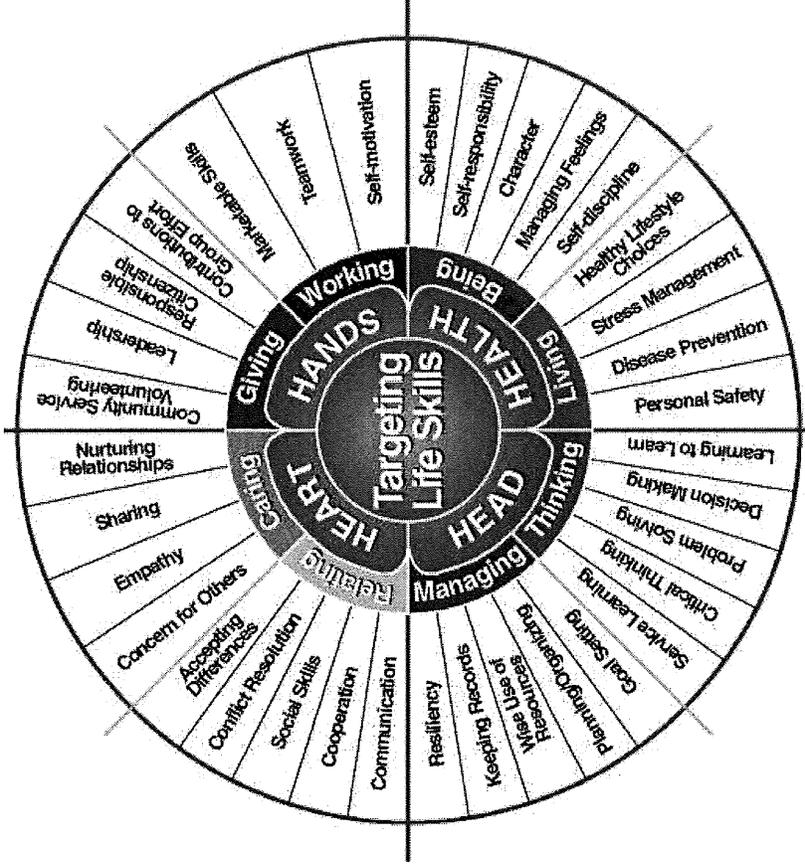


4-H Youth Development

Life Skills Model



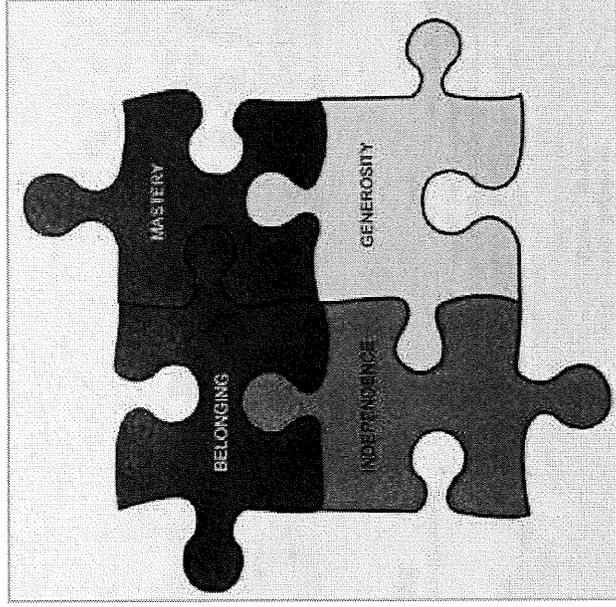
Targeting Life Skills Model, Iowa State University Extension
<http://www.extension.iastate.edu/4h/explore/lifeskills>



UW-MADISON EXTENSION

Essential Elements in Action

What do the Elements look like in
4-H Youth Development Programming?



- ★ Goal Setting
- ★ Get Acquainted Activities
- ★ Project Meetings
- ★ Demonstrations
- ★ Community Service Experiences
- ★ Officer Role or Other Leadership Role
- ★ Adult Mentors



UW-MADISON EXTENSION

4-H Youth Development

Essential
Elements

Life Skills

Experiential
Learning

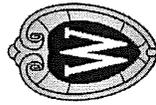
Youth Adult
Partnerships



UW-MADISON EXTENSION

- Attend Volunteer in Preparation Training **(initial)**
- Pass Criminal Background Check **(initial and every 4 years)**
- Register and agree to Volunteer Behavior Expectations and other conditions of volunteering **(annually)**
- Complete Division of Extension Volunteer Mandated Reporter Training online **(initial)**

help fresh
objectivity perspective
coach passion
skills expand
mission
support capacity
mentor credibility
assist vision reach
educate knowledge energy
tutor



Extension
UNIVERSITY OF WISCONSIN-MADISON

UW-Madison
Non-Employee Accident/Incident Report

GENERAL INFORMATION

Date of incident:	Time of incident:
Exact location of incident (e.g. Address, lot #, building name/number, specific location within building, class name/id):	
Full description & cause of incident. Include step-by-step descriptions, comments, and observations, contributing factors, etc. (if additional space is needed, use back or attach extra sheets and pictures or other details as needed):	
Nature and extent of injury/describe exact injury and body part(s) impacted:	
Describe the emergency procedures employed (first aid provided, ambulance/911 called, etc.):	
Did injuries require medical care beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Police/911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No Police case # : _____	
Individual taken to (as applicable): -Hospital _____ provide facility name and location: _____ -University Health Services _____ -Other _____(specify): _____ -Refused Treatment (Y/N) _____ Why? _____	

INJURED INDIVIDUAL

Name:	Age:
Address (street, city, state, zip):	Phone number:
	Email:
Nature and extent of injuries. State body part(s) affected:	
Affiliation with UW-Madison (e.g. Student, parent, visitor, contractor/vendor, etc.)?	
Other information:	
If no injury reported, check here __	

PROPERTY DAMAGED (IF APPLICABLE)

Description & location of the property damaged:
What damage was done to the property & estimate cost?

WITNESSES

Name:	Name:
Address (street, city, state, zip):	Address (street, city, state, zip):
Phone Number:	Phone Number:
Email:	Email:

NAME OF INDIVIDUAL COMPLETING REPORT:	DATE:
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SIGNATURE:
