



APPLICATION
California-Pacific Section, Society for Range Management
RANGE AND NATURAL RESOURCES YOUTH CAMP
JUNE 17-22, 2012
ELKUS YOUTH RANCH, HALF MOON BAY

APPLICATION DUE: FRIDAY, APRIL 20, 2012

APPLICANT TO COMPLETE THE FOLLOWING:

NAME

GOES BY

M F
GENDER:

DATE OF BIRTH:
Must be 15-18 on 6/12/2012

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

(____) ____-____
HOME PHONE

(____) ____-____
CELL PHONE

PRIMARY EMAIL

T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

Are you a vegetarian? Yes No
Food Allergies? Yes No If yes, allergic to what? _____

Other Special Needs? _____

NAME OF PARENT OR GUARDIAN (1)

HOME: (____) ____-____ WORK: (____) ____-____ CELL: (____) ____-____

PRIMARY EMAIL: _____

NAME OF PARENT OR GUARDIAN (2)

HOME: (____) ____-____ WORK: (____) ____-____ CELL: (____) ____-____

PRIMARY EMAIL: _____

Provide at least two phone alternatives (i.e., home and cell, work and cell, or home and work). In the event that both parents have their own work/cell phone numbers and/or e-mail address, the "Parent or Guardian (2)" entry space is provided to record that. We only request two alternative numbers and one e-mail address, but additional contact options are often helpful.

I. APPLICANT BACKGROUND INFORMATION

HIGH SCHOOL ATTENDED

GRADE (as of fall 2012)

SCHOOL AND COMMUNITY ACTIVITIES:

PAST & CURRENT RANGELAND AND/OR NATURAL RESOURCE-RELATED ACTIVITIES:
(Include hobbies, field-trips, major camping/hiking experiences, ranch or farm work, etc.)

WHAT THINGS RELATED TO ENVIRONMENTAL SCIENCE, WILDLIFE MANAGEMENT, LIVESTOCK PRODUCTION, BOTANY/PLANT ECOLOGY, AND OTHER NATURAL RESOURCES AND LAND MANAGEMENT PRACTICES ARE YOU INTERESTED IN LEARNING ABOUT?



**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
New Youth 4-H Member Paper Enrollment Form**

The 4-H Youth Development Program is in every county in California. 4-H is a place where young people are given many opportunities to build confidence, learn responsibility, and develop skills that will last them a lifetime. It's a place where youth make friends and share interests, ranging from building robots to raising rabbits, from designing web pages to landscape design. It's a place where youth work together to make a positive difference in their community, and adult volunteers make a powerful difference in the lives of young people. Get involved in the 4-H community and make a lasting difference! For more information about 4-H, visit www.ca4h.org.

Youth are eligible to participate in 4-H if they meet the following criteria:

- **Primary Member** - Must be 5 years old or in kindergarten by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling or turning nine after December 31 must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old or in 4th grade by December 31 of the program year and may continue in the program until the end of the calendar year in which they become 19 years of age.
- **Home Schooled Members** - Children are to enroll based on their chronological age, as of December 31.

This enrollment form is used for youth in the following delivery modes:

- Organized 4-H Clubs
- Special Interest and Short-term programs meeting for at least six hours and not more than six weeks.
- Overnight Camping Programs

Step 1: REQUIRED FORMS - The following forms must be completed in order to enroll in the 4-H program.

Required Annually	Form: Enrollment Form with youth and parent/guardian signatures <i>(kept on file at the 4-H Office)</i>
Required Annually	Form: Waiver of Liability <i>(kept on file at the County 4-H Office)</i>
Required Annually	Form: Medical Release and Health History <i>(kept on file by the local 4-H Club/Unit Leader)</i>

Step 2: PAYMENT - The following payment is required to enroll in the 4-H program.

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

4-H Club/Unit Program Fees	STBA per youth
County 4-H Program Fees	STBA per youth
State 4-H Accident/Sickness Insurance and Program Fees	\$15.00 per youth
Total	\$15.00

Step 3: Return forms to:

**CAL-PAC Range Camp
Attn: Cece Dahlstrom
3004 Hawthorn St
San Diego CA 92104**

Payment is included in camp registration. No additional payment is required with this form.

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at:

California 4-H Youth Development Office
University of California
DANR Building, One Shields Avenue
Davis, CA 95616-8575
(530) 754-8518
fourhstateofc@ucdavis.edu

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, project name and number.

Submission of the above noted information is voluntary. If the information is not submitted by the source, the County 4-H Youth Development Staff may use his or her judgment to complete the information and satisfy Federal reporting requirements.

