



# 4-H Therapeutic Adventure Camp of Orange



Virginia Cooperative Extension Office  
P.O. Box 30  
Orange, Virginia 22960  
(540)672-1361  
Jessica Harlow-4htaco@gmail.com  
Kaci Daniel- kcoppage@vt.edu

## 2019 First Time Adult Volunteer Interest Application

### **About the Volunteer Interest Application**

The purpose of this application is to gather information for individuals that are interested in volunteering with TACO. We will keep your application on file and we will contact you with information about upcoming camps.

Once the date is set for the upcoming TACO camp, we will post the date on our social media sites and website. We will also contact you by mail and/or email. There will still be a deadline for registration for camp, so please make sure you return the form, as soon as possible.

All volunteers will need to complete a short registration, health history, equine waiver and standards of behavior yearly, this application will only need to be completed every 3 years.

### **About TACO**

The 4-H Therapeutic Adventure Camp of Orange is a therapeutic riding camp for special needs children in Orange County ranging from ages 9 to 19, we serve approximately 15-18 youth each year. Our campers' range in disabilities from autism, cerebral palsy, downs syndrome, and intellectual delayed.

TACO holds a summer camp in July for one week (Monday-Friday) from 8:30a.m to noon. We have three stations for campers to participate in, including; arts and crafts, horse education and horseback riding. There will be a daily snack and entertainment provided. We offer volunteer positions for all areas, so even if you are not interested in horses, there are volunteer spots available for you!

### **Requirements to Volunteer**

Volunteers must abide by safety standards taught during the training session and ongoing instruction given by staff, be highly attentive and responsive to your environment, be able to work independently, or with little supervision and follow written and verbal instructions. It is also vital that volunteers do not breach confidentiality with respect to all campers and staff.

We ask that all volunteers wear closed toe and closed back shoes, due to safety issues, even if you are not working with the horses. The use of cellphones is NOT permitted unless an emergency arises.

We will assign you to a station, based on your experience and your preference. You must stay at your assigned station at all times, and may not leave to go to another station unless requested by a TACO staff member.

With your Volunteer Interest Form, you must submit a completed health history, standards of behavior, equine waiver and two references from non-related adult individuals for your application to be considered. Attached to this application are 2 half-sheets to provide your references with directions for completing our online reference form. If your reference requires a paper copy, please contact Jessica Gredler.

Every year we hold an annual training for our volunteers prior to camp. Once these dates have been set you will be contacted regarding the training.

### **Contact Information**

Please check our Facebook page, website, and blog for information and updates. For current campers, please request to join our Facebook Group “4H Therapeutic Adventure Camp of Orange” for important updates and communication about camp, including weather related changes and week of camp information. This group is open only to current campers and volunteers.

Facebook Page: “4-H Therapeutic Adventure Camp of Orange”

Website: [www.4htaco.weebly.com](http://www.4htaco.weebly.com)

Blog: [4htaco.blogspot.com](http://4htaco.blogspot.com)

TACO is also using Remind101 to notify you about upcoming camps, deadlines, and other important information such as weather-related changes. Remind101 is a free mass text messaging system. You cannot reply to the Remind101 message directly when I send you a text, but you can reply to my personal cell phone at 540-308-0433. To sign up for Remind101 send a text message to 1-571-414-0091 in the body of the message type @f5233. After you send the message you will receive a confirmation message.

If you have any questions please contact Jessica Gredler at [4htaco@gmail.com](mailto:4htaco@gmail.com) or (540)308-0433 or Kaci Daniel at [kcoppage@vt.edu](mailto:kcoppage@vt.edu) or at (540) 672-1361.

Thank you for your interest in the 4H Therapeutic Adventure Camp of Orange!

Jessica Gredler  
4H TACO Committee Chair

# TACO Volunteer Position Descriptions

## 1. Horse Leader

- Needs to be comfortable with grooming and tacking up a horse and to stay calm in emergency situations
- Be able to maneuver the horse safely at a walk and trot and follow the directions of the instructor while being aware of what the rider is doing
- **Must be at least 16 years of age, and have 5 years or more experience with horses**

## 2. Side Walker

- Be able to keep the rider safe and secure while on the horse at a walk and trot.
- Assist the rider in games and processing directions from the instructor.
- You must have a great deal of upper body strength and be able to jog in dirt footing.
- **You must be at least 13 years of age and 5 feet tall to volunteer for this position.**

## 3. Horse Education Assistant

- Be able to **assist** with teaching campers about various education aspects of horses including grooming, mucking stalls, feeding, breeds, tack, and nutrition.

## 4. Craft Project Assistant

- Must enjoy arts and crafts and be able to explain them to the campers thoroughly
- Maintain order in class and work well with the campers and assistants.

## 5. Recreational Activities Supervisor/Assistant

- Plan, organize, and manage recreational activities
- Lead classes in organized recreational activity and maintain safety of participants.

## 6. Snack Assistant

- Take snacks to each group and make sure that every participant gets a snack.
- Help prepare and package individual snacks.

## 7. Group Leader

- Group leaders help each group arrive to the station on time, make sure they obtain their snacks, and can assist in the camper's groups as need be.
- Group leaders should plan to arrive at camp by 7:45am each morning.
- **You must be at least 16 years of age for this position.**

## 8. Photographer/Videographer

- Experience to take quality pictures that are used for promotional purposes.
- The videos will be used to show the progress with each rider and for promotional purposes.
- Each photographer will be assigned a group to take photos of.





# 4-H Therapeutic Adventure Camp of Orange 2019 Adult Volunteer



Please print in blue or black ink. All questions must be complete!

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Height: \_\_\_\_\_  
(please include approximate height!)

**Race (check all that apply):**

- White/Caucasian
- Black/African American
- Asian
- Hispanic

**Do you live...**

- On a farm
- Rural area or town <10,000

**How would you like to be contacted about upcoming TACO Events?**

E-mail \_\_\_\_\_  Phone call \_\_\_\_\_

Text message \_\_\_\_\_  Remind101 (please see above for instructions)

**T-shirt Size:** Adult X-S \_\_\_ Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_ Adult XL \_\_\_ Adult XXL \_\_\_

**Have you volunteered with TACO before?**  Yes  No

**If yes, what position(s) have you worked in the past?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Opportunities

What components of TACO are you interested in helping with? **RANK YOUR TOP 5** (1= Top Choice)  
(Please read the list of TACO Position Descriptions listed on page 5 before choosing one of the following)

**EQUINE:**

- \_\_\_ Horse Leader
- \_\_\_ Side-walker
- \_\_\_ Horse Education Volunteer

**GENERAL CAMP:**

- \_\_\_ Craft Project Assistants
- \_\_\_ Group Leader
- \_\_\_ Snack Assistant
- \_\_\_ Photographer/ Videographer
- \_\_\_ Recreational Activities Assistant
- \_\_\_ Recreational Activities Leader

Can you walk for 60 minutes and jog 100 yards?  Yes  No

Can you hold your arm above shoulder height and support 10 pounds?  Yes  No

## **Fundraising**

TACO often holds fundraisers to help support the events during TACO

Please let us know if you are interested in being notified about future fundraisers? Yes

No

## **Volunteer Questionnaire (Please be as detailed as possible in this section!)**

1. Why do you want to volunteer with 4-H TACO?
  
2. Explain your experience with horses. (Please provide detailed experience if you plan to volunteer in a horse area of TACO).
  
3. Explain experiences you have had that involved working with children with disabilities.
  
4. How did you hear about TACO?
  
5. How do you think volunteering with TACO will benefit you?
  
6. Describe any behavioral or criminal situations in your past.
  - A. Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No (If yes, explain.)

**References**

List two (2) adult references **other than family members**. Please provide references with attached directions for completing your online reference form. If you need a paper copy of the reference form please contact Jessica Gredler at 4HTACO@gmail.com.

Name of Adult	Email	Phone	Relationship

**Agreement/Consent**

- I have read and understand the 4-H TACO job descriptions. I understand that all applicants must successfully complete a screening, selection, and training process before being accepted as a TACO Volunteer.
- If selected as a 4-H TACO Volunteer, I will uphold the camp rules and procedures and abide by the 4-H Code-of-Conduct during the entire camp week. I will conduct myself as a responsible adult.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal. I also understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to Virginia Cooperative Extension.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. Virginia Cooperative Extension is an equal opportunity employer.

**Signatures**

Please sign below acknowledging the above statements.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete the volunteer interest application and return it at your earliest convenience.

Virginia Cooperative Extension  
P.O. Box 30  
Orange, VA 22960

PHONE: 540-672-1361  
FAX: 540-672-0234  
4HTACO@gmail.com

For office use only:

Date Received: \_\_\_\_\_

\_\_\_ Health History    \_\_\_ Standards of Behavior    \_\_\_ Equine Waiver    \_\_\_ Reference #1    \_\_\_ Reference #2







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## 2019 TACO Summer Camp Adult Volunteer

Thank you for applying to volunteer with the 4-H Therapeutic Adventure Camp of Orange. We are excited to announce our 2019 Camp Dates of Monday, July 8 through Friday, July 12, 2019 from 8:30 am to noon daily at Elmwood Farm. Once we receive this form from you, you will be contacted 1-2 weeks prior to camp with a confirmation and further information.

### Just a few reminders prior to attending camp:

Volunteers should arrive at Elmwood Farm no earlier than 8:00am and no later than 8:15 am to prepare for camp. You may be asked, depending on your assignment, to arrive earlier.

We ask that all volunteers wear closed toe and closed back shoes, even if you are not working with the horses. The use of cell phones is NOT permitted unless an emergency arises. If you are seen using your cell phone, especially while in a situation of supervising campers or side walking, you will be asked to not return to camp.

We will assign you to a station, based on your experience and your preference. You must stay at your assigned station at all times.

Mandatory volunteer training will be held Wednesday, June 26 from 5:30 to 7:00 pm at Elmwood Farm. More information will be coming out in May.

Please complete this application in its entirety, the included health history, standards of behavior, and equine waiver form and return them to the Orange County Extension Office; PO Box 30, Orange, Virginia 22960, no later than **Friday, May 31**.

**If you are unable to attend camp one day, please notify Jessica Gredler at (540)308-0433 (call or text) as soon as possible so we can plan accordingly.** It is important that we know as soon as possible because we have to find someone to fill your position.





# 4-H Therapeutic Adventure Camp of Orange Adult Volunteer



## 2019 Camp Registration

Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like to be contacted about information regarding TACO's Summer Camp?

- E-mail     
  Phone call     
  Text message     
  Remind101

**Camp Availability** (Please mark which dates you are available to volunteer)

- Monday, July 8 (7:45 am to 12:30 pm)  
 Tuesday, July 9 (8:00 am to 12:30 pm)  
 Wednesday, July 10 (8:00 am to 12:30 pm)  
 Thursday, July 11 (8:00 am to 12:30 pm)  
 Friday, July 12 (8:00 am to 12:30 pm)

What components of TACO are you interested in helping with? **RANK YOUR TOP 5** (1= Top Choice)

**EQUINE:**

- \_\_\_ Horse Leader  
 \_\_\_ Side-walker  
 \_\_\_ Horse Education Volunteer

**GENERAL CAMP:**

- \_\_\_ Craft Project Assistants  
 \_\_\_ Group Leader  
 \_\_\_ Snack Assistant  
 \_\_\_ Photographer/ Videographer  
 \_\_\_ Recreational Activities Assistant  
 \_\_\_ Recreational Activities Leader

For office use only:

Date Received: \_\_\_\_\_

\_\_\_ Health History    \_\_\_ Standards of Behavior    \_\_\_ Equine Waiver





INSTRUCTIONS: Please provide information concerning your health for participation in 4-H Events for the current year. If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. PLEASE PRINT ALL INFORMATION. (NOTE: Both sides of this form must be completed.)

COUNTY \_\_\_\_\_

### IDENTIFICATION

NAME \_\_\_\_\_ FEMALE  MALE   
Last First MI

MAILING ADDRESS \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL \_\_\_\_\_

### EMERGENCY CONTACT

NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

### PHYSICIAN/INSURANCE INFORMATION

NAME OF PHYSICIAN \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

MEDICAL/HOSPITAL INSURANCE \_\_\_\_\_  
Carrier Policy ID #

### MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALC) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL YES \_\_\_\_\_ NO \_\_\_\_\_

**IMMUNIZATION HISTORY**

Date of most recent tetanus shot: (month/year) \_\_\_\_\_

**HEALTH AND MEDICAL HISTORY**

Special Dietary Needs

\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of any of the following? Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Fainting spells      | <input type="checkbox"/> Wears Dentures         |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Surgery                |
| <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Heart condition      | <input type="checkbox"/> Serious illness/injury |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Wears Contacts       | Other _____                                     |

Please describe any condition or need that you checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication? If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information you feel important to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL/EMERGENCY AUTHORIZATION**

I hereby give permission in the event of accident or injury for the medical staff or representative to secure proper treatment for, hospitalize, and to order injection and/or anesthesia and/or surgery for me. I understand that all attempts will be made to notify my emergency contacts of any such serious illness or injury.

I hereby understand the nature and scope of the activities I am participating and agree to participate subject to limitations noted herein. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Note: If for any reason you cannot sign this, you must contact your Extension office to obtain a legal waiver that must be signed.)



