



Arizona 4-H Travel Packet Checklist

Completed Travel Packet Must Include the Following Documentation:

- _____ **Signed Checklist**
- _____ **Tentative Itinerary**
- _____ **Budget Proposal**
- _____ **Educational Purpose and Impact**
- _____ **Signed Risk Management Documentation:
Contacts, Worksheet, Checklist**

For out-of-state travel:

This packet must be turned into the Arizona 4-H Office prior to booking any lodging or transportation.

County Office Use Only

Received by: _____ Date Received: _____

Packet Completed: Yes No

If no, explain why _____

County Agent Signature: _____

State Office Use: Only if traveling outside of Arizona

State 4-H Staff (print name): _____ Date Received: _____

Packet Completed (with signatures): Yes No

Comments: _____

State 4-H Staff Signature _____



Tentative Itinerary

4-H Club Name: _____ Date: _____

Trip Contact Person: _____ Primary Phone Number: _____

Please complete the following information prior to booking and keep this sheet in an accessible location where volunteers and staff can have easy access if necessary.

Trip Information

Departure Information

Departure Date: _____ Departure Location: _____

Time of Departure: _____ ETA: _____

Destination: _____

Return Information

Return Date: _____ Departing from: _____

Time of Return: _____ ETA: _____

Location of Arrival: _____

Method of Transportation

Personal Vehicle Rental Car Train Bus Flying

Other: _____

Lodging Information

Hotel Name: _____ Dates of Stay: _____

City, State, Zip: _____

Phone #: _____ Number of rooms: _____

List of Travelers (an attached list is also acceptable)

Names of Chaperones: _____

List of youth members expected to attend: _____



Budget Proposal

4-H Club Name: _____ Date: _____

Person Filling Out Form: _____ Primary Phone Number: _____

**Please complete the “Budgeted” section of this form for approval and prior to your trip.
 Use the “actual” section to keep track of your expenses. Keep this sheet in an
 accessible location where volunteers and staff can have easy access if necessary.**

INCOME: Source, Use, Purpose	Budgeted	Actual
Donations/Gifts		
Fundraising/Event(s)		
All Other Income		
TOTAL INCOME		

EXPENSES: Describe	Budgeted	Actual
Transportation to and from destination (airfare, rental car, etc...)		



Educational Purpose and Impact

4-H seeks to support youth in as many educational opportunities as possible. Every trip or event affiliated with 4-H should be founded on positive youth development and should have an education purpose and impact for youth. Please fill out the following document explaining the educational purpose of the trip.

1.) Which of the following mission mandates does this trip fall under (check all that apply):

- Citizenship (i.e. civic engagement, service, leadership)
- Healthy Living (i.e. nutrition, fitness, social-emotional health)
- Science (i.e. animal science and agriculture, engineering, technology)

a) Please elaborate on how this experience falls into the mission mandate(s) selected above.

2.) Give a short summary on the educational purpose and impact of this trip.

3.) How will youth be learning and strengthening the skills outlined in the education purpose (question 2)?

4.) How will youth use what they learned during this trip once they return to their home communities?



4-H Event Risk Management – Contacts

Title of Event/Activity: _____

Contact Person: _____ Primary Phone Number: _____

Please complete the following contact information prior to your event, and then keep this sheet in an accessible location where volunteers and staff can easy access if necessary.

*required to fill out

Destination Emergency Contacts	Name	Phone Number
*Nearest Hospital to Destination		
*Second Nearest Hospital to Destination		
*Town Non-Emergency Police Department		
*Town Non-Emergency Fire Department		

Extension Contacts: Name	Phone Number	Email (if applicable)
State 4-H Leader: Jeremy Elliott-Engel	520-621-3390	elliottengelj@email.arizona.edu
State 4-H Program Coordinator Sr.: Ashley Patricia Parra	520-621-5316	ashparra97@email.arizona.edu
*County Extension Office: _____		
*County Extension Staff Person: _____		
Additional County Extension Staff Person: _____		

Additional Contacts	Phone Number	Secondary Phone Number (if applicable)
Poison Control	1-800-222-1222	
National Suicide Prevention Hotline	1-800-273-8255	
AZ Department of Child Safety	1-888-767-2445	
Crisis Intervention Hotline	1-800-631-1314	1-602-222-9444
Southern Arizona Children's Advocacy Center	1-520-724-6600	
National Child Abuse Hotline	1-800-422-4453	



4-H Event Risk Management – Worksheet

List potential risks and the steps you will take to prevent accidents or injuries.
Consider risks to participants, volunteers, property, equipment, or the 4-H organization.

Examples of risks to consider when planning an event:

- Physical harm – participants, by-standers, and animals
- Emotional harm – rejecting, ignoring, etc.

Potential Risks to Participants	Steps to Manage Risk
<i>Example: Participant could be stepped on by livestock.</i>	<i>Example: Request participants wear appropriate closed toed shoes.</i>
<i>Example: By-standers could yell cruel things at a member based of their religious affiliations.</i>	<i>Example: Though you can't prevent or predict what by-standers will do, you can discuss with your member how in 4-H we don't discriminate.</i>



4-H Event Risk Management – Checklist

Please verify that the following has been completed or you have it prior to and during your event.

