



Military Teen Leadership Camp

Open to **ALL Military TEENS** age 14—17 living in Alaska
May 24-27, Birchwood Camp, Chugiak

FREE!

Travel expenses to camp included!*

For more information contact **Becky Bruntz** at
907-474-1909 or rfbruntz@alaska.edu

Joan Boltz at 1-888-917-3608 or joan.boltz@us.army.mil

Application deadline: May 1st, 2010

* Spaces are limited * parent deployment status will be considered by camp committee. Teens will be notified by selection committee no later than May 10th

Operation: Military Kids is a partnership of Army Child, Youth and School Services, National 4-H Headquarters/USDA, and University of Alaska Fairbanks Cooperative Extension 4-H Program Operation: Military Kids- Alaska is supported by the 4-H/Army Youth Development Project under Kansas State University special project number 2007-48661-03868.



Military Teen Leadership Camp

May 24-27,, 2010

Birchwood Camp
Chugiak, Alaska

Hello!

The Alaska Operation Military Kids team is so excited to be able to have a camp just for military teens this summer thanks to funding through the Joint Family Support Assistance Program! We have many leadership and camp activities squished into this 4 day, 3 night camp and are very excited that you will be joining us!

The Operation Military Kids Military Teen Leadership Camp will be held at Birchwood Camp in Chugiak, Alaska, north of Eagle River. The camp begins at 12:00 noon on May 24th and ends the afternoon of May 27th. This is an overnight camp and all teens will be expected to participate in camp the full four days unless prior arrangements have been made with an Operation Military Kids camp staff member.

Sincerely,

Candi Dierenfield
4-H Military Liaison
Director, Alaska Operation Military Kids
cldierenfield@alaska.net
907-377-4130

Rebecca Bruntz
Operation Military Kids Program Coordinator
Camp Director
rbruntz@alaska.edu
907-474-1909

Joan Boltz
National Guard Youth Programs
State Youth Coordinator
joan.boltz@us.army.mil
907-428-6670

Programs

A daily schedule will include the camp as a group as well as activities for them where they will be broken into groups. This is a leadership development camp. Many activities will focus on coping with deployment, leadership skills, interview skills, team building, and more. We will also be spending two days going through a high ropes course leadership program with a team from the National Guard. While all activities can be modified to a teen's capabilities, all teens will be expected to participate in all activities.

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Additional activities:

Boating and swimming; Paddle a canoe or rowboat, and or relax in the cool lake waters. There is a beachfront and wading area for non-swimmers, a beginner's area, and a deeper area for advanced swimmers. Life Guard will be on duty during swim time.

Mock Deployment: As part of the Speak Out for Military Kids training, the teens will be part of a mock deployment. While keeping it “teen-friendly” the program includes a deployment processing line, squad challenges, and redeployment.

Fun! Of course the camp staff is also cooking up some fun activities for camp. Activities may include high ropes course, Kangaroo Court, Water Wars, Dining In – just to name a few!

Facility and Accommodations

Birchwood camp staff will provide three meals a day for the camp. If your teen has food allergies that were not listed on the camp forms, please let us know immediately so that we can give the camp staff enough notice for meal planning.

Sleeping accommodations will be in cabins. Cots/bunk beds are available. Teens should bring a sleeping bag and pillow – a sleep mat is optional. The camp does have running water for showers/toilets.

Chaperones and staff

The Military Teen Leadership camp is an Operation Military Kids program and has been coordinated by the OMK Director, OMK Program Assistant, the National Guard Youth Programs Director, and Military Family Life Consultants. All program area staff are trained and certified in their respective program areas and in working with children. The highest standards of safety are always adhered to. Group chaperones are recruited from local military installations to provide campers with ready access to those “that have been there” for deployments. Chaperones include active duty, guard, retired military and spouses. Chaperones have been selected for their background working with children and in camp settings. All chaperones receive additional training in working with children. All adults and employees at camp undergo national and local background checks.

