

STATE OFFICE 1140 E. South Campus Dr., Tucson, AZ 85721 • Phone: (520) 621-7205 • extension.arizona.edu

Please use this checklist when completing your National 4-H Conference Application:

- Complete ALL pages of the application. Incomplete applications will be returned. 1.
- 2. Write legibly or type your registration.
- 3. In addition to application, a cover letter and video must be attached as well.
- MUST have an emergency contact with phone number. 4.

Age Requirement:

Participants MUST be 16 by January 1, 2020 The registration packet forms are fillable - please type, print, and send to your county extension office. The list of county office addresses is below.

Conference Registration cost:

For Arizona 4-H Delegation including transportation cost: \$2,000.00- Due after selection has been made on Dec. 15th, 2020

Applications are due to each of your respective county extension offices by November 15, 2019

Apache County Extension PO Box 369 St. Johns, AZ 85936

Graham County Extension PO Box 127 Solomon, AZ 85551

Mohave County Extension 101 E. Beale St. Kingman, AZ 86401

Santa Cruz County Extension 489 N. Arroyo Blvd. Nogales, AZ 85621

Cochise County Extension 450 S. Haskell Ave. Ste. A Willcox, AZ 85643

Greenlee County Extension 1684 Fairgrounds Rd. Duncan, AZ 85534

Navajo County Extension 748 N. 3rd St. Holbrook, AZ 86025

Yavapai County Extension 840 Rodeo Dr., Bldg. C Prescott, AZ 86305

Coconino County Extension 2304 N. 3rd St. Flagstaff, AZ 86004

LaPaz County Extension PO Box 3485 Parker, AZ 85344

Pima County Extension 4210 N. Campbell Ave. Tucson, AZ 85719

Yuma County Extension 2200 W. 28th St., Ste. 102 Yuma, AZ 85364

Gila County Extension 5515 S. Apache Ave. Ste. 600 Globe, AZ 85501

Maricopa County Extension 4341 E. Broadway Phoenix, AZ 85040

Pinal County Extension 820 E. Cottonwood Ln. Bldg C Casa Grande, AZ 85122





Name:		Phone:			
Address:	Please Print		Home	Cell for Text alerts	Check #
Age: (Must be 16 by January Participants E-mail	P.O. Box or Male Female (1, 2018)	State,	City, Year(s) in 4-H	Z ip Code	Date Received Medical Form Code of Conduct Media Release Payment of \$ Received By
County:	Hometown news		e:		(Initials) For County Office use Only
Ethnicity:	Hispanic Hispanic Non- American Indian/Alaska Na n; Native Hawaiian <u>/Pa</u>			canAmerican	
Γ-Shirt Size:	SmallMedium_		eX-Large	XX-Large	

Societal Topic : Applicants must select a societal topic that focuses on issues facing youth across the county and prepare a short video that explains the issue from a facts based standpoint. Please explain the issues in a short paragraph on an attached document.

Additional Application Materials Required:

- 1. National 4-H Conference Application
- 2. 1 Page Cover Letter Outlining why you would like to attend conference. The letter should include information on your 4-H involvement. See attached rubric for more guidance.
- 3. A video (1 minute- 2:30 Minutes/Seconds Length) that highlights a societal topic that you are passionate about. See attached rubric for more guidance.
- 4. A signed Conduct Agreement, Media Release, and Medical Information Form.

COUNTY 4-H YOUTH DEVELOPMENT PROFESSIONAL: Please sign and date in the box below to indicate that you support this applicant applying to attend the National 4-H Conference for 2020.

PARTICIPANT AGREEMENT: I agree to participate fully in 4-H Conference programs, activities, conform to group

PARTICIPANT AGREEMENT: I agree to participate fully in 4-H Conference programs, activities, conform to group rules & expectations, and work to become part of the Conference community. I also understand that drugs, alcohol, all tobacco products and weapons are not to be brought to or used at 4-H Conference and my photo could be taken and used for publicity or documentation purposes.

