



HEALTHY TEXAS
Y·O·U·T·H
AMBASSADORS

2019 INFORMATION 2020 HANDBOOK

PROGRAM PURPOSE

The Healthy Texas Youth Ambassador Program aims to develop youth healthy lifestyle leaders to serve as a source of outreach in communities and schools throughout Texas.

More specifically, the purpose is to:

- Assist County Extension Agents in providing leadership to the youth components of Healthy Texas, Texas 4-H, and Texas A&M AgriLife Extension Service
- Serve as a leader to implement health programs and lessons in local schools and communities
- Become knowledgeable and skilled in the healthy lifestyles subject matter
- Assist with and coordinate educational events that will encourage better health in communities.
- Be a role model for healthy living!

For more information please contact your local county extension agent or visit the website below.



HEALTHY TEXAS

<https://healthytexas.tamu.edu/youth-ambassadors/>

APPLICATION CHECKLIST

All applications are due to your local county extension office by:

May 1, 2019

Use the following checklist to ensure your application is submitted correctly.

STEP 1



Do you meet all requirements?

- at least 9th grade
- academically eligible
- submit application by deadline

STEP 2



Did you sign and date the form stating you read and agree to abide by all guidelines set forth in the ambassador handbook?

STEP 3



Did you include signed copies of each form (total of 4) in accordance with Texas A&M Agrilife Extension policies?



2019 ELIGIBILITY 2020 REQUIREMENTS

The role of a *Healthy Texas Youth Ambassador* requires youth who are dedicated, mature, dependable, and interested in healthy living and health promotion within communities. Youth must be committed to serving their community and committed to assisting with events and activities to fulfill the *Healthy Texas Youth Ambassador* requirements.

The number of youth selected each term to serve as Ambassadors is determined by the County Extension Agent who supervises the Ambassador Program. The number is based upon need, program demands, term goals for the Ambassadors, and the number of eligible applicants.

Healthy Texas Youth Ambassadors must meet certain requirements to be considered for selection as an Ambassador. The requirements are as follows:

- Be in at least the 9th grade at beginning of the 2019-20 school year
- Submit completed application to the local county extension office deadline
- Be academically eligible

2019 MEMBER 2020 OBJECTIVES

Those selected as a *Healthy Texas Youth Ambassador* **must** fulfill the following obligations. Failure to do so may result in dismissal from the program.

- Attend a Regional *Healthy Texas Youth Ambassador* Summit. All fees related to this training will be the responsibility of the *Healthy Texas Youth Ambassador* and/or county program.
- Complete and report 50 hours of leadership, program efforts, or community service annually.
- Attend continuing education trainings offered face-to-face and/or online.
- Remain academically eligible throughout the year.
- Agree to and fulfill the *Healthy Texas Youth Ambassador* Obligations and Activity Requirements
- Complete a 2 year term, unless you complete high school before your term is complete. You may re-apply at the end of your two year term, if you wish.
- Maintain a positive attitude and represent Texas A&M AgriLife Extension Service and Healthy South Texas in a positive light at all times.
- Complete all commitments with excellence.



2019 ATTENDANCE 2020 EXPECTATIONS

Healthy Texas Youth Ambassadors must make every effort possible to attend all activities and meetings. If attendance is not possible, notice must be given to the County Extension Agent in charge, in advance, at which time agent(s) will determine if it is an excused absence. Attendance at the regional *Healthy Texas Youth Ambassador* summit **is not** optional.

Attendance will be kept for all events/meetings. **Members must attend ALL required meetings and events. Members who miss 3 or more required meetings and/or events will be automatically removed from the Ambassador program.** After the second absence, you will be notified to advise you regarding the (3) Required Event Absence Rule. Upon the third and final absence, the member will be automatically removed from the program and will receive a dismissal letter.

Healthy Texas Youth Ambassador regional summit dates.

Central Region

July 31, 2019

East Region

June 25, 2019

North Region

July 30, 2019

South Region

July 17, 2019

Southeast Region

July 16, 2019

West Region

July 29, 2019

2019 ACTIVITY 2020 REQUIREMENTS

Those chosen for the program are expected to:

- Attend a Regional *Healthy Texas Youth Ambassador* Summit to be eligible for the program. Those *Healthy Texas Youth Ambassadors* not attending a regional summit will be dismissed from the program.
- Attend statewide web based trainings or listen to the recorded session
- Attend county, district, or regional training events identified by County Extension Agent
- Attend all *Healthy Texas Youth Ambassador* meetings at the county, district, or regional level.
- Organize at least one community health event during the year with the local *Healthy Texas Youth Ambassador* team and County Extension Agent.