In addition to our camp staff, we will also be working closely with the Birchwood camp staff that also have been through all trainings, certifications and are qualified to work with children.

ALASKA 4-H Operation Military Kids PROGRAM
Application Form

*applications due by 5pm, May 3rd, 2010 to Becky Bruntz. Email: rfbruntz@alaska.edu or by Fax: 907-474-5139

GENERAL PARTICIPANT INFORMATION:

Name _____ Male _____ Female _____ Date of Birth _____

Parent/Guardian's Name _____ Military Branch Affiliation _____

Home Telephone Number _____ Work Telephone Number _____

Mailing Address _____ Cell Phone _____

_____ Email _____

Physical Address _____

(if different from ;
mailing address) _____

Date of Parent's Most Recent Deployment:

Emergency Contact Person(s) & Telephone # (Please list 2 contacts)

Youth Participants:

--I understand that the ALASKA 4-H Operation Military Kids is a program provided for the youth of all branches of the armed forces, and that it is my responsibility to refrain from profanity, smoking, underage drinking, using of drugs or any other illegal substances during my participation in any of the ALASKA 4-H Operation Military Kids activities offered.

--I further understand that I am responsible to respect all other participants of ALASKA 4-H Operation Military Kids programs regardless of their race, color, gender, age, creed, national origin, or disability, just as I wish to be respected. In addition, I will respect the environment, property, and facilities utilized during the activities.

Signature of Youth Participant

Date

Parental Responsibilities:

--I understand that I will be notified in the event of an emergency involving my child, and that if I am not available, the persons(s) listed on this form will be contacted.

--Additionally, I understand that I may be contacted in the event of severe infractions of the rules or inappropriate conduct displayed by my child that places other participants, instructors, or coordinators at risk.

--I agree to allow my child to be photographed, interviewed, and/or videotaped for program reporting purposes and future marketing efforts. I understand that these photographs, interviews, and videotapes will be utilized without compensation to my youth or family.

--I agree to allow my child to participate in program surveys for increased program quality, evaluation and improvement and assessment of like skill attainment.

Signature of Parent/Guardian

Date

Medical/Health Information
Alaska 4-H Operation Military Kids

Name _____ Birthdate _____ Sex _____ Age _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Work Phone _____

City _____ Zip _____

Emergency Contact (other than parent) _____ Phone _____

Family Physician _____ Phone _____

Under doctor's care now? _____ If yes, please explain on back.

Prescribed medicine _____ (All meds must be turned into a chaperone or camp nurse)

Allergies to medications? (Please list) _____

Health History

Is youth subject to: Please check all that apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Ear-Sinus |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Drug Sensitivity | <input type="checkbox"/> Enuresis (bed wetting) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes (take insulin?) | <input type="checkbox"/> Bleeding/clotting disorders |
| <input type="checkbox"/> Food Allergies | | | |

If **YES** to any of the above, please explain _____

Has the youth had:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Appendicitis Attack |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Scarlet Fever | | | |

Date of last Tetanus Booster: _____

Please identify any physical/emotional problems that would prevent full participation in the program _____

Emergency Authorization: I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance and will not hold University of Fairbanks or individuals of the Alaska TRACKS program liable for any of the previously mentioned in this statement.

Signature of Parent/Guardian

Date

Youth Behavioral Contract

I, (youth) _____ understand the Rules of Conduct for the 4-H event/Alaska Operation Military Kids activity and agree to abide by them. If I break this agreement or my conduct is not satisfactory to the chaperones or hosting organization, 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. I also understand that I may be ineligible to participate in future 4-H event/Alaska 4-H Operation Military Kids activities if I am sent home due to unacceptable behavior.

In the best interest of the program and if there be sufficient reason to do so, I am in full knowledge that the attending 4-H event/Alaska 4-H Operation Military Kids faculty at this event/activity have the right to search my personal belongings or the premises where I will reside.

Signature

Date