

4-H TEEN CITIZENSHIP, LEADERSHIP & SERVICE CONFERENCE

January 26-27, 2008

PLACE: KETTUNEN CENTER, TUSTIN, MI

TIME:

Sign-in	Saturday, January 26, 2008, 10:00 – 11:30 a.m. lunch follows
Workshop Begins	Saturday, January 26, 2008, 12:30 p.m.
Workshop Ends	Sunday, January 27, 2008, noon, lunch provided afterward

WORKSHOP PURPOSE:

Participants in the 2008 4-H Teen Citizenship, Leadership, and Service Conference will work with 4-H staff to achieve the following objectives:

- 🌿 Learn skills and gain knowledge in the areas of citizenship, leadership and service, and to understand why this is an important area for programming,
- 🌿 Build on and enhance existing programs and activities to include citizenship, leadership and service components,
- 🌿 Give youth and adults to tools to start a citizenship, leadership, or service program in their community,
- 🌿 Meet and share ideas with 4-H volunteers from around the state, and
- 🌿 Make friends and have fun learning in a beautiful, natural setting in Northern Michigan.

CONFERENCE “TRACKS”:

(Participants must pre-register for track choice)

There are four areas of interest for conference participants to choose from. Each of these tracks will focus on a more specific part of citizenship, leadership & service. Conference participants should indicate when they register which track they would like to follow.

Track 1: Leadership 101 – A key part of being a 4-H Teen Leader is knowing how to work in groups and encourage the participation of all members. In this workshop you will learn the tools and leadership skills to guide your group through successful brainstorming, decision-making, goal setting, and action planning. Learn the tricks of the trade known as “facilitation” and watch your group go from frustrated to motivated, stagnant to active, ineffective to successful. You will be equipped with leadership skills to last a lifetime. Coordinators: Dave Thomas, 4-H Youth Educator and Tracy Meisterheim, 4-H Youth Educator.

Track 2: Peer Mentoring and Service Learning – Learn how to use the power within yourself to help your peers or promote teen advocacy in your community. Learn more about yourself and the skills you need to be an effective leader and peer mentor. Explore the concept of Service Learning, how it differs from the traditional view of community service, and how it can be a powerful educational tool. Coordinator: Chris Stickney, Associate Program Leader.

Track 3: 4-H Councils and Committees – Teens and Adults Serving Together

Committees and councils are formed for a variety of reasons, such as raising money in the name of 4-H, providing a system for 4-H members and leaders to voice their opinions, and marketing and promoting. They are also a way for teens to learn and practice leadership and citizenship skills. Topics covered in this track will include practical information on the nuts and bolts of Michigan 4-H councils and committees, teen and adult partnerships and tools to get all the members of the committee involved. Coordinator: Cynthia Mark, Program Leader.

Track 4: Community Service and Citizenship – Want to make a difference in your community? Community service is an essential part of the 4-H Pledge, and the most positive, lasting change is achieved when project planners are skilled and thoughtful. Learn skills on how to analyze community issues, cooperate with partners, and take action to make change through service projects and participatory citizenship. There's work to be done in your community; learn how you can do it! Coordinators: Adam Voight, Program Assistant, Brian Bartle, Program Assistant.

COST:

The fee for 4-H volunteers who attend this workshop is \$35. Extension staff, including educators, program associates and assistants, who bring a volunteer leader to the workshop, will be charged the reduced volunteer rate of \$35. This fee includes \$25 toward meals and lodging and a \$10 resource fee for registration materials and resource people. All additional expenses for 4-H volunteers are covered by Michigan 4-H Youth Development and donors to the Michigan 4-H Foundation. MSU Extension staff and personnel from other agencies pay \$86.75. This fee includes the \$10 resource fee. All fees must be prepaid at your county MSU Extension office.

Persons canceling without a replacement by Thursday, January 17, 2008 will be charged the \$10 resource fee. Persons who do not show up at the workshop, do not have a replacement, or do not cancel through the State 4-H office within 48 hours prior to the start of workshop will be billed a \$35 no-show fee.

RESERVATIONS:

County reservations must be at your county MSU Extension office no later than Friday, January 11, 2008. Please use Workshop #508 when entering reservations on the MSUE 4-H Workshop Registration System. Please indicate which "track" you would like to follow at the conference at the time of your reservation (more information on tracks below).

WHO SHOULD ATTEND:

The conference is open to teens aged 14 and up (4-H members and non-members alike), adult 4-H volunteers and youth educators, and adults who work with youth in a variety of educational settings. The 2008 conference is for individuals who are willing to put into action in their communities the skills that they learn and knowledge that they gain. It is designed both for those interested in starting a project in the area of citizenship, leadership, and service and for those who would like to incorporate citizenship, leadership, and service ideas into their clubs and projects. All sessions will be conducted with teens and adults together.

CHAPERON POLICY:

Counties **must** provide adult male and female chaperons (adults who have gone through the Volunteer Selection Process within your county) when sending young people. Chaperons are responsible for serving as role models and guiding youth behavior at workshops. The preferred

ratio is one adult to five youth of the same gender for under-18 youth.

When county staff are registering a chaperon on the MSU Extension 4-H Workshop Registration System, they should be sure to register the person's status with a "C" for chaperon and check "Yes" to indicate that they have gone through the MSU Extension Child Well-Being Volunteer Selection Process. The State 4-H Office will accept and process youth registrations only when an adult of the same gender is identified as the chaperon. If a workshop fills to capacity before a chaperon is identified, participants will forfeit their opportunity to attend.

REGISTERING YOUTH AGED 18, 19 OR 20:

In keeping with the new *Michigan 4-H Youth-Adult Policy for 4-H Overnight Events*, any youth aged 18, 19 or 20 at the time of the event who is a registered 4-H member and who attends an event as a participant must not be housed with or share bathrooms with younger, unrelated youth unless he or she has completed a background check including one reference check and a criminal history check. The background check should be completed no more than once a year, unless circumstances warrant more frequent checks. When county staff are registering a 4-H member 18, 19 or 20 years old on the MSU Extension 4-H Workshop Registration System, they will be asked if a background check has been completed for youth in this age bracket. The state 4-H office will accept and process registrations only if a background check is completed

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION:

When registering for a statewide 4-H workshop, youth participants aged 18 and under **must** submit completed and signed Medical Treatment Authorization section of this form to their county MSU Extension offices. The forms are then sent to the workshop coordinator.

All workshop participants, teen and adult, are encouraged to complete the Media Release section of the form. This section authorizes Michigan State University Extension to record and photograph workshop participants and to use these photos and recordings in educational and promotional publications and programs.

SMOKING REGULATIONS:

All persons are expected to adhere to Kettunen Center's smoking regulations. The use of tobacco is prohibited in all indoor space. Smoking areas are provided outside of the buildings.

CONDUCT POLICY:

Positive behavior is a key expectation for youth and adults participating 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.

ACCOMMODATIONS FOR PERSONS WITH DISABILITIES:

Accommodations may be requested by calling Adam Voight (517) 432-7641 three weeks prior to the workshop to ensure sufficient time to make arrangements. Requests received at this time will be met when possible.

WORKSHOP SPONSORS:

Chemical Financial Corporation
Mr. David B. Ramaker, President and CEO
333 East Main Street
Midland, MI 48640

And

The Turner-Ousterhout Memorial Funds of the Michigan 4-H Foundation
Philip A. Seitz, President, Michigan 4-H Foundation
240 Spartan Way
East Lansing, MI 48824-6005

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January 26-27, 2008
Kettunen Center, Tustin, Michigan

SATURDAY, JANUARY 26

- 10:00 – 11:30 a.m. **Sign-in**
- 11:30 – 12:30 p.m. **Lunch**
- 12:30 – 1:30 p.m. **Workshop opening – general session**
- 1:30 – 1:45 p.m. **Break**
- 1:45 – 3:00 p.m. **Track-specific session**
A. Leadership 101
B. Peer Helpers and Mentors
C. 4-H Councils and Committees—Teens and Adults Serving Together
D. Community Service and Citizenship
- 3:00 – 3:30 p.m. **Break**
- 3:30 – 5:00 p.m. **Track-specific session**
A. Leadership 101
B. Peer Helpers and Mentors
C. 4-H Councils and Committees—Teens and Adults Serving Together
D. Community Service and Citizenship
- 5:30 – 6:30 p.m. **Dinner**
- 6:30 – 8:30 p.m. **General session**
- 8:30 p.m. **Dance**

SUNDAY, JANUARY 27

7:30 – 8:30 a.m. **Breakfast**

8:30 – 10:00 a.m. **Track-specific session**

- A. Leadership 101
- B. Peer Helpers and Mentors
- C. 4-H Councils and Committees—Teens and Adults Serving Together
- D. Community Service and Citizenship

10:00 – 10:30 a.m. **Break**

10:30 – noon **Workshop closing - general session: Service-Learning Youth Council of the Michigan Community Service Commission**

Noon **Lunch**

Have a safe trip home!

RESOURCE PERSONS:

Cynthia Mark, 4-H Youth Development, Michigan State University
Brian Bartle, 4-H Youth Development, Michigan State University
Monica Borgman, 4-H Youth Development, Isabella County
Gloria Ellerhorst, 4-H Youth Development, Michigan State University
Tracy Meisterheim, 4-H Youth Development, Cheboygan County
Chris Stickney, 4-H Youth Development, Michigan State University
Dave Thomas, 4-H Youth Development, Midland County
Adam Voight, 4-H Youth Development, Michigan State University

4-H Teen Citizenship, Leadership & Service Conference January 26-27, 2008 RESERVATION FORM

Reservations are accepted on a first-come first-served basis, so make your reservation as soon as possible to ensure your space at the conference. Just complete this form and the Media Release/Medical Treatment Authorization form. (You may copy these forms as needed).



Return the forms, with payment, to your county MSU Extension office.

Youth must have adult chaperons of the same gender. The ratio is one adult to five youths of the same gender for youth aged 13 and up, and one adult to three youths for youth aged 12 and under.

Name _____

Phone _____

Address _____

County _____

City _____ State _____ Zip _____

Birth date (if 18 or under) _____ Age _____

Gender: Male Female

Status (check one): Chaperon Leader Member
 Non-4-H Other (please specify): _____
 Staff

If member is 18, 19 or 20, has a background check been completed? Yes No

If members, list your chaperon's name (if known):

If chaperon, list the names of youth you will chaperon (if known):

If chaperon/leader, have you gone through the Volunteer Selection Process? Yes No

Do you have a disability or special need? Yes No

If yes, please list: _____

Accommodations for persons with disabilities may be requested by calling the State 4-H Office at (517) 353-2922 three weeks before the conference to ensure sufficient time to make arrangements. Requests received after this time will be met when possible.

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Racial/Ethnic category (optional):

Are you of Hispanic ethnicity? Yes No

African American/Black (only)

African American/Black & American Indian or Alaskan Native

American Indian or Alaskan Native (only)

Arabic

Asian (only)

Native Hawaiian or other Pacific Islander (only)

White (only)

White & African American

White & American Indian or Alaskan Native

White & Asian

Other (please specify): _____

Conference title: _____

Select a track (write a "1" for your first choice and a "2" for your second choice):

_____ Leadership 101

_____ Peer Helpers and Mentors

_____ Community Service and Citizenship

_____ 4-H Councils and Committees—Teens and Adults Serving Together

Attending entire conference? Yes No

(If no, enter arrival and departure dates and times below).

Arrival: _____

Departure: _____

Need lodging: Yes No

Cost:

4-H members and volunteers.....

County scholarship, if applicable.....
(check with your county MSU Extension office to see if scholarships are available)

Non 4-H members and volunteers.....

TOTAL DUE.....

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 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 (_____) _____