

## 4-H YOUTH DAIRY DAYS 2017 COUNTY SUMMARY SHEET

Please type or print and give complete information

County		Telephone Number		
Events	# of Individual Entrants	# of sites	Fee	Total
Judging Contest				
Dairy Mgt Contest				
Dairy Quiz Bowl				
Camping Sites			\$20/site/night	
		Total Fees		\$

Authorizing County Staff Person: \_\_\_\_\_

Please make one County check payable to Michigan State University. Please send to:

**Dairy Days**  
Dept. of Animal Science  
474 S. Shaw Lane, Room 1287  
East Lansing, MI 48824

**ALL ENTRIES MUST BE SUBMITTED, BY THE COUNTY OFFICE/REPRESENTATIVE, TO THE EXTENSION DAIRY YOUTH EDUCATOR, BY June 19, 2017. (Postmarked)**

**Include this summary form along with one County check (for camping) with all entry forms or deposit to DN022677 subaccount 1058.**

**If teams will be competing in the 4-H Dairy Quiz Bowl, Judging Contest or the Management Contest, be sure to complete the County Team Entry Form for each division.**

**Each individual youth participant should complete an Entry Form. Volunteers who have not completed the VSP process in the county, must complete the included Volunteer Event Workers form included in this packet. These forms should be returned with entry materials.**

**4-H YOUTH DAIRY DAYS 2017  
COUNTY TEAM ENTRY FORM  
DAIRY JUDGING**

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

Jr Team Members		Senior Team Members	
A1		A1	
A2		A2	
A3		A3	
A4		A4	
B1		B1	
B2		B2	
B3		B3	
B4		B4	
Novice Team Members			
A1			
A2			
A3			
A4			

All team members must complete an individual entry form.

Coach's Name: \_\_\_\_\_

Coach's Address: \_\_\_\_\_

Coach's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer** (each team must supply at least 1 volunteer) – Please provide address so details/information can be sent to volunteers prior to the event. Please note if volunteers have not completed the VSP process in the county they must complete the attached Volunteer Event Work background authorization attached with this packet. **Include complete mailing address or email**

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

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

**Return this form with the County Summary Sheet  
and all individual entry forms to the  
Extension Dairy Youth Educator by June 19, 2017.**

**4-H YOUTH DAIRY DAYS 2017  
COUNTY TEAM ENTRY FORM  
DAIRY QUIZ BOWL**

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

Jr Team Members		Senior Team Members	
A1		A1	
A2		A2	
A3		A3	
A4		A4	
B1		B1	
B2		B2	
B3		B3	
B4		B4	
Novice Team Members			
A1			
A2			
A3			
A4			

All team members must complete an individual entry form.

Coach's Name: \_\_\_\_\_

Coach's Address: \_\_\_\_\_

Coach's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer** (each team must supply at least 1 volunteer) – Please provide address so details/information can be sent to volunteers prior to the event. Please note if volunteers have not completed the VSP process in the county they must complete the attached Volunteer Event Work background authorization attached with this packet. **Include complete mailing address or email**

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

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

**Return this form with the County Summary Sheet  
and all individual entry forms to the  
Extension Dairy Youth Educator by June 19, 2017.**

**4-H YOUTH DAIRY DAYS 2017  
COUNTY TEAM ENTRY FORM  
DAIRY MANAGEMENT CONTEST**

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

	Jr Team Members		Senior Team Members
A1		A1	
A2		A2	
A3		A3	
A4		A4	
B1		B1	
B2		B2	
B3		B3	
B4		B4	
Novice Team Members			
A1			
A2			
A3			
A4			

All individuals listed as team members must complete an individual entry form to be included with county entry.  
All team members must complete an individual entry form.

Coach's Name: \_\_\_\_\_

Coach's Address: \_\_\_\_\_

Coach's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer** (each team must supply at least 1 volunteer) – Please provide address so details/information can be sent to volunteers prior to the event. Please note if volunteers have not completed the VSP process in the county they must complete the attached Volunteer Event Work background authorization attached with this packet. **Include complete mailing address or email**

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

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

**Return this form with the County Summary Sheet  
and all individual entry forms to the  
Extension Dairy Youth Educator by June 19, 2017.**

# County Volunteer Helper Form

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

Volunteer helpers are needed to make the events run smoothly. **County 4-H staff should submit the names of interested volunteers on the volunteer helper nomination form sent to counties.** Each quiz bowl, dairy judging and management contest team must plan to have one volunteer available on the day of their contest. **Please provide complete mailing information or email! If volunteers have not completed the VSP process in the county, they must complete the attached Volunteer Event Worker background check authorization and return it with this entry information.**

Please complete the information for all volunteers interested in helping with the events for Dairy Days 2017.

Name	Address	City	Zip	Email	Preferred Area/Days Available?

We need assistance in the following areas: Junior Show (Tuesday), Great Dairy Adventure (Wednesday), Quiz Bowl, Judging, and Management Contest.

**Thank you for your support of the 2017 Michigan Dairy Expo!**

**MICHIGAN STATE**  
UNIVERSITY

**Volunteer Application and Background Check Authorization Form**  
**VOLUNTEER EVENT WORKERS**

<b>Organization/Group Affiliation (Please Print):</b>			
Last Name:	First Name:	Middle Name:	
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address (Street):	City:	State:	Zip Code:
Home Phone (with area code):	Email Address:		
Are you currently employed by Michigan State University?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by Michigan State University?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide Department name and reason for termination: _____			

Emergency Contact Name: _____	Phone Number: _____
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<b>Criminal History</b>
<p>Have you ever been convicted of a crime?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are there criminal charges pending against you at this time?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you answer "yes" to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>NOTE: The University conducts a criminal records background check on all volunteers. A "yes" response will not automatically disqualify an individual from consideration.</b>

I understand that I will not be allowed to begin volunteer work at MSU until a criminal background check has been completed. Checking the consent box below and typing my name on the applicant signature line constitutes my electronic signature.

I authorize Michigan State University to conduct a criminal background check on me.

Applicant Name	Date	Department Signature	Date
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