

## 2019 SOMERSET COUNTY 4-H FAIR HERDSMAN INFORMATION

(Application on reverse side)

COMPLETED APPLICATIONS Due July 8, 2019, LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

### WHAT IS A HERDSMAN?

Somerset County 4-H members representing ALL 4-H project areas that sleep overnight in Fair tents to make sure ALL projects and equipment are safe and secure overnight. They also help to make everything clean and neat for the next day.

### HERDSMAN REQUIREMENTS:

- 4-H'ers who have completed 8<sup>th</sup> grade and older
- People of good character who pledge to uphold the six pillars of character: **Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship.**
- 4-H'ers who have attended at least 70% of their club meetings and done a club, county, or state presentation.

*If you think you have what it takes to be a herdsman, ask your club leader and your parents to approve your application. The Herdsman Supervisor and County 4-H Agent make the final decision on which applicants meet all of the above requirements.*

### THE 4-H HERDSMAN CONTRIBUTE A VALUABLE SERVICE TO THE 4-H FAIR

#### Herdsman Rules

1. Herdsmen must have completed 8<sup>th</sup> grade or older.
2. Herdsmen must have approval **signatures from their parent/guardian** (EVEN IF MEMBER IS 18 OR OLDER) and **club leader before submitting the Application and Behavior Agreement.** The herdsman supervisor and the 4-H Agent signatures will be obtained at the herdsman orientation
3. Attendance at one of two pre-Fair Herdsman Orientation meetings is required (July 23 or July 29 at 7:00 p.m. at the 4-H Center). Herdsmen receive official ID's at these two meetings **NOTE: IF YOU HAVE BEEN A HERDSMAN FOR 2 YEARS OR LESS (not including this year), YOUR PARENT OR GUARDIAN MUST ATTEND THE ORIENTATION WITH YOU.**
4. Herdsman will be assigned to oversee specific tents, but not necessarily their own exhibits. Individuals with special needs must speak to the herdsman supervisor at the herdsman's meeting.
5. If you stay Tuesday, Wednesday and /or Thursday you **MUST** also stay Friday night through clean up. If you have committed to spending the night and find during the day you are unable to stay overnight, **YOU and YOUR PARENT MUST** notify the herdsman supervisors before 10:00 pm. *If you fail to do either of these, you will not be permitted to be a herdsman the following year.*
6. Friday night herdsman – all herdsman must stay through clean up Friday night. Once that is completed, the herdsman supervisor may check you out to your parent or guardian. Or you can stay the night.
7. **ALL** herdsmen will attend a herdsman meeting each night they stay at the fairgrounds. This half-hour meeting usually begins at 10:30 p.m. After the meeting, herdsmen will complete assignments and sleep in assigned tents (not outside or in vehicle). If you are unable to complete tasks, you cannot stay. Permission from an adult supervisor is required for anyone to leave a tent for a reason other than to use the restroom. All herdsmen will help raise tent flaps in the morning before the Fair begins.

#### NOTE – YOU WILL NEED TO SUPPLY ALL YOUR OWN SLEEPING GEAR (EG: SLEEPING BAG, COT, ETC.)

8. All herdsmen will help breakdown the food tent Friday night before other exhibits are dismantled.
9. Herdsmen must remain on the fairgrounds between 10:00 p.m. and 7:00 a.m. Absolutely no visitors are allowed. Breakfast will be served between 7:00 and 7:30 a.m.
10. Herdsmen are not permitted to handle any exhibits, enter any concession in the Food Tent (except for emergencies). Herdsmen are **NOT** permitted to use Fair vehicles.
11. Alcohol or other drugs are **NOT** permitted on the fairgrounds. There is **NO** smoking or vaping on the fairgrounds (regardless of age).
12. Parents will be notified at any hour of health or disciplinary problems. **Any herdsman sent home during the fair for disciplinary problems will not be allowed to be a herdsman for the rest of the fair and the next year's fair.**
13. *If the application is incomplete, you will receive an email stating this. It is your responsibility to contact the 4-H office for further instructions. If you do not complete the application by July 8 you will not be a herdsman.*

**Somerset County 4-H Fair Youth Herdsman Application – Due July 8  
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Please print clear and neatly. **You MUST submit an original headshot photo with application. Email (preferred) to [smutko@co.somerset.nj.us](mailto:smutko@co.somerset.nj.us)**

Name of applicant \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Grade completed by 7/1/119 \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ (MM/DD/YEAR)

Years as a herdsman (not incl. this year) \_\_\_\_\_ Club(s) \_\_\_\_\_

Please *circle* the day(s) you would like to stay overnight at the Fair and serve as a Herdsman:

Tuesday  
August 6

Wednesday  
August 7

Thursday  
August 8

**Friday –Mandatory  
August 9**

• **Applicant agreement:**

If selected as a 4-H Fair Herdsman, I agree to complete my duties and follow the rules mentioned in this letter including attending one of the two Herdsmen Orientation meetings on either **July 23 or July 29 at 7:00 p.m. at the 4-H Center. IF YOU DO NOT ATTEND THE ORIENTATION MEETING, YOU WILL NOT BE ALLOWED TO BE A HERDSMAN.**

\_\_\_\_\_  
Applicants Signature

• **Parental/Guardian permission** *(as long as you are a member of a 4-H club this must be signed regardless of age):*

I have read the rules mentioned in this letter and hereby give permission for my son/daughter (who is an 8<sup>th</sup> grader or older this spring) to serve as a Herdsman at the year's 4-H Fair on the nights specified. ***I will attend one herdsman orientation meeting with my son/daughter if they have not been a herdsman for the last 2 consecutive years.***

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Print Name of Parent/Guardian

• **Medical Emergency Authorization and Health Information**

In case of a sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the life and well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Emergency #'s			
Contact Person			

The following information is provided as an aid to the chaperone(s) in dealing with the well being of the participant. The participant has the following **health conditions**: (including such things as allergies, handicaps, diabetes, asthma and medications needed).

**Insurance Information Must Be Filled Out. If No Insurance, Mark N/A**

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_ Member's ID Number \_\_\_\_\_

• **4-H Club Leader Approval:**

*The applicant is a member in good standing of \_\_\_\_\_ club has attended 70% of the clubs meetings, preformed a presentation and can be relied on to accept responsibility and follow instructions.*

\_\_\_\_\_  
(Signature)

For office use only: Herdsman Orientation Meeting attended: \_\_\_\_\_ July 23 \_\_\_\_\_ July 29

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

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## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here**

Signature of parent or guardian: \_\_\_\_\_

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## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

_____ <b>Name of parent/guardian</b>	_____ <b>Phone number</b>	_____ <b>Name of additional emergency contact</b>	_____ <b>Phone number</b>
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The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here**

Signature of parent or guardian \_\_\_\_\_

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

	_____	_____
	Signature of participant in event	Date
	_____	_____
	Signature of parent or guardian	Date

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## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

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Revised: January 2013