

# OUTDOOR ADVENTURE CHALLENGE



## Section: INSTRUCTOR REQUIREMENTS



## **INSTRUCTOR REQUIREMENTS SECTION CONTENTS**

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## **4-H OUTDOOR ADVENTURE CHALLENGE INSTRUCTOR CERTIFICATION**

The 4-H Outdoor Adventure Challenge Program employs the following standards for certifying candidates to be instructors in its programs:

- The potential instructor has completed at least one year of working with a 4-H Outdoor Adventure Challenge Club after having been certified a 4-H Outdoor Adventure Challenge Leader.
- The potential instructor should have leader certification in the area in which he/she is seeking instructor specialty certification.
- The potential instructor fills out the instructor trainer application (see next page) and submits it to the State 4-H OAC Coordinator.
- The potential instructor completes a prescribed course of study and leadership experiences in the specialty area in which he/she wishes to become an instructor. This would include satisfactory completion of three leader training sessions in that specialty area as follows:
  - Observation, in which the instructor-in-training participates and observes
  - Co-instruction, in which the instructor-in-training carries out the planning and implementation of the training weekend as determined by the instructor(s)
  - Lead instruction, in which the instructor-in-training carries out the planning and implementation of the training weekend, under supervision of the chief instructor with critique.
  - A minimum of one year's experience as an instructor-in-training, which involves actively instructing during at least four training weekends.
  - The potential instructor must have current certification in both CPR and First Aid.
  - The Instructor-in-Training submits the completed evaluation card to the State 4-H Outdoor Adventure Challenge Instructor Team for final approval.



**4-H OUTDOOR ADVENTURE CHALLENGE**  
**INSTRUCTOR TRAINING APPLICATION**

Name: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

List experiences you have had working with youth. Please include your work with your 4-H Outdoor Adventure Challenge club, as well as any other youth you have worked with.

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List experiences you have had with adults in educational settings.

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Why do you want to be a 4-H Outdoor Adventure Challenge Instructor? In which specialty(ies)?

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List any experience or training you have had in the specialty area(s). Also, list any other experiences or training you have had in related wilderness activities and in communication and teaching skills.

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You may attach additional pages to more fully explain any of the above questions.

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**MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE**  
**INSTRUCTOR CERTIFICATION RECORD AND HEALTH STATEMENT**

Name \_\_\_\_\_ County \_\_\_\_\_ Date Started \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Date Certified \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Email: \_\_\_\_\_ Card & Patches \_\_\_\_\_

Do you have any chronic health problem or illness?    [ ] Yes [ ] No If yes, explain \_\_\_\_\_

Is there any acute illness now present?                [ ] Yes [ ] No If yes, explain \_\_\_\_\_

Has one recently been treated?                            [ ] Yes [ ] No If yes, explain \_\_\_\_\_

List any medications now taken for treatment of medical problem: \_\_\_\_\_

Are there any allergies to medication or local anesthetics?    [ ] Yes [ ] No If yes, explain \_\_\_\_\_

Are there any other allergies? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Blood type: \_\_\_\_\_

Policy Holder's Name and Address \_\_\_\_\_

Policy Group # \_\_\_\_\_ Contract # \_\_\_\_\_

HMO/PHP emergency treatment authorization phone number \_\_\_\_\_

I hereby give my approval for treatment of any medical problems that arise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Training Observation Session</b>	<b>Training Dates</b>	<b>Helping/Teaching Rating 1-5</b>	<b>Instructor</b>
Orientation		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Backpacking		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Canoeing		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Caving		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Kayaking		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Rock Climbing & Rappelling		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Winter Camping		Poor [ 1...2...3...4...5 ] Super	
Comments:			

Training Observation Session	Training Dates	Helping/Teaching Rating 1-5	Instructor
Orientation		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Backpacking		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Canoeing		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Caving		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Kayaking		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Rock Climbing & Rappelling		Poor [ 1...2...3...4...5 ] Super	
Comments:			
Winter Camping		Poor [ 1...2...3...4...5 ] Super	
Comments:			

**MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE**  
**INSTRUCTOR CERTIFICATION RECORD AND HEALTH STATEMENT**

Name: \_\_\_\_\_ County: \_\_\_\_\_ Date Started: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Date Certified \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Email: \_\_\_\_\_ Card & Patches \_\_\_\_\_

Do you have any chronic health problem or illness?     Yes  No If yes, explain \_\_\_\_\_

Is there any acute illness now present?             Yes  No If yes, explain \_\_\_\_\_

Has one recently been treated?                       Yes  No If yes, explain \_\_\_\_\_

List any medications now taken for treatment of medical problem: \_\_\_\_\_

Are there any allergies to medication or local anesthetics?     Yes  No If yes, explain \_\_\_\_\_

Are there any other allergies? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Blood type: \_\_\_\_\_

Policy Holder's Name and Address \_\_\_\_\_

Policy Group # \_\_\_\_\_ Contract # \_\_\_\_\_

HMO/PHP emergency treatment authorization phone number \_\_\_\_\_

I hereby give my approval for treatment of any medical problems that arise.

Signature \_\_\_\_\_ Date \_\_\_\_\_