Risk Management Forms for Each Participant	Completed	Date Completed
Enrolled in 4-HOnline		
Signed Code of Conduct		
Media Release Form		
Youth Medical Form		
Adult Volunteer Medical Form		
Accident / Incident Report – blank form		

Additional Risk Management Tools	Completed/ On Hand	Not Needed
Special Event Insurance		
First Aid Kit		
Emergency telephone list including parent contact information		
Available telephone		
Additional supervision by older youth, parents, or volunteers – screened if required if alone with youth		

County Office Use Only

Received by: _____ Date Received: _____

Meets required risk management standards: Yes No

If no, explain why _____

Assigned staff to handle risk management concerns: _____

County Agent Signature: _____

State Office Use: Only if traveling outside of Arizona

State 4-H Staff: _____ Date Received: _____

Meets required risk management standards: Yes No

State 4-H Staff Signature _____



What to do?: 4-H Event Crisis Management

Take one copy of this sheet with you when you attend any University of Arizona Cooperative Extension or Extension involved activity.

ON-SITE IN A CRISIS OR POTENTIAL CRISIS

1. Call appropriate emergency personnel: **911** (Emergency) or the appropriate agencies on 4-H Event Risk Management Plan – Contacts.
2. See to any injured persons using appropriate **first aid**.
3. Get other participants to a **safe location** to avoid further injuries, and to provide enough room to work on the injured person.
4. Call your county **Extension Office** or 4-H staff person immediately. Be prepared to tell **extension personnel** as much information as possible, even information that has yet to be confirmed.
 - a. This includes:
 - i. Number and extent of injuries.
 - ii. Names of injured.
 - iii. Location of responding hospital or emergency care center.
 - iv. Description and location of the incident.
 - v. Total number of people involved (number of youth, number of adults.)
5. Because county office phones may quickly become clogged with calls for information, request an **alternate phone** (office next door, etc.). _____
6. **Tell any news media** that call or show up:
 - Do not comment or disclose any information about the situation or people involved.
 - Refer media requests to University of Arizona personnel for more complete information.

Call: County-based 4-H professional at home and/or other offices that have people involved in the activity. See “4-H Event Risk Management – Contacts” for county-based 4-H professional contact information.



ARIZONA 4-H ACCIDENT / INCIDENT REPORT FORM

Arizona Cooperative Extension is requesting information to report the nature and circumstances of accidents and incidents occurring at UACE programs. If you do not provide requested information the report may be without pertinent information. The information you provide may be shared with appropriate UACE employees, UACE/4-H volunteers, officials, medical personnel, and others as needed. Information provided to UACE may also be shared among offices within the University of Arizona and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law.

Camp / Event Name: _____ Date: _____

Date of Incident/Accident: _____ Hour: _____ a.m. / p.m.

Type of incident: ___ Behavioral ___ Accident ___ Epidemic ___ Illness ___ Other(describe): _____

Address / Location of Event: _____

Name of injured person involved: _____ Date of Birth: _____ Sex: _____

Check one: ___ Participant ___ Camper ___ Visitor ___ UACE/4-H Volunteer ___ UA Employee ___ Parent

Address: _____ Phone: _____

Name of Parent/Guardian (if minor): _____

Address: _____ Phone: _____

Name/Addresses/Telephone Number of Witnesses (Attach signed Witness Form statements):

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Describe the Accident/Incident in detail, including the sequence of activities and what the individual/injured was doing.
[Attach extra pages if needed]:

Where occurred? [Specify location of accident/incident, including location of individual/injured and witness(es). Use diagram to locate persons/objects, if appropriate]:

Was individual/injured participating in an activity at time of injury? ___ Yes ___ No

If so, what activity? _____

Actions taken at time of incident/accident: by Extension Employee(s) or UACE/4-H volunteer(s) _____

Actions taken to prevent similar incident/accident _____

Medical Report of Accident / Incident

Were parents notified? Yes ___ No ___ By: Writing ___ Phone ___ Other ___

By whom? _____ Title: _____ When? [time & date]: _____

Parent's Response: _____

Description of Injuries: _____

If first aid/treatment was given at the camp/event site, describe:

Where: _____; By whom: _____

Action(s) taken: _____

Were Universal Health Care Procedures used while administering first aid or treat? ___ Yes ___ No

Describe procedures used: _____

Additional Assistance Summoned? Yes ___ or No ___. If yes, time of call: _____

Ambulance #/Name of Company Responding: _____

Police Department/Officer Responding: _____ Badge # _____

Was injured transported? Yes ___ or No ___. If yes: By Whom: _____

Where: Doctor's Office ___, Hospital ___, Camp/Site Health Service ___, Other _____

Person(s) to be notified of transport (attempt to notify immediately and continue efforts):

Name(s) _____ Phone #: _____ Relationship to injured: _____

Contact Made: Date _____; Time _____; Method _____

If not transported, subsequent action taken: _____

Check here if Injured (over 18 or parent or guardian if under 18) refused treatment _____ or transport _____

UACE/UNIVERSITY Persons notified of accident / incident:

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Describe any contact made with/by the media regarding this situation: _____

Signed: _____ Position: _____ Date: _____ Time: _____

- Insurance Notification:**
- 1. Parent's Date: By: ___ Parent ___ UACE
 - 2. UA Health Insurance Date: By: ___ Parent ___ UACE
 - 3. Worker's Compensation Date: By: ___ Parent ___ UACE
 - 4. Camp/Event Accident Insurance Date: By: ___ Parent ___ UACE