

Holiday Lake 4-H Educational Center Camp Volunteer Checklist & Documentation Form



Volunteer Name:	I	Role:		
Unit:	Agent:			
Staff Screening	_			
Extension Agent or staff member	should initial each of	the following	as they are complete	
Personal Interview		General Waiver (when applicable)		
National Sex Offender Registry check		Equine Waiver (when applicable)		
Virginia Sex Offender Registry check		Special Dietary Needs Form (when		
Health History FormStandards of Behavior for 4-H VolunteersMedia Release Form		applicable)Medication Form (when applicable)		
				Reference checks (work history optional)
		4-H Volunteer Application/Enrollment*		Criminal background check
*4-H Volunteer Application/Enrollm			'	
Pre-Camp Training	,, 1	,	,	
Extension Agent, staff member of training.	volunteer should ch	eck each topic	as it is covered in pre-camp	
□ Camp purpose	□ Camper supe	rvision	 Volunteers' roles in health care Blood borne pathogens/universal precautions 	
□ Camp goals	(lodge checks	, day and		
☐ Youth development through 4- H camping	nighttime) □ Child protecti	ion		
 Training expectations (for paid and volunteer staff) 	□ Accountabilit command	y/chain of	 Medication collection and administration procedures 	
□ Position descriptions (for paid and volunteer staff roles: CIT, teen counselor, adult	□ Recognizing, preventing, re child abuse/o	hild	☐ 4-H center emergency policies and procedures	
volunteer, staff)	maltreatment		□ Sensitive issues	
 Roles and expectations (of paid and volunteer staff) 	□ Limits of auth□ Developments	al	 Camp as an inclusive environment 	
□ Standards of behavior	characteristic age youth	es of camp-	□ Programming objectives	
□ Expectations for volunteer performance and evaluation of	□ Managing you behavior at ca		 Programming safety considerations 	
performance	□ Role modeling	τ .	Programming operating proceduresCommon 4-H camp situations	
☐ Time off and leaving camp policies	□ Negligence/lia			
☐ Sexual harassment (types, how	y of care	<i>3 1</i>		
to respond)	□ Above Suspic	ion Policy	□ Other:	
Assessment of 4-H Camp Staff	Competency Compl	etion Date: _		
Volunteer Signature: Date:				
Agent Signature:			Date:	