

☆☆☆Citizenship Washington Focus (CWF) ☆☆☆ Youth Program, July 9-15, 2000

Better Citizens Today, Better Leaders Tomorrow

Citizenship Washington Focus (CWF) is a leadership program for senior 4-H'ers from across the country. Every summer, thousands of young people stay at the National 4-H Conference Center, near Washington D.C., to participate in this week-long program. For 37 years, CWF has enriched young people's lives by providing opportunities for them to:

Broaden appreciation and practice respect for themselves and others in their world.

Increase individual commitment to citizen involvement.

Understand the importance of civic and social responsibilities as they relate to the development of better citizens and leaders.

Practice fitness and fun!

Citizenship Washington Focus Conference 2000 has been scheduled for July 9-15. Youth will experience an exciting week of Citizenship workshops, tours, special events, meet new friends and develop a community plan of action to be implemented once they return home. Cost for the week includes tuition, lodging, bus transportation and a live play with dinner. Our state delegation will reside at the National 4-H Center, Chevy Chase, Maryland for the week. Civic clubs are prime sponsors for Virginia's youth, especially local Ruritan organizations. For more details, call Rudolph Powell or Tracy Downey, extension secretary at (804) 524-5965.

☆☆☆2000 CWF☆☆☆



GENERAL INFORMATION

COST OF CITIZENSHIP WASHINGTON FOCUS CONFERENCE:

\$ 498.00	Tuition, lodging, food
\$ 135.00	Bus Transportation
\$ 25.00	Dinner Theater

\$ 658.00

TOTAL COST

ABOUT TRANSPORTATION:

We will have a bus traveling from Southwest, Virginia to Chevy Chase, Maryland (National 4-H Center). The bus schedule will be announced later. It will be the youth's responsibility to get to the bus stopping point, one-half hour early than indicated on the bus schedule.

EXTRA MONEY NEEDED:

Youth will be responsible for purchasing two meals on their own during the CWF Conference. Individuals may bring a little extra money for souvenirs. In addition, the 4-H Center has a Campus Shop where one may purchase postcards, stamps, memorabilia and personal items. We suggest budgeting yourself \$75-100 for the week. Of course, some individuals may spend more, and some will spend less.

☆☆☆Citizenship Washington Focus☆☆☆

2000 Application

July 9 – 15

Please return a completed CWF Application and a deposit of \$329.00 by May 19, 2000 to Rudolph Powell, Cooperative Extension, Box 9081, Virginia State University, Petersburg, VA 23806.

Name _____

County _____

Address _____

Date of Birth ___/___/___/ Age _____

City _____

E-mail address _____

State/Zip Code _____

Hobbies _____

Home Phone () _____

Have you attended CWF before?

Parent/Guardian _____

_____yes _____no

Parent's Work Phone
() _____

Do you have a scholarship?
_____partial _____full

Write a short paragraph explaining why you would like to attend the 2000
Citizenship Washington Focus Conference. _____

Agent's Comments. Please explain why attending CWF would benefit this
4-H'er. _____

Agent's Signature _____ Date _____

☆☆☆Citizenship Washington Focus 2000☆☆☆
Acceptance Form

I. I have consulted my parents, volunteer 4-H leader, extension agent and they agree that I will be able to attend the Citizenship Washington Focus (senior 4-H'ers) Conference, July 9-15, 2000 at the National 4-H Center in Chevy Chase, Maryland. Realizing that I am representing more than 124,000 Virginia 4-H members, I will share my experiences with others when I return home. I have read and understand the Code of Conduct for Virginia 4-H Delegates. I agree to cooperate fully with all regulations included in the Code of Regulations Governing Citizenship Washington Focus and those regarding my state at the National 4-H Center. **I will pay the remaining fee of \$329.00 (to total a fee of \$658.00) prior to June 23, 2000.**

Signature of 4-H Member _____ Date _____

II. We/I give our/my approval for _____ to attend Citizenship Washington Focus. We/I will support him/her in preparing for this event and will encourage the reporting of experiences after the event. We/I have read and understand the Code of Conduct for Virginia 4-H Delegates.

Signature of Parent/Guardian _____ Date _____

III. All participants will ride the bus during the week for all field trips. Tentative bus arrangements have been made for this activity. The \$135.00 transportation fee has been included in the total cost paid. All delegates riding the bus to and from the Center are responsible for transportation to the designated pick up point. The designated pick points will be communicated later based on those who will be attending the Citizenship Washington Focus Conference.

