



The University of Arizona
Cooperative Extension



4-H News of La Paz County

College of Agriculture and Life Sciences University of Arizona
 La Paz County Office P.O. Box 3485, Parker, AZ 85344 (928) 669-9843

Do you need any La Paz 4-H forms or another copy of the newsletter? Get it on the web!
<http://cals.arizona.edu/lapaz/4-h>

June and July 2005
 Calendar of Events

June	13-17	Arizona JOLT Teen Conference, Heber, Arizona	
	20-23	Quartzsite 4-H Summer Day Camp, Quartzsite School	
	22-23	4-H Camp Counselor Training, 10 am, La Paz Extension Office	
	27-30	Bouse 4-H Summer Day Camp, Bouse School	
July	1	4-H Camp Applications Due	
	5-7	Survivor Food Camp, Parker Youth Center	
	10-12	Arizona State Teen/Adult Retreat (STAR), Tucson, Arizona	
	11	4-H Council Meeting, 6:30 pm, La Paz Extension Office	
	11-14	Salome/Wenden 4-H Summer Day Camp, Wenden School	
	17-21	MoPaz 4-H Summer Camp, Williams, Arizona	
August	5	End-of-Year, Record Book Packets Due to Extension Office	

Brent Strickland
 Extension Agent

Linda Masters
 Extension Agent

Persons with a disability may request a reasonable accommodation by contacting the La Paz County Cooperative Extension office. Requests should be made as soon as possible to arrange the accommodation.

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SUMMER ACTIVITIES

La Paz Summer Day Camps

All youth ages 6 and up are invited to attend 4-H's summer day camp program. This year, each day of the camp will cover an "H" (Head, Heart, Hands, and Health). Participants will take part in activities covering kitchen chemistry, teamwork building, crafts, nutrition, and tobacco prevention. Snacks will be provided each day. Forms are available at the Extension Office, and the registration cost is \$5.00.

Time: Monday through Thursday, 9 am to Noon

Dates: Quartzsite- June 20-23

Bouse- June 27-30

Wenden- July 11-14

4-H will also be holding a Survivor Food Camp in Parker. Information and Registration information is included in this newsletter.

La Paz County and Mohave County 4-H will be holding its annual MoPaz 4-H camp in the cool pines near Flagstaff from July 17th to 21st. The camp is designed in a traditional camp format with hikes, arts and crafts, counselors and 4-H staff to ensure both fun and safety. The 4-H campgrounds have cabins, showers, and kitchen facilities. The cost is \$90.00 for each youth. And \$80.00 for each sibling. Though the camp is only open to La Paz County 4-H members ages 9-19, the University of Arizona Cooperative Extension Office accepts new 4-H members Year- round. For more information, contact Brent Strickland, La Paz County 4-h Agent at 928-669-9843

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S.T.A.R.

S.T.A.R (State Teen Adult Retreat) "Find Your Direction, Come To STAR"

The University of Arizona 4-H Youth development Program is offering the first-ever State Teen Adult Retreat or STAR. This will be a leadership team experience for teens and adults at the University of Arizona, July 10th to the 12th. youth and adults will come together in true partnership-training as teams in developing skills to share and train others on a local, county, and possible state level. Skill development will include leadership and civic engagement, youth-adult partnership, fitness, youth voice and advocacy. In addition, youth and adults will have social opportunities to emphasize head, heart, hands and health while developing team training skills. STAR will be held on the U of A campus, from Sunday, July 10th to Tuesday, July 12th. Youth and adults will stay in the U of A dorms, experience campus, life even using a U of A meal card! It is the goal of the Arizona 4-H youth-adult council for every county to send a minimum of one county or discipline team consisting of at least two teens and one adult. Teams will also come from other youth organizations, agencies, schools, faith groups, or community groups. Early Bird registration will be \$110 per person due by or before June 1st to the state 4-H Office. Regular registration, after June 1st to June 10th is \$125 and "late" registration is after June 11th and will be \$150 with there being no promise of dorm space after the June 10th regular registration deadline. Registration forms are available on the state 4-H website at <http://ag.arizona.edu/4-h/teen.htm>.

