4-H Youth Horse Leadership and Career Development Institute

OFFICIAL INSTITUTE MANUAL
August 11-13, 2009

Brownstone Hotel
Raleigh, NC

Coordinated by

Extension Horse Husbandry
Cooperative Extension Service
NC State University

Sponsored by

North Carolina Horse Council
North Carolina 4-H Development Fund
Cape Fear Farm Credit
Carolina Farm Credit
Fort Dodge Animal Health
NC Farm Bureau

“Your Referendum Dollars at Work”
This manual will provide information concerning 4-H Youth Horse Leadership Development and Career Institute. Please read this information thoroughly prior to your arrival.

Purpose- To provide senior level 4-H Horse Program members with an opportunity to gain knowledge on the current and future issues facing the horse industry, equine related careers and specific degree requirement to achieve a successful career. The institute will enhance a participant’s leadership skills, decision making process and knowledge in the establishment of an equine related business and career.

The long range goal of the institute is to develop our current 4-H youth members into successful professionals and future horse industry leaders.

Cost- The special registration fee is $95 per participant, payable by June 5, 2009 postmarked deadline date. The registration fee is subsidized by donations provided by institute sponsors to provide the lowest possible registration fee. The registration fee includes lodging, meals, materials, refreshments and awards. Youth will be required to purchase one meal during a field trip. Checks should be made payable to NCSU. Participants are encouraged to bring additional funds of $75 for incidental expenses. Counties and local equine organizations are encouraged to provide scholarships to reimburse participating 4-H members’ registration fees and expenses.

Participant Qualifications- Horse Project 4-H’ers between the ages of 16-19 years as of January 1, 2009 who are actively enrolled in a 4-H Horse Project are eligible to attend the institute. Active enrollment is at the discretion of the 4-H Leader and County Extension Agent.

Application Process- A completed application to attend the 4-H Youth Horse Leadership and Career Development Institute must be received at the Extension Horse Husbandry office postmarked on or before June 5, 2009. Four-H members must be 16-19 years of age to be eligible to apply. Applications will be reviewed by a selection committee. The committee will emphasize past 4-H Horse Program/youth horse breed association experience and career interests related to the horse industry. A special 700-800 word essay entitled “Why I Want to Attend the Youth Horse Leadership Career Development Institute” along with a letter of recommendation from your 4-H county extension agent is required. The application must be signed by the youth, one parent/guardian and a county extension agent.

Registration- The institute will be limited to 30 4-H members. All health forms, media release, rooming forms, publicity release and research consent forms for the 4-H’er must be presented with the registration form. The majority of the forms are completed annually and maintained on file in the county extension office. A copy of the existing form is acceptable. Participants will be notified of their acceptance.
Refunds- Fees will be refunded, if notice is given prior to August 1, 2009 and the following conditions occur:

1. Death in a 4-H’ers family or other serious emergency.
2. If the 4-H’ers registration is not accepted.
3. If a replacement 4-H member can be located.

Facilities & Lodging- The institute will be held at the Holiday Inn Brownstone Hotel and Conference Center, 1707 Hillsborough St., Raleigh, NC 27605. Phone: (919) 828-0811 Fax: (919) 828-2788; www.brownstonehotel.com. Training sessions will be held in a classroom setting except for a field trip. Participants will be transported to and from the field trip in NCSU vans.

Lodging will be paid directly by NCSU. Incidental room expenses (long distance phone, etc.) must be paid by the participant at check out. A credit card will be required at check in to activate a room phone. Two participants will share a hotel room in accordance with NC State 4-H rooming regulations. Chaperones will be present at all times during the institute.

Transportation, Arrival & Departure Procedures- Participants will check into the Brownstone Hotel between 3:00 and 5:30 pm on Tuesday, August 11, 2009. All transportation to and from the institute must be provided by the parents and/or county extension agents. Upon check in, participants will be assigned a room and one roommate.

Checkout will be from 7:00-8:00 am Thursday, August 13, 2009. Upon checkout, luggage will be stored at the front desk and will be available for pickup during departure at 3:30 pm, August 13.

Parents are invited to attend the afternoon session of the institute from 2:00-3:30 pm and view special presentations developed and presented by participating 4-H members.

