent their area grouping on the State 4-H Teen Council. The number of vacancies that are available to a area grouping may change each year. The total of 42 members from the area groupings make up the State 4-H Teen Council. Selection of the area grouping representatives will be made at the area grouping level through a process facilitated by the STC/Teen Contact Agent(s). Vacancies from area grouping positions will be opened up to the state after May 1, please see guidelines below. There at least three At-Large positions available yearly on the State Teen Council. These positions are for individuals who will represent the entire state. The purpose of the At Large positions is to increase representation of underserved audiences on the State Teen Council. Due to the diversity of teen programs across the state, there is no mandated method of selecting the area grouping representatives, the Director of Kentucky 4-H will review the At-Large applications and select the representatives who will serve in those positions. **It is the spirit of this process that those selected will show exemplary leadership and teamwork skills, as well as having a strong commitment to 4-H and the State Teen Council.** Selected representatives are elected to a two-year term SUBJECT to 4-H eligibility. Please review the 4-H age policy to determine your eligibility. Your membership as some selected representative ends during the program year in which you age out of 4-H.

**PLEASE TAKE NOTE OF THE FOLLOWING:**

Area grouping representative paperwork and information must be reported to Rachel Guidugli no later than May 1<sup>st</sup> via Qualtrics. Therefore, area groupings will have selection prior to this date.



The At-Large positions must submit their application to Rachel Guidugli by May 1<sup>st</sup>. The 4-H Agent or the individual may submit their form. Applicants must decide if they want to apply for a area grouping position or an At-Large position. They cannot apply to both. Applicants for the At-Large positions must complete a video interview and send with application. Please see supplemental information for details (Form 5).

To minimize vacancies and to increase the opportunity for youth to serve on STC that all unfilled area grouping spots will go into a state-wide pool for service on the State Teen Council for one-year terms. The state-wide pool of all vacant positions will be filled after June 1<sup>st</sup>, but before Teen Conference. The individuals selected from the state-wide pool will serve their area grouping for a one-year term, but if they qualify are eligible to serve again either in their area grouping or through the state-wide pool. Individuals applying for the state-wide positions must have their application submitted via email to Rachel Guidugli by May 4<sup>th</sup>. Applicants for the state-wide positions must complete a video interview and send with application. Please see supplemental information for details (Form 5).

### **Attendance**

There is a significant time involvement to serving on the State Teen Council. Attendance at 4-H STC meetings is considered **mandatory** and absence or tardiness may lead to removal from the council. With only four meetings a year it's very important that everyone attend the full meeting each time. Those individuals, who cannot attend the meetings, should not apply to be on STC. STC members are expected to be at the 4-H Summit session they are assigned and all of Kentucky 4-H Teen Conference in addition to meetings.

Arranging travel to the meetings is your responsibility.

### **Meeting Cost**

In addition to the time commitment, there are fees associated with being involved on the State 4-H Teen Council. These include, but are not limited to, the following:

|  |   |       |
|--|---|-------|
| 5 STC Meetings (September, November, February, April, June) \$50 | = | \$200 |
| 4-H Teen Conference  | = | \$250 |
| 4-H Summit   | = | \$25  |
| Total Expenses   |   | \$515 |

The Kentucky Farm Bureau supports the financial operations of the State Teen Council, above prices are subsidized by their generous donation. It is encouraged that you work with the youth and adult councils, businesses and leadership in your county to secure funding for this participation. However, it is your responsibility to ensure that these are paid in a timely manner. Please have your 4-H agent contact Rachel Guidugli if financial concerns may keep you from membership on the STC. State Teen Council fees are subject to the Kentucky 4-H Fee & Late Payment Policy, lack of payment may mean removal from council.

### **Fundraising**

State 4-H Teen Council teaches its members how to plan, implement, fund and evaluate activities and events. This includes creating a budget and fundraising to support their anticipated expenses. The State 4-H Teen Council will select one or more fundraising opportunities during the year to help fund their program. This money is used to support the work of committees, pay for the special events and cover the cost of incidentals that help the council. It is an expectation that all STC members will participate in the raising of funds for the council. In addition, all STC members will be asked to make a donation to the Kentucky 4-H Foundation. The amount of this donation is not important. The goal is to demonstrate that the KY 4-H STC has 100% of its membership supporting the organization that provides financial support to KY 4-H activities.

