



4-H Event Risk Management Worksheet – Contacts

Title of Event/Activity: _____

Contact Person: _____ Primary Phone Number: _____

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

Emergency Contact	Phone Numbers	Phone Numbers
(Town) Police Non-Emergency		
(Town) Fire Department Non-Emergency		
AZ Department of Public Safety	602-223-2000 (Operator)	
Red Cross	602-728-9600 (Phoenix, 24 th ST. and Camelback)	602-336-6660 (Phoenix, 32 nd ST. and Roeser)
Central Arizona Crisis Response Network	602-222-9444 (Local)	800327-9254
Arizona Department of Health Services (Nearest Hospital)	602-542-1025 (General)	
(Second Nearest Hospital)		

Extension Contacts	Phone Number	Phone Number
Kim Christman – Maricopa 4-H Agent	419-351-9042 (cell)	602-827-8291 (work)
Robin Etnyre – Maricopa 4-H Prog. Coord.	815-718-5662 (cell)	602-827-8231 (work)
John-Martin Rigsby – Maricopa 4-H Prog. Coord.		602-827-8286 (work)
Jennifer Wolf – Maricopa 4-H Prog. Coord.		602-827-8284 (work)
Ed Martin – Maricopa County Director		602-827-8232 (work)
TBD – State 4-H Director		
Jeff Silvertooth – State Extension Director		520-621-7205 (work)

Departments	Phone Number	Phone Number
Poison Control	1-800-222-1222	
Child Abuse Hotline	1-888-767-2446	1-800-530-1831
AZ Department of Child Safety	1-602-255-2500	
Crisis Intervention Hotline	1-602-222-9444	1-800-631-1314
Child Advocacy Center	1-480-922-8212	
National Child Abuse Hotline	1-800-422-4453	



4-H Event Crisis Management Plan

Take one copy of this sheet with you when you attend any University of Arizona Cooperative Extension or Extension involved activity. Leave a second copy with your office/registration staff.

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**, if it is open, and ask them to make the remaining contacts.
 - a. **County Office Number – 602-827-8200**
 - b. **4-H Staff Phone numbers – see “4-H Event Risk Management Plan – Contacts”**

AT THE COUNTY OFFICE IN A CRISIS OR POTENTIAL CRISIS

1. Be prepared to tell **Extension personnel**, including the County Extension Director, as much information as possible, even information that has yet to be confirmed.

This includes:

 - Number and extent of injuries.
 - Names of injured.
 - Location of responding hospital or emergency care center.
 - Description and location of the incident.
 - Total number of people involved (number of youth, number of adults.)
2. Because county office phones may quickly become clogged with calls for information, identify an **alternate phone** (office next door, etc.) if at all possible: _____
3. **Tell any news media** that call or show up:
 - To call Ed Martin, Maricopa County Director for most complete information.
 - Or, that no information is available yet, but will be available soon through the county or state Extension office.
4. **If the county office is closed, make sure the following individuals are notified as soon as possible.** Be prepared to pass along the information listed in #1. If you can, also include the **county Extension office**:
 - **Phone # - 602-827-8200**
 - **Fax # - 602-827-9292**

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



4-H Event Risk Management Worksheet - 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
Verified that member is enrolled in 4-H		
Verified that Youth has signed Behavior Guideline		
Photo, Video, and Audio Release Form		
Youth Medical Form		
Adult Volunteer Medical Form		
Incident / Accident 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		

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: _____

Agent Approval: _____