Activities- Classroom sessions will be taught by industry leaders including agribusiness representatives, university professors, NCDA&CS marketing specialists, horse breed association and commodity representatives, and government specialists. Sessions includes:

- Career options vs. educational requirements
- Leadership development
- Current issues affecting the horse industry
- Future horse industry development
- How to develop your own business
- What is required in a business plan
- Establishing credit, insuring the equine
- The impact of recent equine nutrition and health discoveries on the horse industry
- Pros and cons of being a horse trainer, etc.

A 5 hour field day will provide youth with an opportunity to see business practices applied in actual horse operations. Students will tour a large boarding, training and lesson barn, a
tack/feed store and a veterinarian hospital. Participants will learn the business management practices used to establish and manage each ongoing operation. Students will have an opportunity to learn how each owner/operator established the business, developed a business plan and regulate the cash flow to maintain a profitable enterprise.

Classroom Project - Participants will work as a team to learn how to develop a business plan for a horse enterprise. Participants will learn how to successfully keep records, establish credit, maintain cash flow and budgets, and manage labor. Three to four participants will work as a team on the project during the institute. A special presentation competition will be held the final day of the institute. Each team will present their business plan to a panel of judges. Each plan will be evaluated and critiqued. Awards will be presented to the members of the top three teams. Institute participants must provide pens, pencils, note pad, calendar and calculators.

Certificates of Completion - All participants who attend the institute will receive a certificate suitable for framing, recognizing their accomplishment.

Behavior Policy - An NC State 4-H Code of Conduct is attached for your review. Be prepared to follow the code of conduct during the institute.
The dress code is designed to insure that each participant brings the appropriate attire for the institute, which resembles proper work attire and meets community expectations. 4-Hers are expected to adhere to standards of dress and appearance that are compatible with an effective learning environment. Wearing clothing which is disruptive, provocative, revealing, profane, vulgar, offensive or obscene, or which endangers the health and safety of the youth or others is prohibited. Youth failing to adhere to these guidelines are subject to dismissal from the event.

Examples of prohibited dress or appearance include but are not limited to:

- exposed undergarments
- sagging pants
- excessively short or tight garments
- bare midriff shirts
- strapless shirts
- tank tops
- attire with messages or illustrations that are lewd, indecent, or vulgar or that advertise any product or service not permitted by law to minors
- see-through clothing attire that encourages indecent exposure
- any adornment such as chains or spikes that could be deemed dangerous
- any symbols, styles or attire frequently associated with intimidation

Recommended attire:
Males: Dress jeans, dress pants, dress or collared shirts, dress boots or shoes; professional casual.

Females: Dress jeans, dress pants, knee length or longer skirts, dress or collared shirts, dress boots or shoes; professional casual.
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Fort Dodge Animal Health

Tuesday, August 11, 2009

6:00 pm Arrival/Registration. Eat prior to arrival
6:30-6:50 pm Introductions, Review the Conference Schedule
6:50-7:50 pm Overview of the North Carolina Horse Industry
7:50-8:50 pm Horse Industry Career Options and Academic Requirements
8:50-10:00 pm Panel Discussion: So You Want To Be A Horse Trainer, Farm Manager, etc.?
10:00-10:30 pm Ice Breaker/Social
10:30 pm Dismissed. Return to Rooms

Wednesday, August 12, 2009

7:00-8:00 am Breakfast-Brownstone Hotel
8:00-10:30 am Developing A Business Plan
10:30-10:45 am Refreshment break
10:45-12:30 noon Issues Impacting the Horse Industry Panel Discussion
12:30-2:00 pm  Lunch. Invited speaker(s)
2:00-3:00 pm  Insurance and Liability in the Horse Industry
3:00-3:15 pm  Refreshment break
3:15-5:00 pm  Agribusiness Opportunities in the Horse Industry
Panel Discussion and Question/Answer Session
5:00-6:30 pm  Dinner banquet. Invited speakers:
*Sponsored by Fort Dodge Animal Health*
6:30-6:45 pm  Break into Sub-Groups
6:45-9:45 pm  Work on Business Plan Project
“Interaction Time”
9:45-10:00 pm  Wrap up & dismiss