HAPPENINGS

LEADERS NEEDED

Are you interested in becoming a 4-H leader? NOW is the time to complete the certification process so you will be ready to go when the new 4-H year begins. The process includes::

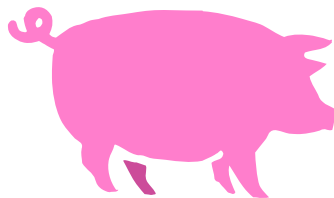
1. Complete a leader application form and turn it into the Extension Office.
2. Five reference letters will be mailed out on your behalf. At least three will need to be submitted to the Extension Office.
3. Each potential leader has a personal interview and training session with the Extension Agent. Volunteers are the backbone of our 4-H program. Each one is a valued partner of our mission to expand and enhance the educational opportunities of our young people. Volunteers CAN and DO make a difference in the lives and future of our community

2004-2005 Official La Paz 4-H County Events

(As of May 17,2005)

Recognition Day	10-10-04
Jr. Horse Fun Day	10-16-04
Trick or Treat so Others Can Eat	10-26-04
Food Handler Workshop Parker	11-17-04
Leadership Workshop	11-18-04
Horse Gymkhana	11-20-04
Small Stock Clinic	12-04-04
Holiday Make it and Take it	
Salome	12-9-04
Parker	12-17-04
Bouse	12-20-04
Colorado River Small Stock Show	01-15-05
Quality Assurance Training	
Salome	02-07-05
Parker	02-08-05
Parker High School	02-17-05
Presentation Day	02-19-05
Beef, Sheep Swine and Goat Show	02-19-05
Fair Set up and clean up	3-5,3-13-05
Health and Safety Fun day	04-02-05
Record Book Clinic	05-17-05

*****Check with your Community Club Leader for other dates or other events that could be listed in addition to these*****



Character Corner

LET THE BUTTERFLY STRUGGLE



A young mother was fascinated but concerned as she watched a butterfly struggling mightily to escape through the small opening at the top of its cocoon. And when the creature seemed to give up, overwhelmed by the task, she felt sure that it wouldn't make it without help. So she enlarged the hole.

The grateful butterfly wriggled out. Unfortunately, its wings were shrivelled and useless. The well-intentioned intervention interrupted a natural process. Forcing the butterfly to squeeze through a small opening is nature's way of assuring that blood from the creature's body is pushed into the wings. The butterfly escaped the cocoon but without strong wings it could never be free.

Childhood, too, is a sort of cocoon. If a healthy adult is to emerge there must be some struggle.

One of the hardest things of loving parents is to know when to let kids work their own way out of the rough patches in life. Of course we should always be supportive and demonstrate caring and we should look for opportunities to give them strategies and tools to deal with their problems. But if we are overprotective they will not struggle enough, and without some struggle they may not develop the strength and confidence they will some day need.

Children must be allowed to learn from their mistakes and pay the price for their own bad judgments. Parents who buy their kids everything they want and always bail them out of trouble do them no favors. In fact, they may be preventing them from growing the strong wings they need.



Michael Jospelson, Character Counts,

CLUB NEWS

Club News Best N Better

The Best N Better 4-H club had our monthly meeting on May 10, 2005. We had our meeting at the 1st Baptist Church. Project reports were given by Molly Goldsberry, Dawn Jacobson, Vicky McGuire and Dee Savada. We discussed the record book workshop on Tuesday May 17th at the 1st Baptist church. Our next meeting will be held on June 14th at 6:30.

Submitted by Reporter Liz Ruvo.

(((Notice to all Clubs)))
We need more news

**COUNTY NOMINATION FORM
FOR
4-H ALUMNI AWARD - FRIENDS OF 4-H - OUTSTANDING LEADERS**

These awards are to recognize individuals, businesses, and/or organizations that support and enhance the 4-H Youth Development Program. Each award has some specific criteria which you should consider in making your nominations.

*Please make your nominations by completing the back of this sheet.
NOMINATIONS ARE DUE on the second Friday of August.5, 2005*

4-H ALUMNI AWARD: Nominees should fit the criteria below:

- ** Must have been a former 4-H member.
- ** Is a visible role model in the community and have made significant accomplishments in his/her chosen career.
- ** Is active in the community and takes leadership roles in public service activities.
- ** Shows enthusiastic interest in the 4-H Youth Development Program and encourages others to join.
- ** Dependable person who is respected by others in the community.

FRIEND OF 4-H: Nominees for this award can be individuals, an organization, or business which fit the criteria below:

- ** Shows a strong interest in 4-H Youth Development and is supportive of the citizenship, leadership, and educational opportunities which it provides.
- ** Consistently helps the 4-H program and encourages the youth and volunteers.
- ** Is respected by others in the community and provides a positive role model for youth.
- ** Has a record of long-time (usually 5 or more years) support for one or more 4-H programs such as foods and nutrition, outdoor discovery, scholarship support, volunteer judge, etc.

OUTSTANDING LEADER (Rookie Leader is a first or second year leader): Nominees would fit in the following criteria:

- ** Shows a positive attitude toward working with youth, parents, and other 4-H volunteers.
- ** Understands the overall picture of 4-H Youth Development and how it strives to develop self-esteem, leadership, and citizenship through educational opportunities involving the “learn by doing” experience.

Evidence of service at the club, county, and state level (usually over a period of five or more years—with the exception of nominees for Rookie Leader).