### **Educational Programming**

The State Teen Council will develop a project to take back to their county and area groupings to share with youth and adults. They are expected to participate and complete proper reporting. Each year the STC will be involved in leadership and college/career readiness activities to develop their skills related to the next step in their life.

### **Being a Liaison to Your County/Area grouping**

State 4-H Teen Council members must be in good standing with their county 4-H program. State 4-H Teen Council serves to help with the two-way flow of information from the state to the county/area grouping level. This means that all STC members are expected to attend their county or area grouping councils. After each meeting, STC members should contact their appropriate staff and volunteers to share information. Failure to serve in this role may result in losing your spot on STC. Membership on the STC is dependent on being a member in good standing in your county program. Communication with the local 4-H agent is vital to success of the STC members.

### **Behavior & Conduct**

STC members are considered representatives of the overall, Kentucky 4-H Program. As such, their behavior, conduct, dress and actions reflect the standards of 4-H in Kentucky. STC members should serve as role models for other 4-H members in the State and adhere strictly to the code of conduct. Members that fail to adhere to these expectations may be dismissed from the council.

# State Teen Council- Area Grouping Representative Application

*The following information should be submitted to your 4-H Agent along with any additional forms required. At-Large Position applications due May 1<sup>st</sup> to Rachel Guidugli.*

*Area Grouping representatives reported to Rachel Guidugli May 1<sup>st</sup>.*

*Vacancy in Area Groupings will be filled by a state-wide pool. If you are interested in applying for the state-wide pool then your application must be submitted to Rachel Guidugli by May 4<sup>th</sup>.*

|             |            |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

### **Project Proposal (REQUIRED)**

Please write a one-half to one-page project proposal. All project proposals will be voted on by STC members with one selected for implementation in a 60-minute, workshop format geared toward middle school youth (but easily adaptable for younger or older youth). These should be clearly outlined and specific. As the person proposing this, you will be leading the committee if your project is selected:

- A) The selected topic with a brief explanation of why this is important to KY 4-H.
- C) Step by step instructions on what will be taught in the workshop.

### **Professional Resume (REQUIRED)**

Please attach your professional resume which outlines your qualifications to serve as a representative on the State Teen Council. Please refer to the *Kentucky 4-H Workforce Preparation and Career Readiness* curriculum, Chapter 5, *Going for It: Resume* and *Resume Construction* to prepare this document. Below are areas that need to be evident in your professional resume.

- A) Qualification Highlights
- B) Work Experience
- C) Volunteer Experience
- D) 4-H Involvement and School Involvement
- E) Awards or Honors

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 2023- 2024 State 4-H Teen Council - Applicant Information

**Please fill out the following information completely.** Area grouping position forms should be sent to Rachel Guidugli via the Area grouping STC Agent to by May 1st. At-Large applications are due to Rachel Guidugli by May 1<sup>st</sup>. If area grouping positions are not filled by May 1<sup>st</sup> those positions will go into a statewide pool. If you are interested in applying for the statewide pool those applications must be submitted by May 4<sup>th</sup>. **Attendance at meetings is mandatory!** **Please note that, according to the State Teen Council constitution, all area grouping applicants must be 15-18 (by 4-H age) to be eligible to be on the State Teen Council.**