**Thursday, August 13, 2009**

7:00 -8:30 am  Breakfast on your own. Checkout of rooms. Place luggage in designated storage room.
8:30-8:45 am  Load university vans for field trip
8:45-2:00 pm  Tour Equine Businesses (lunch en route). Learn about business management, record keeping, cash flow, business plans, labor management, etc.
   - Horse Boarding & Training Operation
   - Equine Tack & Feed Supply Store
   - Equine Veterinarian Clinic
2:00 pm  Return to Brownstone Hotel
2:00-3:00 pm  Present Business Plans (parents invited to attend)
3:00-3:30 pm  Complete and Submit Evaluation Forms.
Receive Certificate of Completion
Adjourn
3:30 pm  Parents pick up 4-H members at front lobby

Updated 4/6/09
Application

4-H Youth Horse Leadership and Career Development Institute
August 11-13, 2009

Name: _______________________________   County: __________________
Address: _______________________________   Email: __________________
City: _____________________________   State: __________________   Zip: __________
Home Phone: ___________________________   Cell Phone: __________________
Parent’s Cell Phone: _______________________________
Age: _______________   Birthdate: __________________
Years in 4-H: __________ and/or years in Youth Horse Breed Association: ___________
Indicate which breed associations you have participated in: ________________________

1. Please list your short and long term career plans.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

2. Please attach a one page list of activities in which you participated in with the 4-H Program.

3. Please attach a short essay of 700-800 words entitled “Why I Want to Attend the Youth Horse Leadership Career Development Institute.”

4. Please attach one letter of reference from your county extension agent.

____________________________________________________________________________
Youth Signature   Date

____________________________________________________________________________
Parent/Guardian Signature   Date

____________________________________________________________________________
Agent Signature   Date

Applications must be postmarked by June 5, 2009
I. **Purpose and Application:**

A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.

B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. **Behaviors Prohibited at 4-H program Activities:**

A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances

B. Any kind of sexually-related physical contact

C. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)

D. Behavior that violates state or local laws

E. Damage to property of others

F. Theft, misuse or abuse of public or personal property

G. Conduct that jeopardizes the safety of self or others

H. Conduct that disrupts or interferes with 4-H programming

I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)

J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event

K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. **Disciplinary Procedures:**

A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.

B. Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:
1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
2) the accused participant is told what factual evidence supports the charge, and
3) the accused participant has been given a chance to tell his/her side of the story.
C. The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.
D. Sanctions may include some or all of the following:
   1) Verbal warning
   2) Notification to parents
   3) Immediate removal from the activity
   4) Being placed on a behavior contract
   5) Referral to local law enforcement and/or juvenile court
   6) Program suspension and/or
   7) Expulsion from program
   8) Other sanctions appropriate to the circumstances, as determined by 4-H.
E. Appeals
   1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent’s appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.

   2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head’s appeal decision shall constitute the final agency action.

F. Immediate action situations:
   4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.
4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT
FOR NC 4-H SPONSORED EVENTS

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc: _______________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: _________________________________________________________________

List special dietary needs: _____________________________________________________________

Medications currently being taken (name of medication, dose, and frequency): ________________________________

Family Physician: Name ___________________________________ Phone # (____) ____________
Address________________________________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ______________________________________________________________ Health Insurance Policy # ______________________________________________________________ Company Address
Phone Company Telephone Number (____)___________________________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact _________ [name, office] at _________ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _________ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature _____________________________ Date:________________

Participant's Signature: _____________________________ Date: __________________

Parent/Guardian telephone #: Home ___________________ Work ___________________

Must be completed each year by 4-H’er and Parent/Guardian. If health history changes within that year, it is the 4-H’er & Parent/Guardian’s responsibility for updating information.

Approved as of 3/02/06
IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of __________________________, a minor child, age ________, born __________________________. I authorize any adult(s) acting as agents (including official volunteers) or employees of the ________________________ 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature_______________________________________Date_______

STATE OF NORTH CAROLINA
COUNTY OF _________________________

On this _______ day of ________________, 20___, personally appeared before me the said named, __________________________, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires ________________________________, 20____.

