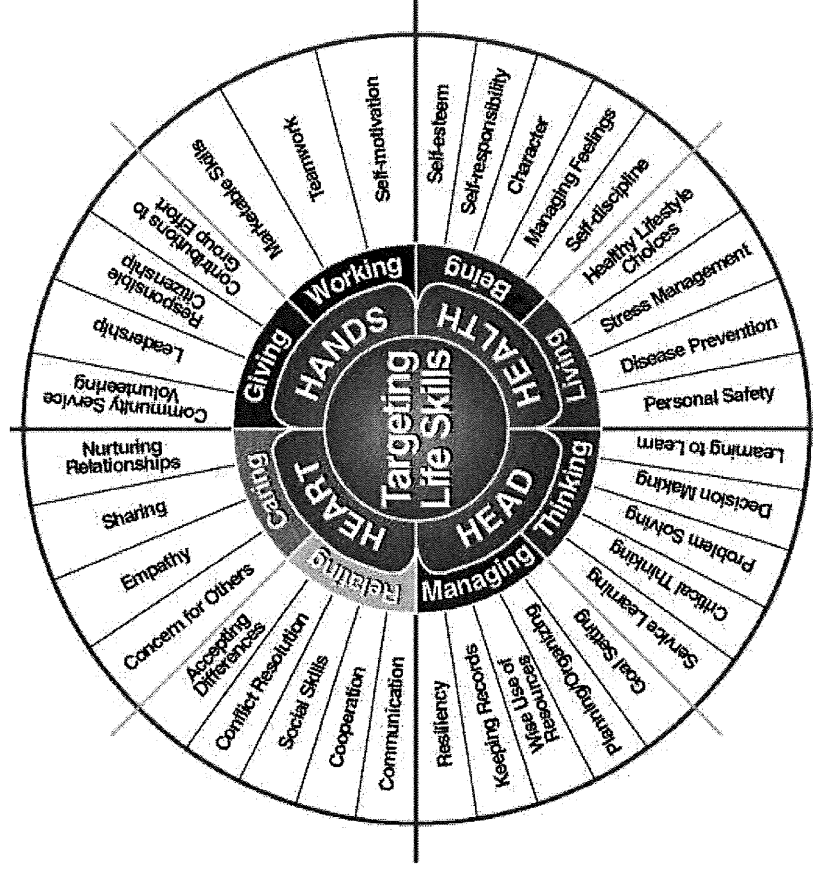


4-H Youth Development

Life Skills Model



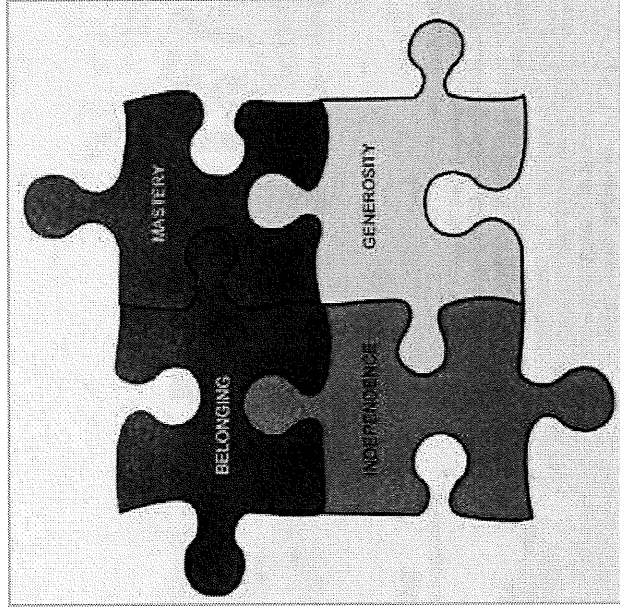
Targeting Life Skills Model, Iowa State University Extension
<http://www.extension.iastate.edu/4h/explore/lifeskills>



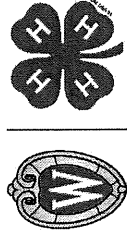
UW-MADISON EXTENSION

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

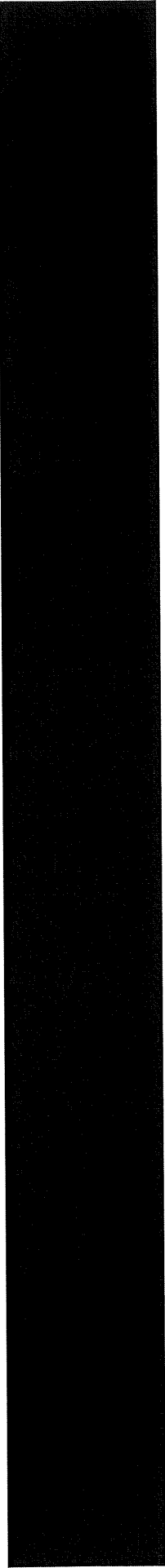
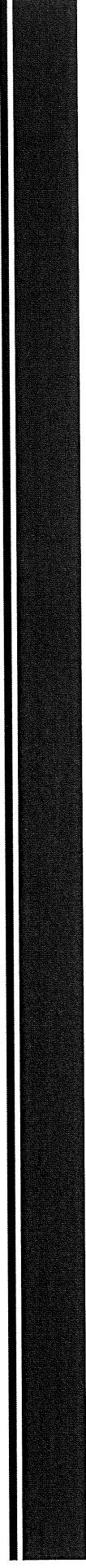
Life Skills

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
reach vision
assist 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? ☐ Yes ☐ No Police/911 called? ☐ Yes ☐ 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:

SIGNATURE: