



Agri-Career Quest 2019 Program Application

*Electronically filled or neatly handwritten applications will be accepted.
This application is intended for students not registered in 4-H British Columbia.*

Name (as it appears on your ID):			Attach Photo Here (for identification purposes) TAPE ONLY NO GLUE!
Mailing Address:			
City:	Postal Code:	Home Phone Number:	
Gender Identity:	Age before Jan. 1 st :	Birthdate (dd/mm/year):	
Email:			

Living Location (circle one): Farm Urban Rural (Non Farm)

1. Have you ever been a 4-H member (circle one)? Yes No

2. Please describe your community involvement (i.e. school, church, sports, hobbies).

3. Please describe your past leadership accomplishments.

Participant Interest

Please give an honest and critical evaluation, information must be in participant's own handwriting or printing.

I am interested in **Agri-Career Quest** because:

Provide an example of a career choice you may pursue in agriculture.

Participation Contract

The British Columbia 4-H program has standards of behaviour that members and leaders are expected to abide by. The standards for the Agri-Career Quest Program are based on the understanding that all participants are here to participate and be involved in the program. In the interest of all staff and participants involved we want to foster an environment of **RESPECT, UNDERSTANDING and CARING**. Guests to our program are expected to observe the same standards as registered 4-H participants, and accept the consequences if standards are breached. Please review the information below:

Behaviours Prohibited at Agri-Career Quest:

- A.** Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances.
- B.** Any kind of sexually-related physical contact. Mixed visiting outside of designated times is not permitted. If a participant is in the room of a participant of the opposite sex the door must remain open at all times.
- C.** Conduct that disrupts or interferes with 4-H programming.
- D.** Leaving a program or facility without permission of parents or staff (including authorized volunteers).
In Addition: All participants must sleep in their assigned rooms. This is for your safety in the event of an emergency or accident.
- E.** Possession of weapons or firearms.
- F.** Damage to property of others.
- G.** Theft, misuse or abuse of public or personal property.
- H.** Conduct that jeopardizes the safety of self or others.

Once you have reviewed the above standards of behaviour please complete the release below.

I, (applicant)_____ understand the Standards of Behaviour for Agri-Career Quest and agree to abide by them. If I break this agreement or my conduct is not satisfactory to the facilitators or resource staff, I understand that I may be sent home and will be responsible for paying all costs incurred by the early departure. I understand that I may be asked to forfeit all funds expended upon my behalf during the event. In the best interest of the program and if there be sufficient reason to do so, I am in full knowledge that the attending staff at this event have the right to search my personal belongings or the premises where I will reside.

Date:_____ Signature of Applicant: _____

I, (parent)_____ understand the Standards of Behaviour for Agri-Career Quest and will take full responsibility for any costs incurred should my child fail to abide by any of the aforementioned standards.

Date:_____ Signature or Parent / Guardian:_____

Permission to release applicant’s name and photograph:

Your name and photograph may be published in media coverage and promotion of the program. Your signature below indicates that you agree to the release of this information. Please call 1-866-776-0373 if you have any questions about this release statement.

Signature of Parent / Guardian:_____

Adult Reference for Agri-Career Quest

This reference is to be completed by a person NOT related to the applicant (i.e. teacher, coach, mentor).

Applicant's Name:

Reference's Name:

I have known the applicant for _____ years

a) In what capacity do you know the applicant?

b) What is your overall impression of the applicant?

c) How does this individual get along in a group with his/her peers?

d) What do you think this individual will gain from participation in this program?

Date: _____ **Signature:** _____

Medical Release Form

I, (name), _____ am the (parent or guardian) _____ of _____ and certify that he/she has my permission to participate in the Agri-Career Quest Program.

The staff and volunteers of the program provide the best educational program possible. However, the success of the program is equally dependent on the participants assuming mature, responsible and safe behaviour while in attendance. The standards of behaviour include the following rules:

1. Possession or use of alcoholic beverages and/or illegal drugs is absolutely prohibited.
2. No participant may leave the program without the permission of a staff member/leader/chaperone.
3. Co-ed visiting during non-designated times is not permitted.
4. Participants are expected to behave at all times in a manner consistent with the educational purposes of the program.
5. The program is not without risk and participants, in dealing with livestock or otherwise, are expected at all times to follow instructions, and to carry on in a safe manner.
6. Pre-arranged travel plans to and from the program must be adhered to unless alternate arrangements have been authorized.

THOSE PARTICIPANTS WHO DO NOT MAINTAIN THESE STANDARDS SHALL FORFEIT THE PRIVILEGE OF ATTENDING THIS PROGRAM AND RETURN HOME AT THEIR OWN COST, AND BE CHARGED IN FULL FOR THEIR PORTION OF ROOM AND BOARD.

I agree that the participation of (participant's name) _____ is entirely at his/her own risk. This program is of a strenuous nature both physically and mentally and it is in the interest of the participant's well being that the following information is being requested.

Name of participant: _____
(Surname) (First) (Middle)

Address: _____

Postal Code: _____ Home Phone: _____

Date of Birth: _____
(Month) (Day) (Year)

In Emergency notify: _____ Relationship: _____

Address: _____

Postal Code: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Doctor's Name: _____ Business Phone: _____

Address: _____

Participant's Health Care Number: _____

Other Hospital Insurance: _____

MEDICAL HISTORY

A. Are participant's immunizations up to date? Yes No If no, state reason: _____

When was participant's last tetanus inoculation? _____

B. Is there a history of any of the following: asthma fainting spells convulsions
 heart problems diabetes epilepsy lung problems any other problems, please explain:

C. Does participant have any allergies? Yes No
Name all allergies. (e.g. medications/foods/plants/animals/ environmental etc.) _____

D. Does participant take any medications? Yes No

NAME OF MEDICATION	REASON	DOSAGE	TIMES TAKEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Does participant have any difficulties with any of the following?

Eyes Yes No Remarks: _____

Does participant wear: Glasses Yes No Contact Lenses Yes No Denture Plate Yes No

Ears Yes No Remarks: _____

Nose Yes No Remarks: _____

Throat Yes No Remarks: _____

Digestion Yes No Remarks: _____

Sleepwalking Yes No Remarks: _____

Any other difficulties Yes No If yes, please explain: _____

F. Are there any physical activity restrictions? Yes No If yes, please list and explain: _____

G.* Does the participant need a "Special Diet"? Yes No If yes, what kind: _____

* Participants may request special diets. (Must be requested at least three weeks prior to program)
Mail or fax to: 4-H BC, 1150 Kalamalka Lake Road, Vernon, BC V1T 6V2. Fax (250) 545-0399.

(Signature of Parent/Guardian)

(Date)

- I have read and understand this Agri-Career Quest Medical Release form. I agree that I participate voluntarily upon the basis of its terms.

(Signature of Participant)

(Date)

MEDICAL TREATMENT RELEASE FORM

I, _____ as the parent or guardian under circumstances as stated below, hereby authorize the chaperone/leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward, _____, and I agree to accept complete financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

1. Where the health and well being of my child/ward is involved.
2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the chaperone/leader in charge of the program as to what steps must be taken for the welfare and safety of my child/ward.

Dated at _____ in the Province of _____

this _____ day of _____, 20____.

(Signature of Parent or Guardian)