

Porter County 4-H

2020 Motorsports Project Application & Contract

Applicant's Name: _____ County: _____

Address: _____ City, ZIP: _____

E-Mail: _____ Phone: _____

1. Are you currently in 4-H? __Yes __No
2. If yes, how many years have been in 4-H? _____
3. If you have been involved in racing, please indicate here:

4. What experiences have you had in supervising or leading youth? Provide examples.

5. What talents/abilities do you have (i.e., marketing, technical knowledge, graphics, etc.)?

6. Which focus group do you want to be on (i.e., Community Outreach (CO) Group, Project Management/Marketing/Creative Expression (PMMCE) Group, Engineering/Setup/Energy Efficiency (ESEE) Group), and Why?

7. What previous experiences do you believe will help you to fulfill your duties in this group?

8. Why do you want to be on this project?

9. Keeping in mind that if you are a driver, crew chief, or crew member, 100% attendance and traveling is required for track practices and the race during March, April, & May, please list any activities that may interfere with your ability to attend:

10. Due to judging requirements of this project, we are requiring project members to get a minimum of \$100 in sponsorships. Will this be difficult for you to accomplish? Yes_____ No_____

****Don't let this deter you from applying. We will help you learn how to clearly communicate programming needs with potential supporters.****

11. List other activities in which you are involved at school, church, in the community, etc. Also, please list any leadership positions you have held within these activities.

Your signature below signifies that you understand that if selected to be on the project:

- It is **MANDATORY that you attend 100%** of all track practices and race day if you are on the racing crew. You will be responsible for your own traveling arrangements and expenses.
- You get **2 excused** absences from Saturday morning workshops (9am – 12pm). You must provide a note from your coach, teacher, employer, etc. on why you couldn't uphold the commitment. There will be **no other exceptions** and you must notify the Project Superintendent in advance. Dates are given in advance to request off work or make other arrangements accordingly.
- You are **required** to seek out a **minimum of \$100** sponsorships.
- You will conduct yourself in accordance with the attached Behavioral Expectations. Failure to comply with these expectations may result in dismissal from not only this project, but the 4-H Program.

By signing below, you agree to the contractual terms listed above and understand that failure to uphold these terms will result in termination from this project.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian E-Mail: _____ Phone: _____

Porter County 4-H

Motorsports Project – STEM Recommendation Form

Applicant's Name: _____ County: _____

Recommender's Name: _____ Email: _____

Note to Applicant: A STEM Recommendation is required to be a driver, crew chief, crew member, or group leader. Relatives can't be considered as a Recommender.

Note to Recommender: After completing this form, please email to portercounty4Hmotorsports@gmail.com. The deadline is **January 10th**. We will email back a confirmation that we received it.

Youth participating in this 4-H STEM Project will develop and utilize their unique talents and abilities to make a difference in their lives and the lives of others. They will:

1. Explore and identify how they can demonstrate leadership actions and character in their role on this project
2. Understand and demonstrate attitudes of a leader: responsibility, dedication, poise, initiative, perseverance, integrity, cooperation, respect, cultural sensitivity, a can-do work ethic, optimism, etc.
3. Learn the importance of honoring a commitment to serve in a leadership role.
4. Interact with youth and adult leaders of varying styles.
5. Be able to manage, to contribute, to lead and to work with various parts of a group (teamwork).
6. Serve as role models and mentors to other 4-H members.
7. Teach others and help solve problems, thereby demonstrating creativity and mental skills.
8. Demonstrate skills in helping groups set goals, organize activities, and make decisions.

Keeping in mind the role on this project, including but not limited to the above listed attributes, please objectively evaluate the above-listed applicant's abilities, traits, and characteristics. Please consider both the applicant's application and your personal experiences with the applicant:

	Yes	No	Don't Know	Comments
1. Does the applicant consistently demonstrate leadership qualities (see item 2 above)?				
2. Can the applicant effectively communicate and interact with youth and adults?				
3. Is the applicant a team player in group situations?				
4. Is this applicant a positive role model for other 4-H members?				
5. Would you be willing to place your son or daughter under the supervision of this applicant?				
6. Please rank this applicant by choosing one of the following choices:	A. This applicant should be among the top 5 considered for a position. B. This applicant should be among the top 10 considered for a position. C. This applicant should be among the top 15 considered for a position. D. This applicant should NOT be considered for a position.			
7. What additional skills, abilities, and attributes does the applicant have that would be useful in his or her role as a STEM leader?				

MOTORSPORTS PROJECT PERMISSION AND RELEASE FORM

I hereby give permission for my child to participate on this project and do hereby agree to hold harmless Purdue University, the Porter County Cooperative Extension Service and their respective trustees, officers, appointees, agents employees, members, and volunteers, from and against any losses, costs, damages and expenses, including attorney's fees, arising out of or resulting from claims or suits, by or on behalf of any person, for any injury to my child, including death, arising out of my child's participation in this project.

