



University of Kentucky  
College of Agriculture, Food, and Environment  
Animal and Food Sciences  
615 W.P. Garrigus Building Lexington, KY 40546  
P: 859-257-7501

DATE: April 1, 2025

TO: Applicants for State 4-H Equine Task Force

FROM: *Anna Draeger*  
Anna Draeger, M.S.  
Equine Extension Associate

RE: State 4-H Equine Task Force Applications for 2025/2026

We are excited to announce applications are being accepted for the Kentucky 4-H Horse Program Equine Task Force (ETF)! This is a state-level experiential group for senior-level 4-H youth ages 14-18. The mission of the ETF is to offer an advanced opportunity for senior level 4-H equine youth to further develop leadership and communications skills, and career exploration while representing and promoting the Kentucky 4-H Horse Program at the county, area, state, and regional levels.

Applications will be due to Anna Draeger no later than **July 15th, 2025**. By submitting an application, youth will be committing to a two-year term.

### **Requirements & Expectations for Applicants:**

- ❖ Completed application.
- ❖ \$50 dues (check made payable to Kentucky 4-H Foundation).
- ❖ Two letters of recommendation (one must be from your 4-H or representing county extension agent/staff)
- ❖ Commitment to two-year term period (unless you are in your final 4-H year)
- ❖ Brainstorm and execute a peer-selected educational yearly passion project (decided on by ETF members at first meeting)
- ❖ Be able to provide transportation to and from a minimum of two in-person meetings & two career exploration day trips (within KY). Dates TBD at first meeting. Due to logistical reasons, please note that members from the far east and west are likely to encounter higher travel costs.
- ❖ Participation in periodical Zoom meetings for guest speakers and project development.
- ❖ Attend state judging & knowledge contests, Kentucky State Fair 4-H Horse Show, and the Kentucky Volunteer Forum (on even years) to represent the ETF & give out awards.
- ❖ Lead networking & team building event(s) at the state show
- ❖ Plan & coordinate fundraising events to sustain future cohorts (peer selected at first meeting).



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### **Behavior & Conduct**

ETF members are considered representatives of the Kentucky 4-H Horse Program & as such, behavior, conduct, dress, and actions reflect the standards of the 4-H Horse Program in Kentucky. ETF members should serve as role models for other 4-H members and adhere strictly to the code of conducts. Members that fail to adhere to these expectations may be dismissed from the task force.

### **Fundraising**

Upon application acceptance, youth will receive a belt buckle and a professional head shot. The ETF will be expected to plan and execute a yearly fundraising event to sustain the costs of future cohorts (fundraising ideas will be peer-selected during the first meeting).

### **First Meeting:**

**Saturday September 6<sup>th</sup>, 2025 @ Pirri Teaching Pavilion on Maine Chance Farm**

#### **Agenda:**

In person meeting 10 AM – 4 PM EST  
Ice breakers/leadership games  
Decide passion project & work through SMART Goals  
Lunch provided  
Decide fundraising event/project  
Set future dates (virtual and in person)  
Farm Tour

## 4-H Equine Task Force - Representative Application

*The following information should be submitted to your 4-H Agent with any additional required forms. Applications are due July 15<sup>th</sup> to Anna Draeger via email at:*

*anna.draeger@uky.edu or by mail: Anna Draeger 325 Cooper Dr.*

*University of Kentucky 615 W.P. Garrigus Building Lexington, KY 40546*

First Name:	Last Name:
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### **Project Proposal (REQUIRED)**

Please write a one-half to one-page passion project proposal. All project proposals will be voted on by ETF members at the first meeting. Each proposal should include:

A) The selected topic with a brief explanation of why this is important to/impacts the KY 4-H Horse Program.

B) Step-by-step instructions on what will be taught/implemented in the project.

### **Professional Resume (REQUIRED)**

Please attach your professional resume which outlines your qualifications to serve as a representative on the Equine Task Force. Please refer to the *Kentucky 4-H Workforce Preparation and Career Readiness* curriculum, Chapter 5, *Going for It: Resume* and *Resume Construction* to aid your preparations to this document. Below are areas that need to be evident in your professional resume.

- A) Qualification Highlights / Why you want to be on the Equine Task Force
- B) Work Experience
- C) Volunteer Experience
- D) 4-H Involvement and School Involvement
- E) Awards or Honors

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## 2025 / 2026 Equine Task Force - Applicant Information

**Please fill out the following information completely.** Further dates will be set at the first meeting. It is imperative you attend the September 6th meeting in Lexington. **Attendance at all meetings is mandatory!**

First Name:	Last Name:	Birthday:	
Street Address:		County & Area grouping:	
City:		Zip Code:	
Cell Phone:		Email:	
Polo Size:                      XSmall    Small    Medium    Large    XLarge    XXLarge    XXXLarge			
Are you currently enrolled in 4-H at your county level?	YES	NO	
Term Year	Serving first year of two-year term.	This is my last eligible year	
<b>Please make sure you can attend meetings before committing to being on ETF.</b>  <b>All members on ETF are also expected to attend 4-H State Contests &amp; Horse Show.</b>	ETF In Person Meeting 1: September 6th, 2025	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	State Horse Judging Contest 2026 - Date TBD	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	State Horse Contests 2026 - Date TBD	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	State Horse Show 2026 - Date TBD	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	ETF In Person Meeting 2: TBD @ First Meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Zoom Periodic Check-Ins: TBD @ First Meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Representative Signature:</b> <hr/> <b>Parents Signature:</b> <hr/> <b>Agent Signature:</b> <hr/>	Additional meeting times (in person and virtual) will be determined at the first meeting. We will take in to consideration members schedules to find the most conducive time to meet. Please recognize extra opportunities for engagement might arise during the program year. While not required, these additional dates will be encouraged.		





## 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: \_\_\_\_\_ County/District: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Youth ☐ Female

☐ Adult ☐ Male

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm: ☐ Yes ☐ No

Race: ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander ☐ Hispanic ☐ Non-Hispanic Grade: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

### HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain) .....	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

☐ Antihistamine Pill ☐ Antacid ☐ Ibuprofen (Advil) ☐ Hydrocortisone Cream  
☐ Acetaminophen (Tylenol) ☐ Decongestant ☐ Dramamine ☐ Polysporin (topical antibiotic)

### MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. **SIGNATURE OF PARENT/PARTICIPANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

**SIGNATURE OF PARENT:** \_\_\_\_\_ ☐ NO, I do not permit



# 4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vaping, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_ County \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Recommendation Letter #1 (attach to blank page or at end of application)

Recommendation Letter #2 (attach to blank page or at end of application)