- ** Has accomplished some “special things” through his/her leadership in the 4-H Youth Development Program.
- ** Understands youth development and is enthusiastic about the 4-H Youth Development Program.

COUNTY NOMINATION FORM

This nomination is for the following award (circle one):

4-H Alumni Award Friend of 4-H Outstanding Leader Rookie Leader

NAME: _____

ADDRESS: _____

TOTAL YEARS ASSOCIATED WITH 4-H (indicate type of involvement):

Member ___ Community Leader ___ Project Leader ___ 4-H Supporter ___ Resource Person _____

Current association with 4-H:

Services/accomplishments rendered to 4-H at the local level:

_____ Services/accomplishments rendered to 4-H at the county and state level:

What, in your opinion, makes this person eligible for this award? (Please be brief but specific)

Your Signature

Date

ALL NOMINATIONS ARE DUE AUGUST 5th, 2005



La Paz 4-H Citizenship Nomination Form
Due to the 4-H Office by the second Friday of August 5,2005

The intention of this award is to recognize outstanding displays of citizenship among our 4-H members. All enrolled 4-H members are eligible for the award. Nominations can be made by any member of the La Paz County community. The county recordbook judging committee will determine the award winners and they will be recognized at the annual recognition event.

Basic criteria that will be used for evaluation

- 1. Outstanding demonstration of service to the 4-H program and principles. (includes project, club, county, state programs)**
- 2. Outstanding service to the community in which they live.**

Nomination Form

Name of Nominee _____ **Club** _____

Why should this person be considered for this award?

What specific examples do you have of the nominee's commitment to the 4-H program and the community?

(Feel free to include any other information to this form.)

Name of person making the nomination _____

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Foodborne Illness: What Consumers Need to Know

What Is Foodborne Illness?

Foodborne illness often presents itself, as flu-like symptoms such as nausea, vomiting, diarrhea, or fever, so many people may not recognize bacteria or other pathogens in food cause the illness.

Thousands of types of bacteria are naturally present in our environment. Not all bacteria cause disease in humans. For example, some bacteria are used beneficially in making cheese and yogurt.

Bacteria that cause disease are called pathogens. When certain pathogens enter the food supply, they can cause foodborne illness. Millions of cases of foodborne illness occur each year. Most cases of foodborne illness can be prevented. Proper cooking or processing of food destroys bacteria.

Age and physical condition place some persons at higher risk than others, no matter what type of bacteria is implicated. Very young children, pregnant women, the elderly, and people with compromised immune systems are at greatest risk from any pathogen. Some persons may become ill after ingesting only a few harmful bacteria; others may remain symptom free after ingesting thousands.

How Bacteria Get in Food

Bacteria may be present on products when you purchase them. Plastic-wrapped boneless chicken breasts and ground meat, for example, were once part of live chickens or cattle. Raw meat, poultry, seafood, and eggs are not sterile. Neither is fresh produce such as lettuce, tomatoes, sprouts, and melons.

Foods, including safely cooked, ready-to-eat foods, can become cross contaminated with bacteria transferred from raw products, meat juices or other contaminated products, or from food handlers with poor personal hygiene.

The "Danger Zone"

Bacteria multiply rapidly between 40 °F and 140 °F. To keep food out of this "danger zone," keep cold food cold and hot food hot.

Store food in the refrigerator (40 °F or below) or freezer (0 °F or below).

- Cook food to 160 °F (145 °F for roasts, steaks and chops of beef, veal, and lamb).
- Maintain hot cooked food at 140 °F or above.
- When reheating cooked food, reheat to 165 °F.

In Case of Suspected Foodborne Illness

Follow these general guidelines:

1. **Preserve the evidence.** If a portion of the suspect food is available, wrap it securely, mark "DANGER," and freeze it. Save all the packaging materials, such as cans or cartons. Write down the food type, the date, other identifying marks on the package, the time consumed, and when the onset of symptoms occurred. Save any identical unopened products.
2. **Seek treatment as necessary.** If the victim is in an "at risk" group, seek medical care immediately. Likewise, if symptoms (see chart next page) persist or are severe (such as bloody diarrhea, excessive nausea and vomiting, or high temperature), call your doctor.
3. **Call the local health department** if the suspect food was served at a large gathering from a restaurant or other foodservice facility, or if it is a commercial product.
4. **Call the USDA Meat and Poultry Hotline** if the suspect food is a USDA-inspected product and you have all the packaging.

