



## Teen and Adult Application 4-H Capitol Experience March 21-24, 2010

Due at the MSU Extension 4-H  
Office: February 5, 2010

***“Preparing for Active Citizenship”***

4-H Capitol Experience is a 4-day conference held in Lansing that focuses on civic engagement and public policy. Since 1982, each year more than 100 Michigan teens have had the opportunity to learn how they can get involved with state government. After choosing a current issue, participants interact with legislators, tour Michigan’s Capitol, meet with state agency staff, lobbyists and other state-level experts, discover how policy is made, and explore various careers in public policy. Recreation is included in the schedule. At the end of the conference, the teens leave with the charge to share what they have learned with others and get involved with other leadership and civic engagement activities.

### **When and Where:**

The conference begins with registration on Sunday, March 21 from 3 to 4 p.m. and ends Wednesday, March 24 at 12:30 p.m. Lodging is at the Quality Inn of Lansing. Tours and agency visits will take place at the State Capitol and surrounding area.

### **Who Should Attend:**

Capitol Experience is for high school students and adult participant-chaperones who are interested in gaining skills and knowledge to develop their leadership, citizenship and civic engagement skills and apply what is learned in their communities.

### **Cost:**

The registration fee includes all meals, lodging and material fees. Two people per room (2 double beds)

\$275 Adults and current 4-H members  
\$285 Non 4-H members

**NOTE: Each participant MUST have a pictured identification.**

### **Cancellation Policy:**

The cancellation policy for those participants selected by the State 4-H Office to attend, is as follows:

- Counties will be billed a \$25 handling fee for cancellations received by February 5, 2010. (County may assess an additional fee.)
- Counties will be billed for all conference costs for cancellations received after February 5, 2010. (Same sex substitutions are acceptable up to the start of the event.)

### **Selection Process:**

Space is limited to 100 teens and adult chaperone participants. Selection is based on:

- Regional representation of the state
- Fully completed applications
- Short answer question
- Participants who have attended in previous years will be considered based on space availability.

### **Pre-Service Activities:**

Participants are asked to complete a pre-conference activity to learn about citizenship at the local level. Examples of pre-service activities include attending a local government meeting, interviewing the director or staff member of a non-profit organization and researching a local issue. All selected participants are asked to write a letter to their Michigan Representatives and Senators indicating their interest in meeting them at the event. See Web sites at:

<http://web1.msue.msu.edu/cyf/youth/capexp.html>.

# 4-H Capitol Experience Application

## Please fill out form completely (type or print legibly)

Name \_\_\_\_\_ County of 4-H Membership \_\_\_\_\_  
First Last

County where you reside (if different from 4-H membership) \_\_\_\_\_

Status: Adult Chaperone \_\_\_\_\_ Committee Member Adult \_\_\_\_\_ Committee Member Youth \_\_\_\_\_  
Field Staff/Chaperone \_\_\_\_\_ Youth \_\_\_\_\_

If you are an adult, have you completed the Volunteer Selection Process? Yes \_\_\_\_\_ No \_\_\_\_\_

**Non-Youth Only:** If you are a parent or legal guardian of a youth who is attending, please indicate youth's name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name as you want it printed on your name badge (if different from above) \_\_\_\_\_

Date of birth \_\_\_\_\_ Youth only: Expected Year of High School Graduation: \_\_\_\_\_ Grade \_\_\_\_\_  
(mm/dd/yyyy) (YYYY)

I understand that I must bring a pictured identification to the conference:

If youth status is a 4-H member 18, 19, or 20 years old (actual age as of March 21, 2010), has a background check been completed? Yes \_\_\_\_\_ No \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_ School City \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

T-Shirt Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX -Large \_\_\_ XXX-Large

Have you previously attended Capitol Experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
When?