Applicant Name: Print

Parent/Legal Guardian 1: Print/Signature

Date

Cell Phone Number

Work Phone Number

Parent/Legal Guardian 2: Print/Signature

Date

Cell Phone Number

Work Phone Number

Emergency Contact

Phone Number

Behavioral Criteria for 4-H Events and Activities:

To 4-H members, volunteers, parents and the public: When attending, participating or acting on behalf of the 4-H program, all persons are expected to conduct themselves in accordance with accepted standards of social behavior, to respect rights of others, and to refrain from any conduct which may be injurious to the 4-H program. **The following actions constitute misconduct for which persons may be subject to disciplinary penalties and/or dismissal from the program:**

- (a) Dishonesty in connection with any 4-H activity by cheating or knowingly furnishing false information.
- (b) Alteration or unauthorized use of 4-H records.
- (c) Obstruction or disruption of any 4-H activity or aiding and encouraging other persons to engage in such conduct.
- (d) Failure to comply or aiding or encouraging other persons not to comply with specific terms and conditions of a given project, contest, or activity.
- (e) Failure to comply with directions of 4-H officials acting in the proper performance of their duties.
- (f) Inhumane treatment of 4-H animal projects.

There are many opportunities for 4-H members, volunteers, parents and the public to participate in 4-H events and activities. When involved in such experiences, members, volunteers, parents and the public are expected to follow all rules and regulations as outlined by those responsible for the specific program or activity. In all such 4-H activities, the following constitute a violation of behavioral expectations:

1. Possession or use of fire crackers, gun powder, firearms, chemicals or other materials that can be used to create an explosive mixture.
2. Misuse of fire equipment or sounding a false fire alarm.
3. Having a guest of the opposite sex in your sleeping quarters.
4. Physical or verbal abuse of any person or conduct which threatens or endangers the health or safety of any person.
5. Theft of or malicious damage to property.
6. Possession, use, or distribution of alcohol, illegal drugs, tobacco and tobacco-like products, or other dangerous substances.
7. Lewd, indecent, or obscene conduct.
8. Unauthorized entry, use or occupancy of any facility.
9. Any conduct which threatens or interferes with maintenance of appropriate order and discipline or invades the rights of others.

When violations occur at out-of-county, district, area, and/or state and/or national 4-H events, the following procedures will be followed.

- (a) The parents/legal guardians will be contacted to arrange transportation home for the violator(s) and
- (b) The local extension educator will be notified.

I have read and will abide by the rules and behavioral expectations, set by the Indiana 4-H program or I will forfeit my right to stay. Both signatures are required.

Applicant signature _____ Date _____

Parent/legal guardian signature _____ Date _____

HEALTH FORM

Attach current photo here. Photo will not be returned.

County _____

Name _____

Birthdate _____

Street Address _____ City _____ State _____ ZIP code _____

(_____) _____
Cell Phone Number _____ Work Phone Number _____ Youth Cell (If applicable) _____

List any activities the participant should avoid: _____

<u>Physical Record of Participant</u>	<u>Yes</u>	<u>No</u>
Heart Condition	_____	_____
Diabetes	_____	_____
Ear Infections	_____	_____
Bedwetting	_____	_____
Allergy to any medication	_____	_____
List medicines allergic to: _____		
Food allergies or dietary restrictions	_____	_____
List allergies/restrictions: _____		
Other allergies (i.e., dust, pollen, animals)	_____	_____
List other allergies _____		
All immunizations required for school are current	_____	_____
Date of last tetanus shot: _____		

Please list any current medication being taken on reverse side of this form.

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

PARENTAL AUTHORIZATION

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature _____ Date _____ Witness to Parent/Legal Guardian _____ Date _____

Parent/Guardian Telephone:(_____)_____

Both above signatures required for acceptance to participate

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name _____

Address _____

Telephone: (_____)_____

ADDENDUM TO THE HEALTH FORM

Complete this form for **prescription medications and over-the-counter medications** that are being taken by the student at the time of the event. These medications will be administered by an Extension staff member or other authorized personnel.

Medications must be carried in their original containers.

County: _____

Applicant's Name: _____

Name of Medication: _____

What Illness/Condition is this medication intended for: _____

Check any of the following that apply:

_____ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

_____ Benadryl may be administered by 4-H Youth Development event personnel

Dosage: _____ Refrigeration? Yes _____ No _____

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: () _____

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian 1 _____ Date

Signature of Parent/Legal Guardian 2 _____ Date