For More Information, Contact:

USDA Meat and Poultry Hotline

1 (800) 535-4555 or (202) 720-3333 (Washington, DC)

TTY: 1 (800) 256-7072

www.fsis.usda.gov

FDA Food Information Line

1 (888) SAFEFOOD

www.cfsan.fda.gov



Nutrition News

brought to you by University of Arizona La Paz County Cooperative Extension Office

For more information contact Robin Cooper @ 928-669-9843


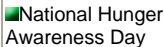





Fast Fact:

Clean: Wash hands and surfaces often

Separate: Don't cross-contaminate

Cook: Cook to proper temperatures

Chill: Refrigerate promptly

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1  Try a new fresh fruit today!	2  National Hunger Awareness Day	3  Add seafood to your diet today!	4
5	6 Take a class field trip to a farmer's market!	7	8	9	10  Encourage students to participate in active play at recess.	11 Take a Kid Fishing Weekend begins
12	13	14  National Flag Day	15	16	17	18 World Juggling Day
19  Father's Day	20	21  Summer begins Vegan World Day	22 Full Moon	23	24	25 Try a papaya and add it to your salad today!
26	27	28 Try lowfat frozen yogurt for dessert tonight.	29	30		

For More Information, Contact: USDA Meat and Poultry Hotline

1 (800) 535-4555 or (202) 720-3333 (Washington, DC)

TTY: 1 (800) 256-7072

www.fsis.usda.gov

FDA Food Information Line

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www.cfsan.fda.gov



2005 4-H CAMP

July 17- 21, 2005

Due: July 1 2005



Office Use Only

Date rec'd _____

Cash _____ m.o. _____

Ck# _____

I would like to make reservations for the La Paz/Mohave County 4-H Camp to be held at Pinal 4-H Camp near Williams, AZ. The camp will begin Sunday July 17th at 2:00 PM and end the morning of **Thursday July 21st**. Total cost will be **\$90.00** for the first member of the family, and **\$80.00** per camper for each additional camper in the same family (ages 9-19).

The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM, July 1st, 2005**. Make checks payable to the **La Paz County 4-H Council** and mail to La Paz County Cooperative Extension, PO Box 3485, Parker, Arizona 85344, or bring to the office on Mutahar Rd.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CAMPER'S NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ BIRTHDAY: _____ M/F: _____

Email: _____ GRADE IN SCHOOL: _____

PARENT/GUARDIAN : _____ ADDRESS: _____

LEADER/S NAME: _____ CLUB: _____

I pledge my full cooperation as a participant in the 2004 4-H Camp, **July 17-21, 2005**. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H Camp boundaries at all times and participate in the planned program.

Unless this box is checked, I grant permission to the University of Arizona, it's certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE: _____ **AGE:** _____ **DATE:** _____

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the 2005 La Paz/Mohave County 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Council and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY _____ **DATE** _____

(Parent or Legal Guardian)

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INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ Phone _____

Regular medication required
(Insulin, Antihistamine, etc.)

Type of activities prohibited due to physical limitations

Allergies (Food, drug, insect, etc)

Immunization Dates **(required)**

Measles/Mumps _____
Tetanus _____
Other _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY

(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT bring live ammunition or firearms to camp.**

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery _____ May Participate _____ May Not Participate
Gun Safety _____ May Participate _____ May Not Participate

_____ Date

_____ Signature of Parent or Guardian

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation.



Arizona Nutrition Network

Survivor Food Camp

Ages 9 thru 17

LIMITED TO THE FIRST 20 TO REGISTER

MISSION: Find out who will be a Survivor !!!!!!!

WHEN: Tuesday, July 5, 2005 thru Thursday July 7, 2005

TIME: 9:00am to 11:30 am

WHERE: Players' 9th Street Youth Center

Please Return this to University of Arizona La Paz County Cooperative Extension Office
Attention: Robin Cooper

Due No Later than June 22, 2005 Limited to the first 20 participants

I would like to take the challenge of being a survivor in today's world. I pledge my full cooperation as a participant in the 2005 Food Camp, July 5th – 7th, 2005. My signature indicates that I understand that Food Camp means having a positive attitude, " I CAN", and I am to remain within the Food Camp boundaries at all times and participate in the planned program.

Unless this box is checked, I grant permission to the University of Arizona, it's certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

SURVIVOR PARTICIPANT

SIGNATURE _____

PARENTS RELEASE STATEMENT: I am willing for _____ to attend the 2005 Foods Camp. I hereby release the University of Arizona, members of its staff, employees, and volunteers, from all liability for injuries, accidents and or illness of any kind sustained during Food Camp. It is understood that the University of Arizona Staff, employees and volunteers will supervise the activities of the participants during the camp. I further understand that any damage to Players Youth Center caused by the participant will be the financial responsibility of the parent to repair or replace. I also certify that I've indicated any food allergies that my child may have on this form below.

SIGNED & APPROVED BY _____ DATE _____
(Parent or Legal Guardian)

MY CHILD HAS NO FOOD ALLERGIES (By checking this box you are indicating that your child has NO food allergies)

MY CHILD HAS THE FOLLOWING FOOD ALLERGIES:

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