|  |   |   |  |
|--|---|---|--|
| First Name:  | Last Name:  | Birthday:   |  |
| Street Address:  |   | County & Area grouping:                                     |  |
| City:  |   | Zip Code:   |  |
| Cell Phone:  |   | Email:  |  |
| Polo/T-Shirt Size:      Small    Medium    Large    XLarge    XXLarge    XXXLarge  |   |   |  |
| Are you a returning State Teen Council Member?   | YES   | NO  |  |
| Term:  | Serving FIRST YEAR of two-year term.  | Serving SECOND YEAR of two-year term.                       | AT-LARGE POSITION  |
|  |   |   | STATEWIDE POOL   |
| <p><b>PLEASE make sure you can attend the meetings before committing to being on STC. Not attending meetings inhibits the effectiveness of the ENTIRE council. There is a strict attendance policy we enforce!</b></p> <p><b>All members on STC are also expected to attend 4-H Teen Conference and 4-H Summit. No exceptions!</b></p> <p><b>STC members understand that due to the obligation to attend Teen Conference they cannot serve on 4-H Summer Camp Staff and STC the same year.</b></p> | STC Meeting 1:<br>September 15-17, 2023   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <ul style="list-style-type: none"> <li>• ACT tests are held around these same dates. Plan accordingly, attendance is mandatory at STC meetings.</li> <li>• Sports and band June conflict with meetings. Missed meetings will result in dismissal from the council.</li> <li>• STC members are required to attend 4-H Summit with their county, work with 4-H Agent.</li> </ul> |
|  | STC Meeting 2:<br>November 3-5, 2023  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | STC Meeting 3:<br>February 2-4, 2024  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | 4-H Summit:<br>March 14-16, 2024  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | STC Meeting 4:<br>April 19-21, 2024   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
|  | STC Early Arrival:<br>June 10, 2024<br>4-H Teen Conference:<br>June 11-14, 2024   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| <p><b>Representative Signature:</b></p> <hr/> <p><b>Parents Signature:</b></p> <hr/> <p><b>Agent Signature:</b></p> <hr/>  | <p>Due to our active meeting schedule, business is conducted through social media in between meetings. STC members are added to a <i>closed</i> Facebook group and are expected to participate in the online discussion on a regular basis. Additionally, all members are expected to sign-up for a gmail account. (first initial last name ky4h) (Example: mobleky4h)</p> <p>Meeting information is not mailed to STC members or agents.</p> |   |  |





## 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: \_\_\_\_\_ County/District: \_\_\_\_\_  
Last First  
 Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm:  Yes  No  
 Youth Adult  Male  Female   
 Race:  Asian  White  Black  American Indian  Hawaiian & Pacific Islander  Hispanic  Non-Hispanic Grade: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_  
 Emergency Contact #2: \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_ Phone  H  W  C \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

### HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1) Asthma.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Allergy to Insects.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses/Contacts.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Other Conditions.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Drug Allergy (please explain) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Food Allergy (please explain) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Allergy (please explain) ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine Pill      | <input type="checkbox"/> Antacid      | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Hydrocortisone Cream            |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine         | <input type="checkbox"/> Polysporin (topical antibiotic) |

### MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. **SIGNATURE OF PARENT/PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

**SIGNATURE OF PARENT:** \_\_\_\_\_  **NO, I do not permit**



# 4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vaping, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_ County \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**2022-2023 State 4-H Teen Council – At-Large and State-Wide Applicants ONLY**

Please record a professional video answering the following questions. This will be evaluated as part of your application to serve on the Kentucky 4-H State Teen Council. The video must accompany your paper application. You can email videos to [rachel.guidugli@uky.edu](mailto:rachel.guidugli@uky.edu) or you can share them via Google Drive to [rnobleky4h@gmail.com](mailto:rnobleky4h@gmail.com).

- 1) Name, Area Grouping, County
- 2) Please share why you want to serve on the State Teen Council.
- 3) What are activities you've done through 4-H in your community? Area Grouping? State?
- 4) What has been your most rewarding experience in 4-H?
- 5) If someone were you ask you what 4-H is how would you explain it? Pretend like they have never heard of 4-H before.
- 6) What qualities can you bring to the 4-H State Teen Council?
- 7) What are ideas you would share with the 4-H State Teen Council?
- 8) What are your goals? Personal, academic, professional, 4-H.
- 9) What are the mandatory events for 4-H State Teen Council members?
- 10) Do you think the 4-H State Teen Council is an important aspect of Kentucky 4-H? If so, why?