## Virginia Polytechnic Institute and State University Equine Release, Waiver, and Indemnification Statement

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agent, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned person's participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the "intrinsic dangers of equine activities". "Intrinsic dangers of equine activities" is defined as those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

\_\_\_\_\_  
*Printed Name of Participant*

\_\_\_\_\_  
*Printed Name of Parent or Guardian*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Signature of Parent or Guardian if participant is under age 18 yrs*

\_\_\_\_\_  
*Date*

### Personal Statement for Adult Non-Helmet Use

I, \_\_\_\_\_, understand that Virginia Tech and the Commonwealth of Virginia highly recommended for safety reasons that I wear an ASTM certified riding helmet while engaged in equine activities. I have freely chosen not to wear this recommended safety equipment, to include an ASTM certified riding helmet, while I am engaged in equine activities and elect to accept full responsibility for any injuries that might arise as a result of failure to use or wear recommended safety equipment.

Signature \_\_\_\_\_



## Standards of Behavior for Virginia 4-H Volunteers

Trustworthiness, respect, responsibility, fairness, caring, and citizenship are the six core ethical values which the CHARACTER COUNTS! program calls the “Six Pillars of Character.” These values reflect those of the Virginia 4-H program and each 4-H member, volunteer, and staff member should strive to practice these values. The following standards for 4-H volunteers identify how these values will be reflected in volunteer performance. These standards help to ensure the safety and well-being of all 4-H participants and the integrity of the 4-H program.

- I will teach, enforce, advocate, and model the Six Pillars of Character, which are trustworthiness, respect, responsibility, fairness, caring, and citizenship.
- I will represent the Virginia 4-H program by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- I will dress in a manner that is appropriate for a given 4-H program/event in accordance with that program/event’s dress code.
- I will support and promote the Virginia 4-H mission, “*To develop youth and adults working with those youth to realize their full potential – becoming effective, contributing citizens through participation in research-based, non-formal, hands-on educational experiences.*”
- I will actively participate in, and complete, Virginia 4-H program orientation and training that prepares me to satisfactorily accomplish the tasks for which I have volunteered.
- I will abide by all applicable laws and Virginia 4-H program policies, guidelines, and procedures. This includes, but is not limited to those regarding, child abuse, risk management, above suspicion, substance abuse, and limits of authority.
- I will accept supervision and support from salaried 4-H Extension staff or designated management volunteers and understand that I work under the guidance, supervision, and leadership of the Extension staff in charge.
- I will handle 4-H funds and engage in 4-H fundraising (when applicable) in an ethical manner.
- I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
- I will not use (or allow others to use) alcohol or illegal drugs at any 4-H program or event. I understand that tobacco products can only be used in approved areas at approved times during approved events if I am of legal age. I understand the Virginia 4-H Search and Seizure policy regarding alcohol, drugs, or weapons.
- I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator’s license in accordance with Virginia Tech and Virginia 4-H policies. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by properly operating seat belts when applicable.
- I will conduct myself in a manner that is in the best interest of youth and the Virginia 4-H program and will not use the volunteer position for purposes of private or personal gain.
- When applicable to my 4-H responsibilities, I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology in an appropriate manner in accordance with 4-H, Virginia Cooperative Extension, and Virginia Tech policies.
- I will complete all necessary paperwork in a timely manner.

I understand that these standards represent a contractual agreement between volunteers and the Virginia 4-H program (of Virginia Cooperative Extension and Virginia Tech). My signature below indicates that I have read, understand, and agree to abide by these standards for volunteers. I understand that immediate suspension or termination of my position as a volunteer could result if I do not meet these standards.

\_\_\_\_\_  
VOLUNTEER (Print)

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EXTENSION SUPERVISOR (Print)

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN (Print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**(NOTE: This line must be signed for volunteers under 18 years old.)**





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Thank you in advance for providing honest, confidential feedback on \_\_\_\_\_ who has applied to be a volunteer for 4-H TACO (Therapeutic Adventure Camp of Orange). This week-long day camp is offered to special needs youth in Orange County with an IEP (Individualized Education Program). Volunteer positions can range from helping youth ride horses to leading arts and crafts projects or serving snacks each day. We ask that all references be completed by Friday, May 31, 2019.

The online reference form is available at: <http://tinyurl.com/TACOreference>.

If you have any questions or concerns, please contact Jessica Gredler at (540)308-0433 or [4HTACO@gmail.com](mailto:4HTACO@gmail.com) or Kaci Daniel at the Orange Extension Office, 672-1361 or [kaci@vt.edu](mailto:kaci@vt.edu).



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