________________________
Notary Public

________________________
(OFFICIAL SEAL)
North Carolina 4-H and ______________ County 4-H
Photographic, Video, and Audio
Optional Publicity Release

I do ___________ or do NOT ___________ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and ______________ County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): ____________________________________________
Participant Signature:____________________________ Date:____________________

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: ________________________________________________
Parent/Guardian name (please print): _________________________________________
Signature: ______________________________________ Date: ___________________
YOUR INVITATION TO PARTNER WITH 4-H ON RESEARCH “TO MAKE THE BEST BETTER’

As a 4-H member, a child or youth can be part of ongoing research on the benefits of youth programs. 4-H is required to report short- and long-term outcomes of youth programs as part of its accountability to federal, state, and local funding agencies. In addition, feedback from youth and the adults also helps 4-H leaders improve programs and create new learning opportunities. With the consent of both you and your child, your child will complete one or more assessments related to his/her learning in a 4-H program and his/her evaluation of the 4-H program. Evaluation activities will always be conducted within the guidelines of the NC 4-H Code of Ethics and North Carolina State University Human Subjects Research guidelines.

BACKGROUND INFORMATION
Projects and Procedures. 4-H evaluation activities may use questionnaires, tests, checklists, journals, observations, audio or videotaping, judging of written or oral performances, interviews, and focus groups. Typically, assessments are given before and after a learning event or extended program by trained adult leaders. Your child may also be randomly selected to participate in discussion groups, case studies, or extended interviews designed to give 4-H leaders more in-depth understanding of specific programs. As appropriate, parents, youth leaders, and teachers will be asked to make observations about a child’s interaction and achievement in 4-H activities. We make every effort to avoid a “testing” environment. Our goal in 4-H is that evaluation strengthens relationships, promotes learning, and helps 4-H volunteers and professionals build better programs for your youth.

Risks and Benefits. Participation is voluntary. If either you or your child decline to provide consent to participate in any of the above activities (as indicated by not signing this form), such a decision will in no way affect your child’s ability to register for and participate in the program. Also, youth may quit an assessment at any time and this will not affect their participation in current or future 4-H activities. Participating in evaluation often helps youth reflect on learning and contribute to improving 4-H programs for themselves and others. There is no known risk in participating in 4-H evaluation activities.

Confidentiality. Research data will be kept strictly confidential and maintained in a secure location. Youth names may be requested on assessments that involve comparisons (e.g., knowledge before and after events, child and parent attitudes). Once data is recorded, names will be removed, replaced by a 4-H ID number (not the Social Security or Drivers License number), and retained only on a master list. Written or oral evaluation reports will not include names or information that might identify specific participants.

Compensation. No compensation is provided for your participation in this discussion group.

CONTACT: If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you or your child feels he/she have not been treated according to the descriptions in this form, or his/her rights as a participant in research have been violated during the course of this project, you may contact Dr. David Kaber, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7906, NCSU Campus (919/515-3086) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148).

PARTICIPATION. You (your child’s) participation in this study is voluntary; you or your child may decline to participate without loss of benefits to which he/she is otherwise entitled. If you (your child) withdraw from the study before data collection is completed, your (your child’s) data will be returned to you or destroyed.

CONSENT. I have read and understand the above information. I have received a copy of this form. I agree to participate (to allow my child to participate) in this study.

Parent signature _________________________________________ Date _________________________________________
Youth signature (print and initial) __________________________ Date __________________________
Investigator’s signature__________________________________ Date __________________________
Parental/Guardian 4-H Overnight Sleeping Room Rule Consent Form

Authorization to Consent to Alternative Overnight Sleeping Room Rule

I, _______________________________________, of ________________________ County, am the custodial parent having legal custody of __________________________, a minor child, age ________, born ____________________________. I authorize my child to be assigned an overnight sleeping room in one of the following options: (Initial the authorized option)

Option 1: The parent/guardian may sign a consent form for a youth under the age of 18 years of age to stay in a room alone. This form must be signed by the County 4-H Agent, County Director, and witness unrelated to the youth, parent or guardian.

Option 2: The parent/guardian may sign a consent form for a youth to be assigned an overnight sleeping room with an unrelated adult of the same gender. This form must be signed by the County 4-H Agent, County Director, and witness unrelated to the youth, parent or guardian.

Option 3: The parent/guardian may sign a consent form for youth to room with another youth that is more than three years older or younger. This form must be signed by the County 4-H Agent, County Director, and witness unrelated to the youth, parent or guardian.

Custodial Parent Signature ___________________________ Date_______

County 4-H Agent Signature ___________________________ Date_______

County Director Signature ___________________________ Date_______

Witness Signature ___________________________ Date_______

Approved as of: 6/9/06