May we list your name and contact information on a participant list to be distributed to all attending the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you of Hispanic Ethnicity? Yes \_\_\_\_\_ No \_\_\_\_\_

Ethnicity Groups (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian                         | <input type="checkbox"/> Black/African American (only)           |
| <input type="checkbox"/> Chicano/Mexican American          | <input type="checkbox"/> Hispanic/Latino                         |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander (Asian American) |
| <input type="checkbox"/> Blank                             | <input type="checkbox"/> Not Requested (International)           |

Residence description: (check one)

- On a farm or ranch
- Outside city or town limits, but not a farm
- Within city or town limits

**Meals, Special Needs, and Medical Treatment**

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Status (check only if applicable)

Special dietary needs, please indicate:

- Vegetarian (eats eggs)
- Vegetarian (does not eat eggs)
- Other dietary needs, please describe: \_\_\_\_\_
- Wheelchair user
- Other special needs, please describe: \_\_\_\_\_

Medical Treatment:

Does the participant have a chronic health problem or illness? If yes, explain.  Yes  No

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Does he or she have an acute illness now? If yes, explain.  Yes  No

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Has the person been treated recently for some medical problem? If yes, explain.  Yes  No

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List any medications he or she is now taking for treatment of any medical problem.

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Does the participant have any allergies to medication or local anesthetics? Explain.  Yes  No

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Does he or she have any allergies? If yes, explain.  Yes  No

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Date of his or her last tetanus shot: \_\_\_\_\_

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**Lodging:**

*Males and females will be housed separately (youth with youth; adults with adults) with 2 per room (two beds). We will honor roommate requests where possible. Where a roommate is not requested, one will be assigned (by county where possible).*

I would like to room with \_\_\_\_\_  
Name County

**Conference Cost: Based on 4-H Membership**

*Rates include meals, lodging and program fees.*

- Adult and Current 4-H Members \$275
- Non 4-H Members (\$275 fee + \$10 participant fee) = \$285

**Total Conference Cost:** Amount to be paid by participant: \$ \_\_\_\_\_

**Parent/Guardian's Signature (required):** \_\_\_\_\_  
Agreement of Cost

**Program Information:**

During 4-H Capitol Experience, you will be meeting experts in the field and discussing public policy issues that you have identified through this application process. Please complete the information below so we can determine visits, tours and other program information. If you need assistance contact your county 4-H Youth staff.

Your state legislators will be invited to attend a legislative breakfast with you. Use your **home** address to list your legislators and districts below so the correct legislators can be invited (if shared custody, list your primary home address). A list of legislators and district maps is at <http://www.house.mi.gov/representatives.asp>; <http://www.senate.michigan.gov/SenatorInfo/find-your-senator.htm>; <http://www.michiganlegislature.org>; <http://www.michigan.gov>

State Senator's Name: \_\_\_\_\_ District # \_\_\_\_\_

State Representative's Name: \_\_\_\_\_ District # \_\_\_\_\_

Can we release your name and address to speakers or legislators? Yes\_\_\_ No\_\_\_

**Public Policy Issues:**

During Capitol Experience we'll take an in-depth look at what role state government plays in policy areas. Issues currently receiving attention in the state legislature will be examined. Indicate your first, second and third choices: 1 = first choice, 2 = second choice and 3 = third choice. Efforts will be made to place you in your first choice, however there is no guarantee. You will be assigned to an issue based on your preference and available space. Information concerning your assigned issue will be mailed to you before the event.