HEALTHY TEXAS

TEXAS A&M
AGRI LIFE
EXTENSION

2019 CODE OF 2020 CONDUCT

All *Healthy Texas Youth Ambassadors* are required to comply with the Texas A&M AgriLife Extension Texas 4-H Program's Code of Conduct AT ALL TIMES, when participating in ANY event. If an Ambassador violates any provision of the Code of Conduct, whether it be minor, intermediate, or major, they may be dismissed from the program.

Healthy Texas Youth Ambassadors are expected to:

- attend all sessions that are part of the planned program for all activities.
- dress appropriately to the occasion and adhere to any attire requirements stipulated for the event. Ambassadors should be courteous, clean, and possess good manners.
- control language and use only language appropriate for an Ambassador - no swearing.
- not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
- not smoke or use any type of tobacco/nicotine products at any program or event.
- not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
- not carry or threaten another person with a weapon, bodily force or language.
- respect the rights of privacy of those attending an activity and those that they may be rooming with.
- observe hours established by the staff and be in their room at designated time. No boys in girls rooms, no girls in boys rooms.
- avoid unnecessary roughness to room furnishings, furniture, equipment, etc.

Any participant or volunteer at any official Healthy Texas/Texas A&M AgriLife Extension/Texas 4-H event or activity who observes a breach of code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones



2019 **DISCIPLINARY** 2020 **ACTIONS**

Ambassadors are highly motivated, interested, mature and dependable individuals. Problems requiring disciplinary actions should not occur. In an effort to keep the *Healthy Texas Youth Ambassador* Program as one of excellence, ambassadors are expected to maintain the utmost respect for themselves, others, and surroundings at all times.

If any Ambassador fails to comply with any of the guidelines set forth by the *Healthy Texas Youth Ambassador* program or County program, the ambassador may be removed from the program and will be notified of this decision immediately.

If an Ambassador is dismissed, he/she will not be able to re-apply for the Ambassador Program for a period of one year.

2019 **PROGRAM** 2020 **CHANGES**

If necessary, changes may be made at any time to guidelines, requirements, or any other item related to *Healthy Texas Youth Ambassador* Program by statewide *Healthy Texas Youth Ambassador* Coordinator.



2019 **AMBASSADOR** 2020 **AGREEMENT**

I have read and understand the *Healthy Texas Youth Ambassador* handbook and agree to carry out the responsibilities described therein.

Signed _____ Date _____

Printed Name _____

Primary Phone Number & Email:

I have discussed the responsibilities and support with the above signed Ambassador and will provide assistance as indicated.

Signed _____ Date _____

Parent/Guardian

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

"The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating"



2019 AMBASSADOR 2020 APPLICATION

Name: _____

Mailing Address: _____

City, State, ZIP: _____ E-mail address: _____

County: _____ Phone Number: _____

Birthdate: _____ Current grade in school: _____

Are you a current Texas 4-H member? (yes/no) _____

(Please note: Ambassadors must be at least 9th grade students for the 2019-2020 school year.)

Explain why you would like to serve as Healthy Texas Youth Ambassador:

Please provide a summary of activities, leadership roles, or community service events (related to health and wellness) that you have been part of over the last two years:

(Please complete application on back)



HEALTHY TEXAS

TEXAS A&M
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Please share three ideas you have for implemented health education, awareness, or advocacy in your community:

1.

2.

3.

I understand that if selected to be a Healthy Texas Youth Ambassador, I will be required to attend a regional Healthy Texas Youth Ambassador summit in the summer and asked to provide monthly reports of events, speaking engagements, or educational activities I participate in as a Healthy Texas Youth Ambassador. If I cannot attend a regional summit, I understand that I will not be able to participate in the program.

Applicant signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

To be considered for the Healthy Texas Youth Ambassador Program please sign and date each of the following forms (included in this packet) and return the completed application in it's entirety to your local County Extension Agent no later than **May 1, 2019**.

___ Healthy Texas Youth Ambassador Application

___ Healthy Texas Youth Ambassador Handbook Agreement

___ Texas 4-H Youth Development Media/Photograph Release

___ Texas 4-H Youth Development Code of Conduct

___ Texas 4-H Youth Development Consequences of Misbehavior

___ Texas 4-H Youth Development Program Waiver, Indemnification, and Medical Treatment Authorization

If you have any questions please contact your local county extension office or visit the website below.

<https://healthytexas.tamu.edu/youth-ambassadors/>

**Texas 4-H Youth Development
2018-2019 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and/or Prairie View Cooperative Extension Program and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, including claims arising from agencies negligences.