Other personal information on this form is being collected to provide the County Extension 4-H Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian.

Submission of the above noted information is voluntary for membership in all organized 4-H Clubs and in some 4-H Groups and activities as designated by the County 4-H Youth Development Staff in charge. If the information is not submitted, the County 4-H Youth Development Staff may not contact and/or include the individual in 4-H programs within the county. In addition, the information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident insurance coverage.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities.

University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint.

University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.



**University of California Division of Agriculture and Natural Resources
University of California Agriculture and Natural Resources 4-H Youth Development Program**

New Youth 4-H Member Paper Enrollment Form

Youth Email			
First Name		Last Name	
Address			
City		State & Zip Code	
Phone ()		Youth Cell Phone ()	
Birth Date ____ / ____ / _____		Year in 4-H	
First Parent/Guardian			
First Name		Last Name	
Cell Phone ()		Work Phone ()	
Email			
Second Parent/Guardian (optional)			
First Name		Last Name	
Cell Phone ()		Work Phone	
Email			
Address, City, State, Zip			
Gender <input type="checkbox"/> male <input type="checkbox"/> female			
Ethnicity Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native	
<input type="checkbox"/> Black		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Farm (Rural area where agricultural products are sold)		<input type="checkbox"/> Suburb of city more than 50,000	
<input type="checkbox"/> Town under 10,000 and rural non-farm		<input type="checkbox"/> Central city more than 50,000	
<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs			
Military <input type="checkbox"/> No one in my family is serving in the military			
Branch: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy		Component: <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard	
Grade		Name of School	
Type of School			
<input type="checkbox"/> Public School		<input type="checkbox"/> Special Education	
<input type="checkbox"/> Private School		<input type="checkbox"/> Vocational Education	
		<input type="checkbox"/> Homeschool / Alternative	
		<input type="checkbox"/> Magnet / Specialized School	
		<input type="checkbox"/> Charter School	
Year in 4-H 1			
<i>Please indicate proficiency in a language, other than English.</i>			
County Newsletter Preference: <input type="checkbox"/> Postal mail <input type="checkbox"/> Email		<input type="checkbox"/> Sign-Up for State Electronic Newsletter	
Club/Unit Name		Officer	
		<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Reporter	
		<input type="checkbox"/> Historian <input type="checkbox"/> Communications <input type="checkbox"/> Sergeant-At-Arms <input type="checkbox"/> Other Officer	
Club/Unit Name		Project Name	
Range Camp - Elkus Ranch		Environmental Stewardship	
		Years in Project	
		1	
		Leadership	
		<input type="checkbox"/> Junior/Teen Leader	
		<input type="checkbox"/> Junior/Teen Leader	
		<input type="checkbox"/> Junior/Teen Leader	

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Medical Release Form and Waiver of Liability must be renewed annually.

	_ / _ / _		_ / _ / _
Signature of Youth	Date	Signature of Parent/Guardian	Date

County Use Only		Club Use Only		
				CASH OR CHECK# _____
Member ID#	Waiver of Liability	Date Received	Medical Release	Fees Paid \$15.00

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program**

Participant's Name _____

County San Mateo

Club/Unit Range Camp - Elkus Ranch

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Waiver: In consideration of being permitted to participate in any way in California 4-H Youth Development Activities and Projects, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in California 4-H Youth Development Activities and Projects.

Assumption of Risks: Participation in California 4-H Youth Development Activities and Projects carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in California 4-H Youth Development Activities and Projects. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in California 4-H Youth Development Activities and Projects, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor or Adult Participant

_____/_____/_____
Date

Age (if minor) ____

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

_____	_____	<u>Range Camp - Elkus Ranch</u>
First Name	Last Name	Club/Unit Name
<u>San Mateo, CA</u>	<u>6/19/2011 to 6/24/2011</u>	
County and State	Dates (From / To)	

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

_____	_____
Name	Relationship to Youth Identified Above
() ____ - ____	() ____ - ____
Emergency Day Phone (with area code)	Emergency Night Phone (with area code)
_____	_____
Mailing Address	City CA State Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

_____	____/____/____
Signature of Parent/Guardian	Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

_____	____/____/____
Signature of Parent/Guardian	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Health History Information**

First Name

Last Name

County

____/____/____
Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>
Wear corrective lenses?	<input type="checkbox"/>	<input type="checkbox"/>	Do you walk in your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing good?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Date of last Tetanus Vaccination: ____/____/____

Please check over-the-counter medications that may be administered:

- Tylenol Ibuprofen Cough Syrup Decongestant Dramamine
 Antacid Polysporin Hydrocortisone Other: _____

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity:

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

California 4-H Youth Development Program

Code of Conduct

University of California Cooperative Extension

The following guidelines are designed to make everyone's experience at 4-H events satisfying to all attending. This means that all participants, members, volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others.

