New Mexico 4-H Chaperone Agreement

As a chaperone I expect to receive from my County 4-H Extension Agent, before I leave for ___________________________ (event):

A list of people who I am responsible for;

Medical Release Forms, Code of Conducts, Statements of Responsibilities, Photo Release Forms, and Registration information for each youth including signatures and contact information;

Basic information about State 4-H and my role.

At ________________________________ (event), I expect to receive:

Orientation to the program, expected behavior of the youth and adults, and appropriate discipline;

Support of the State and County Extension Staff in setting limits, modeling appropriate behavior, and maintaining discipline as they facilitate the program;

Support from other chaperones to resolve problems.

I understand that I am responsible for:

Cooperating with, supporting, and empowering __________________________ (event) adult staff and State 4-H Leadership Team as they facilitate the program;

The health, safety, and whereabouts of the young people from my county;

The behavior and necessary discipline of the youth from my county, in consultation with the State 4-H Staff, including parent contact, or other arrangements and transportation if a participant is sent home;

Supervising youth from my county until they are picked up at the close of the conference or until picked up/released after travel to the starting location.

Cooperating with other chaperones and faculty to resolve problems or lend support.

Refraining from causing or demonstrating conflict on any subject with another chaperone or agent in front of the youth or during __________________________ (event).

Abiding by the same rules as the youth, spelled out in the Code of Conduct; including full participation and no use or possession of alcohol, drugs or weapons, before, during or after the event or until the youth are released from my responsibility.

Chaperone Signature ___________________________ Date ______________

County 4-H Agent ___________________________ Date ______________