IV. **CANCELLATION POLICY. (BASED ON THE CONTRACT WITH THE NATIONAL 4-H COUNCIL). CANCELLATION PRIOR TO MAY 1...ENTIRE REMISSION IS REFUNDED. CANCELLATION BETWEEN MAY 2 AND JUNE 23 ONLY ONE-HALF OF \$658.00 IS REFUNDED, IF TOTAL FEE HAS BEEN PAID.**

Cancellation after June 23, 2000 - NO REFUND

In the event of death or serious illness, refunds will be made based on negotiation with The National 4-H Council. Substitutes will be accepted on the basis of boy for boy / girl for girl prior to departure on July 9, 2000.

☆☆☆Citizenship Washington Focus☆☆☆

Participation Agreement Form

NAME _____ CITY/COUNTY _____

I, _____, understand the basic rules for participation in the CITIZENSHIP WASHINGTON FOCUS PROGRAM and agree to:

- Participate fully in the program.
- Be responsible for my own behavior and uphold high standards for the group.
- Abide by the Code of Conduct rules and responsibilities.
- Leave the National 4-H Center facility in as good as or better condition than I found it when I arrived.
- Support and abide by the group coordinator's and adult advisor's leadership of our delegation.
- Cooperate with National 4-H Conference Center and CWF Program Staff.
- Refrain from using alcoholic beverages, illegal drugs, tobacco products, or fireworks while participating in the program.

SIGNATURE OF 4-H'ER

CONCURRENCE BY PARENT OR GUARDIAN:

I understand the above agreement and will support my son/daughter, the group coordinator, and adult advisors in adhering to the 4-H Code of Conduct and Dress Code.

SIGNATURE OF PARENTS/GUARDIAN

Date ____/____/____

Note: Each delegate must bring two original signed forms—one form is for the Group Coordinator, and the other remains with the delegate especially when he or she is off campus.

**CITIZENSHIP WASHINGTON FOCUS
HEALTH INFORMATION AND CONSENT FOR EMERGENCY TREATMENT**

Name	Birth Date	Sex	
Street Address	City	State	ZIP
Insurance Company	Policy Number		
In Case of Emergency Notify Home Phone: ()		Work Phone ()	
Relationship to Participant: Parent Guardian Other			
Family Physician or Clinic		Phone: ()	
Date of Last Tetanus Shot		Social Security Number	

PLEASE ANSWER THE FOLLOWING QUESTIONS, AND EXPLAIN EACH "YES" RESPONSE.

CONDITION	YES	NO
1. Respiratory problems: (asthma, persistent cough, abnormal chest x-ray, T.B., etc.)		
2. Heart Disease (high/low blood pressure, murmurs, chest pain, rheumatic fever, etc.)		
3. Stomach or Intestinal Problems (ulcers, jaundice, hernia, colitis, indigestion, etc.)		
4. Kidney, Gall Bladder, or Liver Disease		
5. Diabetes or hypoglycemia (low blood sugar)		
6. Muscular/Skeletal Problems (arthritis, hernia, recent fractures, etc.)		
7. Eye, Ear, Nose, or Throat problems (hay fever, ear infection, impaired sight or hearing)		
8. Skin Diseases		
9. Nervous Disorders (convulsions, epilepsy, dizziness, etc.)		
10. Emotional or Mental Disorders (frequent anxiety, excessive fears, etc.)		
11. Surgical Operations, Accidents or Injuries in the Past 2 Years that Required		
12. Recent Exposure to Contagious Disease		
13. Allergies		
14. Are you currently under a doctor's care?		
15. Are you currently taking any medication?		
16. Do you have any special dietary needs?		
17. Do you have any limiting physical conditions?		
Explanations: (use other side, if necessary)		

I am of the opinion that _____ can participate in Citizenship Washington Focus. I further declare that he/she has no physical, mental, or communicable conditions that will interfere with participation in this program. I consider his/her health to be:

Poor Fair Good Excellent

If a medical emergency arises while my son/daughter is participating in CWF, permission is given for physicians to perform needed treatment.

Signature of Parent/Guardian _____ **Date** _____

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