While attending all 4-H meetings, projects, programs, and events, the following apply:

1. Everyone is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and be appropriately dressed. Chaperones and project volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
2. The possession and use of alcoholic beverages, tobacco products, and drugs (other than prescription medication) is prohibited.
3. Setting off fire alarms or tampering with fire extinguishing equipment or other emergency equipment is prohibited.
4. Gambling and betting by adults and youth representing 4-H is prohibited.
5. Obscene and discriminatory language, roughhousing, and insubordination will not be tolerated at any time.
6. Youth members and volunteers will demonstrate respect for one another at all times.
7. Display of overly affectionate attention between participants is prohibited.

While attending overnight events, the following also apply:

8. All participants must be in their assigned area at curfew and will comply with the quiet hours and lights out.
9. No member or volunteer may leave the grounds unless permission is secured from the adult in charge. 4-H members must be accompanied by an adult.
10. Only 4-H participants may be in dormitory areas. No one will be in the sleeping areas of members of the opposite gender. Lounges may be used for working committees and social activities.
11. Youth must comply with other rules of the event.

PENALTIES FOR INFRACTIONS

Infractions of the 4-H Code of Conduct must be reported promptly by anyone observing them to the adult in charge of the delegation/project and to the person in charge of the event who will bear final responsibility for disciplinary action. The parent/guardian and the County 4-H Office will be notified of action taken. Penalties may include any or all of the following:

- Sending the participant home
- Barring the participant from future 4-H events
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

California 4-H Youth Development Program

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

By signature on the enrollment form, the parent/guardian of said minor consents and agrees, individually and as parent or guardian of the minor, to the foregoing terms and provisions.

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UNIVERSITY OF CALIFORNIA



CITIZENSHIP

LEADERSHIP

LIFE SKILLS

4-H
Youth
DEVELOPMENT
PROGRAM

The 4-H Youth Development Program (4-H YDP) provides a wide variety of enrichment activities with the ultimate goal of engaging youth in reaching their fullest potential while advancing the field of youth development. The focus of all programs is the development of citizenship, leadership, and life skills through a variety of projects and activities. 4-H is available through several different delivery methods including clubs, special interest, day camps, overnight camping, school enrichment programs, school-age child care programs, and individual study.

The purpose of 4-H YDP is to help young people discover and develop their potential in partnership with a caring adult. 4-H encourages young people to set their own goals and make their own plans and decisions. This helps boys and girls mature and build self-confidence. By being part of a group, 4-H members learn to understand and cooperate with others.

The core values of the California 4-H Youth Development Program:

- Support the University of California Division of Agriculture and Natural Resources' mission and strategic planning assumptions.
- Recognize that 4-H Youth Development staff provides the youth development framework for volunteers and other cooperators who bring the knowledge, experience, and passion to work with youth in their communities.
- Appreciate, respect, and value diversity through a commitment to inclusion of diverse Californians.
- Respond to local needs within a context of statewide criteria, practices, and priorities for 4-H programming.
- Innovate to maximize impact and resources while documenting the unique youth development contributions of our 4-H Youth Development programs.

The goals of the 4-H YDP are to help young people:

- Develop citizenship, leadership, and life skills.
- Develop initiative and assume responsibility.
- Develop the ability to live and work cooperatively with others.
- Acquire knowledge and skills and explore careers.
- Achieve satisfaction from work and accomplishments.
- Develop a positive self-image.

Learn by doing in an atmosphere where learning is fun is a basic philosophy of the 4-H YDP. The project is where learn-by-doing or the experiential education model takes place. Within the project, members find things to learn, to do, to make, to explore, and then receive feedback. A 4-H project is:

- Planned work in an area of interest to the 4-H member.
- Guided by a 4-H adult volunteer who is the project leader.
- Aimed at planned objectives that can be attained and measured.
- Summarized by some form of record keeping.

Each year, a 4-H member enrolls in at least one project. Members enrolling for the first time should be encouraged to take on only one project. As members gain experience, the size of the project may be increased or additional projects may be selected. With their project leader and parent/guardian as consultants, members should select a project that will be a challenge, but not one that is larger than they can handle. Any project a 4-H member selects should be based on:

- Interests, needs, and time available.
- Family situation.
- Suitability to area of residence.
- Availability of necessary tools and equipment.

For more information, please visit <http://www.ca4h.org/>

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