\_\_\_ **Agricultural**

- Buying local/trade and promotion of Michigan products
- Right to farm/ MAEAP (Michigan Agriculture Environment Assurance Program)
- Urban farming
- Farmland Preservation
- Factory farms
- Biotechnology/bioeconomy/biosecurity
- Attracting young farmers

\_\_\_ **Crime and Drugs and Personal Safety**

- Terrorism/border patrol
- Law enforcement
- Mandatory sentencing
- Sentencing & early release programs
- Drug and alcohol abuse and its effects
- Prison closures
- Crime prevention

\_\_\_ **Jobs and the Economy**

- Job creation, outsourcing
- Budget/finance/tax
- Mortgage foreclosure
- Entrepreneur and business
- Urban sprawl

\_\_\_ **Education**

- School funding
- Preparing students for college/job training
- Athletic season changes

- Schools of choice/charter schools
- Health education
- Home schooling
- Public schools

\_\_\_ **Environment and Energy**

- Brownfield Redevelopment
- Invasive species
- Climate change
- Expanding the Bottle Bill
- Bio fuels & wind energy
- Hybrid vehicles

\_\_\_ **Equality and Personal Rights**

- Fairness and equality
- Diversity
- Civil rights
- Gender equality
- Gay and lesbian rights
- Racism
- Protesting
- Freedom of speech

\_\_\_ **Health**

- Food safety
- Schools-security
- Fitness/teen nutrition/eating disorders
- Health Insurance
- Mental health
- Poverty and health related issues

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**Career Visit:**

During Capitol Experience, you will visit a staff person. This means you will have the opportunity to spend time with someone in an interesting and exciting career in Michigan government to learn more about his or her job. There are several different career categories to choose from. **Please let us know which category you're most interested in by selecting your first three choices in ranked order** (1 = first choice, 2 = second choice, 3 = third choice). Assignments will be based on preference and available space. If you do not make a selection you will be randomly assigned.

Career categories to choose from are:

- Democratic Party Headquarters staff
- Entrepreneur
- Lawyer
- Legislative Aid to the Governor
- National service - military
- National Service – volunteer in service to America
- Newspaper/Magazine reporter
- Public Policy Center (analyst)
- Republican Party Headquarters staff
- TV/Radio media reporter

**Short Answer Question (50 Words or Less):**

What would you like to learn at 4-H Capitol Experience? Why are you interested in government or politics?

## Code of Conduct

4-H Capitol Experience is a business type of conference which means that there is an expectation that all of the participants will dress and behave appropriately. Please keep in mind that you will be representing yourself, your county, and the State 4-H Youth Development Program.

Positive behavior is a key expectation for youth and adults in state-sponsored 4-H activities – behavior that reflects trustworthiness, respect, responsibility, fairness, caring and citizenship. Participants are expected to follow all workshop and event guidelines. Theft, vandalism, the use of illegal drugs and alcohol, inappropriate or threatening behavior that violates the rights of others, and other such offenses are strictly prohibited, and anyone involved with these offenses will immediately be sent home at his or her own expense. If it is determined by 4-H staff or persons in charge of the activity that the offense warrants it, the offender will be turned over to the proper authorities.

All youth and adult conference participants should:

- Actively involve themselves in all conference sessions and attend all sessions.
- Name badges must be visibly worn at all times (except when swimming or sleeping).
- Treat all areas of the conference facility (such as hotel, MSU buses, or minivans, meeting rooms, sleeping rooms, restrooms, dining area and outdoor areas) with respect. This means they should pick up after themselves. Repair costs for damage incurred to property will be billed to the group or individual responsible for such damage.
- Participants are responsible for their own belongings. Valuables, such as expensive jewelry and electronic devices, should be left at home. 4-H Youth Development is not responsible for any lost or missing items.
- Housing areas are set up as all female and all male. Participants are not permitted in the housing areas assigned to members of the opposite sex. The only exception is brief delegation meetings arranged by 4-H staff.
- All participants are expected to observe the 11 p.m. curfew. At 11 p.m. all participants must be in their assigned room for the night. Chaperons will do a room check each night at this time to account for each participant. Everyone should be quiet within his or her assigned room by 11:30 p.m. (Participants wishing to go to sleep before 11 p.m. can let their chaperon know so they may be bed checked earlier.)
- Quiet hours are from 11 p.m. to 6:30 a.m.
- All participants, including chaperones, must remain on conference premises at all times.