_____	_____
Date	Member Signature

	Printed Name

	Street Address

	City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

_____	_____
Date	Parent/Guardian Signature

	Parent/Guardian Printed Name

**Texas 4-H Youth Development
2018-2019 Code of Conduct**



During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous and clean, and possess good manners.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
5. I will not smoke or use tobacco products, or be in possession of such products, at any 4-H program event.
6. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

Date

Member Signature

Date

Parent/Guardian Signature

Texas 4-H Youth Development Consequences of Misbehavior

Violators May Expect:

To have the opportunity to explain actions to the professional Extension staff in charge.

Behavior that is disruptive to the event will be documented and a letter describing such will be sent to the District 4-H Leadership Team, County Extension Agent(s) and parents/guardians of those involved. Examples of offenses are as listed below, but not limited to:

Minor Offenses

1. *Habitually late to program activities*
2. *Not in room at designated time*
3. *Not possessing good manners or use threatening, obscene, or sexual harassing language toward others*
4. *Not respecting the rights and privacy of those rooming with or attending an activity*
5. *Lying or untruthfulness to chaperones, leaders, event organizers or others in attendance*

Intermediate Offenses

1. *Inappropriate visitation*
2. *Leaving a 4-H activity without the permission of staff member(s) in charge*
3. *Intentional damage to meeting site, sleeping quarters, person, or other person's property*
4. *Bullying*

Major Offenses

1. *Smoking or using tobacco products*
2. *The use of alcohol or drugs*
3. *Carrying an unauthorized weapon*
4. *Threatening another person with a weapon or causing bodily harm*
5. *Cheating*
6. *Sexual activities or harassment*
7. *Theft of any kind*
8. *Acting in a manner considered by 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside of the 4-H program.*
9. *Violation of the law*
10. *Violation of livestock ethics policy.*

Consequences

- For every offense 4-H member will receive a verbal reprimand.
- For every offense the violator shall write letters of apology to the appropriate people.

Major Offenses

- Automatic removal from event/activity and/or sending a participant home at the parent's/guardian's expense.
- One major offense during any 4-H year may lead to suspension of membership in all Texas 4-H Youth Development programs for the remainder of the 4-H year, along with the possibilities of facing criminal charges, pending offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or give up monetary awards or scholarships from the Texas 4-H program.
- May lead to termination of 4-H membership.
- May result in notification of incident to legal authorities.
- May result in disqualification of all validated projects.

Intermediate Offenses

- One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parent's/guardian's expense.
- Three violations during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Minor Offenses

- Consistent discipline problems requiring more than two reprimands is grounds for sending a 4-H member home at the parent's/guardian's expense.
- Habitual discipline problems requiring more than four reprimands during one calendar year is grounds for the 4-H member to not be allowed in any county, district or state activities for the remainder of the 4-H year. In addition 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Course Of Action

Event managers responsible for 4-H events and activities are encouraged to communicate to 4-H participants and adult chaperones prior to the event a standard of acceptable behavior, via the Consequences of Misbehavior and Code of Conduct. Standards of behavior and consequences should be reviewed with participants as part of the initial orientation.

1. Event Manager obtains all the relevant facts.
2. Brief the on-site adult responsible for the youth delegate (Extension faculty member or 4-H volunteer).
3. If not on-site, but available via phone, brief the county Extension faculty member and District Extension Administrator responsible.
4. Review consequences of misbehavior. The following steps should be taken when sending a 4-H member home:
Extension faculty member contacts parents.
Parents advised that child is being sent home by safest, most direct means, and that parents are responsible for cost.
Event manager decides if parents should be given the option of picking up the child.
County Extension faculty member collects money from parent to pay transportation charges.
Follow-up correspondence from event's manager to appropriate county Extension faculty member, District 4-H Leadership Team, child and parent for documentation.
5. For all reprimands a Summary Letter and Accident/Incident Report Form will be completed and mailed to the 4-H member, parent, County Extension Agents, District Extension Administrator, County Extension Directors (if applicable), 4-H Specialist, and Texas 4-H Youth Program Director.

I have read the Texas 4-H Consequences of Misbehavior and understand what violators may expect. I agree with the Code of Conduct and do intend to abide by it throughout my 4-H activities.

4-H Member Signature

County

District

Date

As the parent or guardian of _____, I have read the commitment and do support all points. I give permission to the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.

Parent or Guardian

Date

2018-2019 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **Texas 4-H** (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program**, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment

due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/ permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

**In case of emergency, contact
at the following number** _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____