I do not wish to be Photographed at Conference, Group Photos etc. Do not release my name & address, to participants. I am requesting special meals. Type:

Initial (See Multimedia Release Form attached.)

Initial

Participant Signature:

Date:

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National 4-H Conference Application/Cover Letter/Video Grading Rubric

Organization and Neatness: High Score- 5

5 4	3 2	1 0
Typed Application Materials	Mostly Legible	Illegible writing, poor use of grammar and spelling
Proper use of grammar and	Few areas of neatness	
spelling	If handwritten, penmanship is	Disorganized and unclearly communicated thoughts
Application clearly	neat.	
communicates thoughts		Evidence of hastily arranged
	Reader is able to follow	application
Application Materials are organized and completed	communicated thoughts	
neatly and legibly	Evidence of grammar &	
	spelling rules have been	
	followed	

Quality of Cover Letter: High Score- 10

10 9 8	7	6	5	4	3	2	1	0	
Letter body paragraph focuses on 4-H participation in projects ,leadership, service	Thoughts are not fully communicated				None of the focus areas were covered in letter				
Business letter format was followed with introduction,	Business letter format was attempted				Evidence of prior 4-H participation is not clear				
body, summary paragraphs Thoughts are clearly		ast on 4-l was writ	•	•		•	ticipat munica	tion was ated	not
communicated					Cover subm		was n	ot	

Societal Topic Choice: High Score- 10

10 9 8	7	6	5	4	3	2	1	0	
Topic can be considered a national issue		e consid vide issu			Can b issue	e cons	iderec	l only a	i local
Both sides of the issue have been considered and stance is supported with facts, figures or other substantial evidence as well as emotional appeal	been	orted sol	red and	e have stance is motional	consid not fu	lered lly res			
Video Engages viewer through use of images, footage, words, monologue and creativity Video falls within 1-2:30 Minute Range	•	h of vide ently use age				lengtl	h does ired le	not fa ngth.	II

Video Submission Quality: High Score- 5

5 4	3 2	1 0
Vide is submitted as a	Video is difficult to access	Video quality is
YouTube.com link		uncomfortable for viewers to
	Video quality needs	watchi.e.: shaky, unfocused
Video quality is high, material	improvement	or fast movement from
is organized and focused		camera work.
Video content is appropriate		Video submission is not
for all audiences		accessible to selection
		committee

Completeness of Application: High Score- 10

10 9 8	7	6	5	4	3	2	1	0
All required forms are signed and complete	Most comp		orms are	1	Portio missii		applic	ation are
Full application was submitted by deadline		questio arly ans	ons may l wered	be	Signa	tures a	are mi	ssing
All questions have been thoroughly answered		·				cation itted a		een ne deadline
						tions h swered		een left



CODE OF CONDUCT

The mission of Arizona 4-H Youth Development is to provide a variety of educational opportunities which will assist youth to become capable and contributing members of our global society. In fulfilling this mission, certain standards of behavior are expected of all participants and is also necessary to provide a positive learning environment for others. The following guidelines represent the

Arizona 4-H Youth Development Youth and Adult CODE OF CONDUCT:

- Work cooperatively with other 4-H participants, youth, volunteer leaders, families, Cooperative Extension faculty and staff, and others in a courteous, respectful manner. 1.
- 2. Know and obey the local laws as well as the laws of the state and federal government.
- Any person, adult or youth, while participating in 4-H activities, also agrees to refrain from the use of any tobacco, alcohol, and illegal drugs/substances and weapons at all 4-H events and while transporting youth to and from events. 3.
- Present appropriate model in dress, manners, conduct, appearance, language, and actions during all 4. 4-H events. (See Dress Code)
- Use respect and care for all property used. Charges will be assessed for any misuse or damage. 5.
- Attend and participate in all planned events. 6.
- Know and follow established rules before event begins such as program, hours, curfew, room guidelines, etc. 7.
- Represent the Arizona 4-H Youth Development Program with pride and dignity. 8.
- Disciplinary process: An Adult & Youth Behavior Review Committee will be formed, composed of youth 9. and adult participants, Extension Agents and Staff to consider the inappropriate behavior and take appropriate actions. Failure to abide by established rules could result in a trip home at the expense of the parent or guardian and /or loss of eligibility to participate in future 4-H Youth Development events and activities.

