



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



Volunteer Name: \_\_\_\_\_ Role: \_\_\_\_\_

Unit: \_\_\_\_\_ Agent: \_\_\_\_\_

### Staff Screening

Extension Agent or staff member should initial each of the following as they are completed.

- |   |   |
|---|---|
| _____ Personal Interview  | _____ 4-H Camp Teen Counselor Application (for teens 14-18) |
| _____ National Sex Offender Registry check                            | _____ General Waiver (when applicable)                      |
| _____ Virginia Sex Offender Registry check                            | _____ Equine Waiver (when applicable)                       |
| _____ Health History Form   | _____ Special Dietary Needs Form (when applicable)          |
| _____ Standards of Behavior for 4-H Volunteers                        | _____ Medication Form (when applicable)                     |
| _____ Media Release Form  | _____ Reference check & work history (optional)             |
| _____ 4-H Volunteer Application/Enrollment Long Form (for adults 19+) | _____ Criminal background check (optional)                  |

### Pre-Camp Training

Extension Agent, staff member or volunteer should check each topic as they are covered in pre-camp training.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Camp purpose  | <input type="checkbox"/> Camper supervision (lodge checks, day and nighttime)              | <input type="checkbox"/> Medication collection and administration procedures |
| <input type="checkbox"/> Camp goals  | <input type="checkbox"/> Child protection  | <input type="checkbox"/> 4-H center emergency policies and procedures        |
| <input type="checkbox"/> Youth development through 4-H camping   | <input type="checkbox"/> Accountability/chain of command                                   | <input type="checkbox"/> Sexual harassment policies                          |
| <input type="checkbox"/> Training expectations (for paid and volunteer staff)  | <input type="checkbox"/> Recognizing, preventing, reporting child abuse/child maltreatment | <input type="checkbox"/> Sensitive issues                                    |
| <input type="checkbox"/> Position descriptions (for paid and volunteer staff roles: CIT, teen counselor, adult volunteer, staff) | <input type="checkbox"/> Limits of authority   | <input type="checkbox"/> Camp as an inclusive environment                    |
| <input type="checkbox"/> Roles and expectations (of paid and volunteer staff)  | <input type="checkbox"/> Developmental characteristics of camp-age youth                   | <input type="checkbox"/> Programming objectives                              |
| <input type="checkbox"/> Standards of behavior   | <input type="checkbox"/> Managing youth behavior at camp                                   | <input type="checkbox"/> Programming safety considerations                   |
| <input type="checkbox"/> Expectations for volunteer performance and evaluation of performance                                    | <input type="checkbox"/> Role modeling   | <input type="checkbox"/> Programming operating procedures                    |
| <input type="checkbox"/> Time off and leaving camp policies  | <input type="checkbox"/> Negligence/liability/duty of care                                 | <input type="checkbox"/> Common 4-H camp situations                          |
| <input type="checkbox"/> Sexual harassment (types, how to respond)   | <input type="checkbox"/> Above Suspicion Policy  | <input type="checkbox"/> Other: _____  |
|  | <input type="checkbox"/> Volunteers' roles in health care                                  | _____  |
|  | <input type="checkbox"/> Bloodborne pathogens/universal precautions                        |  |

Assessment of 4-H Camp Staff Competency completion date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_