

Name _____ County _____
(Print clearly.)

2007 Wisconsin Wildlife Habitat Evaluation Program Contest

**EXPECTATION STATEMENT FOR ADULTS ACCOMPANYING YOUTH ON
UW-EXTENSION-SPONSORED TRIPS AND EVENTS**

Capable caring adults play important roles in the lives of youth involved in UW-Extension Programs. This expectation statement acknowledges the need to provide the safest environments possible for youth.

This form applies to all adults, paid staff and volunteers, accompanying youth on an UW-Extension-sponsored trip or event. The adult, by signing this form, agrees to conduct herself/himself in a responsible manner and abide by all expectations as stated below.

Adult Responsibilities

1. The adult agrees to accept supervision and support from salaried Extension staff or designated management volunteers.
2. The adult will consider herself/himself the youth's support person.
3. The adult will enforce all written and signed behavior expectations established for youth participation in the event. This will include room checks, when appropriate.
4. The adult will keep health and insurance information available as may be needed in handling emergency situations.
5. The adult will not dispense medication, or anything relating to the physical or mental health of the youth, unless specifically directed in writing by the parent or guardian. The adult should be aware of any medications to be taken by youth.
6. In an emergency situation, the adult will act in the best interest of the youth. Seek assistance from an event coordinator, professional staff, medical and/or law enforcement personnel as needed.
7. The adults should provide the youth with information on how they can be reached, and should be accessible to consult with youth participants when needed.
8. In the case of inappropriate youth behavior, the adult will consult with local and/or home county contacts in determining appropriate disciplinary action.
9. The accompanying adult will participate in assigned activities and assist with as needed.
10. The adult will not ignore situations involving bullying, hazing or harassment, or fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
11. The use of illegal drugs is not allowed during the entire trip or event.
12. The possession and/or use of alcohol is not allowed during the entire trip or event.
13. The use of any form of tobacco should be avoided in the obvious or known presence of youth.
14. Sexual contact of any type with youth is strictly forbidden. Any behavior considered in violation of the Wisconsin child abuse and sexual assault laws are grounds for suspension of affiliation until investigation is completed.
15. Swearing, cursing and abusive language is not condoned.
16. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with youth, only with a valid operator's license and the legally required insurance coverage.
17. The adult will observe the curfew hour. The adult is expected to remain in the dormitory during curfew hours.
18. The adult will make contact with each youth he/she has assumed supervision responsibility for at least twice a day.

Enforcement

1. Allegations should be written and signed.
2. The person or group responsible should investigate the charge to determine what type of action is needed.
3. The executive Committee of the State 4-H Adult and Youth Leader Councils will determine action for failure to meet the expectations for state-sponsored events/activities for volunteer staff.
4. The county 4-H Leader Association Boards will determine action for failure to meet the expectations of county-sponsored events/activities for volunteer staff.
5. The county office chair will receive complaints and determine action for state staff.

Support for Adults Accompanying Youth on UW-Extension-Sponsored Trips/Activities:

1. Orientation will be provided.
2. Youth taking part in over night activities will submit a signed Expectation Statement that they understand the rules and the roles of the accompanying adult(s). Youth will be required to submit a health form that includes information on any special needs, medication to be taken, and how to contact a parent or guardian.

Adult Leader’s Statement of Agreement:

I have read and understand the rules and penalties in this agreement and agree to be bound by them. In addition, I understand that participants of this event are occasionally photographed and/or videotaped for 4-H promotional or educational materials. I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in state promotional program materials. However, photos may be released to county Extension staff for local publication where participants may be identified. I give my permission to U.W.-Extension to use such images of this participant without any expectation of compensation.

Signature of Adult Leader

Date

Bring this form with you and turn it in at site registration on April 21, 2007