Those who find themselves unable to conduct themselves with in the guidelines listed may expect:

- 1. To explain their actions to those in charge
- 2. To accept the consequences of their actions
- 3. To have those in charge monitor their behavior, and that remedies are implemented, such as payment for damages, dismissal from event, curfew restriction, etc.

PARTICIPANT'S AGREEMENT:

I have read the Arizona 4-H Youth Development **CODE OF CONDUCT** and will abide by them. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Participant's Signature:

Date:

Date:

PARENT/GUARDIAN'S AGREEMENT:

_____, I have read the Arizona 4-H Youth Development As parent/guardian of **CODE OF CONDUCT** and will support those in charge as they perform their responsibilities ensuring appropriate behavior is maintained.

Parent /Guardian's Signature:

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UNDER 18 MULTIMEDIA RELEASE FORM (includes photo release)

I grant permission to The Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to tape, video and/or photograph me and record my voice and conversation including quotes, paraphrases, sounds, and any performance or participation in the event or project on the date and location listed below. I also understand and agree that there will be no residual or any other type of payment, royalty or fee due in connection with such tapes, videos, podcasts, photographs and recordings. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I agree that The Arizona Board of Regents shall be the exclusive owner of all copyright and other rights in and to such taping, videos, photography and recording and will be able to use them forever and throughout the universe, and to license others to use them, in any manner and in any and all media now known or hereafter discovered or developed along with any incidental uses in connection with the merchandising and promotion of The University of Arizona and its departments, and related products.

I further agree that The Arizona Board of Regents may license others to use the tapes, videos, podcasts, photographs and recordings or any excerpts thereof, including my name, image, voice, likeness and any related or derivative versions of this content (including translation, foreign rights, serialization, syndication, photocopying, abridgement, adaptation, reprint, dramatization, and electronic recording and reproduction of any sort) in all media throughout the universe for any purpose.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to libel, false light, invasion of privacy, rights of publicity, any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

National 4-H Conference

Event or Project Name	Date				
Washington, D.C.					
Location					
E-mail	Telephone Number				
Youth Name (please print)	Youth Signature				
Parent Name (please print)	Parent Signature				
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ARIZONA 4-H YOUTH DEVELOPMENT

PARENTAL/GUARDIAN CONSENT & RELEASE OF MEDICAL INFORMATION

Participants Name:						
Birth Date:	E-mail:			Pho	ne:	
Address:		Ci ⁺	ty:	State	e:	Zip:
Do you have a disab	ility for which you see	ek an accommo	dation? If so, please	list your nee	ds:	
Emergency Medic For treatment purpos						
Name of Physician / Lice	ensed Medical Practitioner			Phone Nu	mber	
Insurance Company				Policy Nu	mber	
List Prescribed Medicati	on					
List approved "Non-Pres	scription" Medications you	r child may be give	n (aspirin, ibuprofen, colo	d remedies, etc	;)	
List activities prohibited	due to medical conditions					
List allergies (food, drug	, plant, insect, etc.)					
Immunization date	es (Month/Year): 1	letanus:	Measles:	N	1umps:	
Emergency Contac	ct:					
Name	P	Address			Pł	none Number
Participant Consent		ticipata in				
In the event of an emerg	intend to par gency, I authorize the 4-H ` during this time. I understa	Youth Developmen			ry and appr	date(s) opriate medical treatment event.
Participant Signature : _					Date:	
I give permission for (pa date(s) representative. In the ev	Consent (Youth und rticipant's name) I understand that it may vent of an emergency, I au atment which may be requ	also include travel thorize the 4-H You	to participate in_ time, to and from this ev th Development Represe			e 4-H Youth Development ange for necessary and
Parent/Guardian Signati	ure :				Date:	

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