Pool Rules:

- Long hair must be tied back with a rubber band.
- All participants must remain on conference premises at all times.
- Please report all accidents immediately to the conference coordinator.

*NOTE: Adults attending the conference should remember that smoking is acceptable only in designated areas.*

Dress:

- Daytime wear: Dress clothes for daytime wear (e.g. suits, slacks, dress skirts, etc...). It is not appropriate to wear jeans, low cut blouses, mini skirts, and overly baggy pants.
- Evenings and recreation: Casual clothes including jeans, swimsuits or sports clothes.
- Shoes: Comfortable shoes in the daytime because you'll be walking a lot! Tennis shoes can be worn to and from offices, however, bring a nice pair of shoes to change to once you arrive at the meeting.

# Required Signatures (Code of Conduct)

## SECTION I – CONDUCT AGREEMENT

I have read and agree to abide by the code of conduct included in this application.

\_\_\_\_\_ Date: \_\_\_\_\_

(Participant's signature)

I expect my child to abide by this code of conduct.

\_\_\_\_\_

(Parent or legal guardian's signature for youth under age 18)

## SECTION II – PARENT/GUARDIAN CONSENT (Required for youth under age 18 to participate.)

I hereby grant permission for my child (print name) \_\_\_\_\_  
to participate in all educational and social activities of 4-H Capitol Experience 2010 sponsored by  
Michigan State University Extension's 4-H Youth Development.

I understand that Lansing area site visits are a key learning component of this conference and that my  
child will be transported as part of the group to various sites by MSU bus or a minivan driven by an  
MSU staff member.

Name of Parent/Guardian (Please print) \_\_\_\_\_

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

## DUE FROM PARTICIPANTS TO COUNTY MSU EXTENSION OFFICE: February 5, 2010

- 4-H Capitol Experience Application Packet including Media Release and Medical Treatment Authorization and Code of Conduct (Signatures Required).
- Payment – Checks should be made payable to your county MSU Extension office.

## DUE FROM 4-H COUNTY OFFICE TO STATE 4-H OFFICE

Submit Application online and send Media Release and Medical Treatment Authorization and Code of Conduct (with required signatures) by February 12, 2010 to:

Gloria Ellerhorst  
4-H Youth Development  
160 Agriculture Hall, MSU  
East Lansing, MI 48824-1039



# MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: \_\_\_\_\_  
Date: \_\_\_\_\_  
County: \_\_\_\_\_

## SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in events sponsored by MSU 4-H are sometimes photographed and videotaped for use in MSU 4-H promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or guardian must sign here if subject is under age 18.)

Date \_\_\_\_\_

## SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

**This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.**

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name \_\_\_\_\_

Birth date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing address \_\_\_\_\_

Primary care physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's phone (\_\_\_\_\_) \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant \_\_\_\_\_

Policy holder's address \_\_\_\_\_

**Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:**

Insurance company name and address \_\_\_\_\_

Insurance company phone number (\_\_\_\_\_) \_\_\_\_\_

All policy numbers (please identify) \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number (\_\_\_\_\_) \_\_\_\_\_

Employer's name and address \_\_\_\_\_

## INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

**Yes No**

Does the participant have any chronic health problem or illness? \_\_\_\_\_

Does he or she have any acute illness now? \_\_\_\_\_

Has the person been treated recently for some medical problem? \_\_\_\_\_

List any medications he or she is now taking for treatment of any medical problem. \_\_\_\_\_

Does the participant have any allergies to medication or local anesthetics? \_\_\_\_\_

Does he or she have any allergies? \_\_\_\_\_

Date of his or her last tetanus shot: \_\_\_\_\_

## OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), \_\_\_\_\_ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature \_\_\_\_\_

(Parent or guardian must sign here if participant is under age 18.)

Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Daytime phone (\_\_\_\_\_) \_\_\_\_\_

Evening phone (\_\_\_\_\_) \_\_\_\_\_