

4-H EVENT/OPPORTUNITY: 4-H Camp Counselor

DATE/DEADLINE: Applications are due to the OSU Extension Office no later than **Friday, December 6, 2024**, by 4:30 pm. Late applications **will not** be accepted.

PROGRAM DESCRIPTION:

The 4-H Camp Counselors are a group of 4-H teens selected to assist in being responsible for campers ages 8-14 during 4-H camp. As a result of participation, counselors will develop knowledge, skills, attitudes, and aspirations needed for adult success, and the Paulding County 4-H program will be strengthened and expanded.

Roles and Responsibilities of 4-H Camp Counselors include:

- Attend required trainings prior to camp.
- Market and promote camp.
- Serve in a leadership and teaching role to other counselors.
- Serve on committees or other groups to plan programs at camp.
- Conduct self in an appropriate manner before, during, and after camp while serving as a role model to campers and peers.
- Assist staff and other counselors with camp activities; work as a team to implement the activities.
- Know and understand all safety guidelines, including emergency procedures, associated with the camp and program areas.
- Follow and enforce camp rules.
- Always assure the safety of campers including in cabins, sessions, and large group activities.
- Be aware of child protection regulations and report any child abuse, sexual abuse, or neglect in accordance with university policy.
- Identify and respond to camper behavior issues.
- Ensure campers' health and hygiene, e.g., brushing teeth, eating meals, taking medication, etc.
- Promote camper participation during camp.
- Lead and supervise campers in activities at camp including but not limited to songs, teambuilding challenges, group activities, challenges, etc.
- Teach and lead campers at workshops or during other components at camp (table setting, song leading, etc.).
- Mentor and give guidance to campers to encourage positive youth development and enhancement of life skills.

REQUIREMENTS:

- Must be at least 15 years old and a sophomore in High School by the start of camp.
- Must be able to get transportation to meetings and events as needed.
- Must complete a minimum of 24 hours of training (6 of these hours must be on-site for first time counselors).
- Must complete Child Abuse Awareness training.
- Must sign Standard of Behaviors, complete the Code of Conduct form, and have a current Ohio 4-H Health History form on file.
- All applicants must provide two references.
- If the individual is 18+ years old at least two months prior to camp, the individual must have their background check conducted.
- Must be able to attend the lock-in on January 19-20, 2025.



- Must be a 4-H member in Paulding County and complete a 4-H project and judging.
- Counselors will be expected to pay a portion of their camp fee.

SELECTION PROCESS:

- Individuals who complete the application and fulfill application requirements will be interviewed on either December 26th or 27th as part of the selection process.
- All valid applicants will be considered but may not be selected.
- Applicants selected to be Camp Counselors will be informed and must be in attendance for the lock-in.

MEETING DATES/TIME/FREQUENCY:

4-H Camp Counselors meet the following dates throughout the year:

- Lock-In – Sunday, January 19th, 2025 beginning at 4:00 pm to Monday, January 20th, 2025 ending at 3:00 pm.
- Monday, February 3rd from 6-8 pm
- Monday, March 3rd from 6-8 pm
- Saturday, March 8th (tentative) from 8:30 am – 3:00 pm for on-site training at 4-H Camp Palmer. Required for all CIT's.
- Monday, April 7th from 6-8 pm
- Monday, May 5th from 6-8 pm
- Monday, June 2nd from 6-8 pm
- Cook-Out – Tuesday, June 17th from 11:00 am – 2:00 pm
- A workday will be announced that will be held the week of July 1st.
- Paulding County 4-H Camp – July 9-13th.

Counselors are expected to notify the Extension Office if an absence is unavoidable.

TO APPLY:

- Complete the application in its entirety.
- Turn in reference forms from two non-immediate family members OR provide non-immediate family references with contact information.
- Read and sign the Standards of Behavior and Camp Counselor Code of Conduct forms.
- Return all materials to the Paulding County Extension Office by Friday, December 6th, 2024.

4-H CAMP COUNSELOR APPLICATION

Name _____

Age (as of 1/1/2025) _____

Date of Birth _____

Home Address _____

Email _____

Home Phone _____

Cell Phone _____

Is texting an option? (circle) Yes No

4-H Club _____

School _____

Grade _____

Years in 4-H _____

Years as a Camper _____

Shirt Size _____

In case of injury or accident, notify:

Name _____

Relationship _____

Phone _____

Why do you want to be a camp counselor? _____

What traits, skills, or special experiences do you have that would benefit you in this position? (Please include experiences working with children and youth) _____

What skills or contributions will you add to the counselor team in making sure camp is successful? (Such as First Aid, Babysitter's Course, Recreation, etc.) _____

What hobbies and/or special interests do you have that you would like to share? _____

Please list two of your strengths. _____

As a camp counselor you will be responsible for children for up to 5 days. State why a parent should feel comfortable leaving their child in your custody. _____



What do you feel children gain from their experience at 4-H Camp? _____

List any other information that you would like the selection committee to know about you. _____

For Returning Camp Counselors: If you were the 4-H Educator and in charge of the Paulding County Camping Program, what would you change and why? _____

For Returning Camp Counselors: If you were the 4-H Educator and in charge of the Paulding County Camping Program, what counselor behaviors should you be concerned about? _____

Camp Plan

Each year, the counselors and adult staff select a timely and fun camp theme and plan all the camp activities and programs around the theme. After giving this important topic of “theme” some thought, complete the following camp plan.

“MY CAMP PLAN”

Camp Theme _____

Group/Cabin Name Ideas _____

Campfire Program Ideas _____

Other Evening Program Ideas _____

Any Other Ideas You Have for Your Camp Theme _____





Standards of Behavior for Employees and Volunteers Working in Youth Activities and Programs

This Standards of Behavior is an agreement accepted by employees/volunteers who work in a youth activity or program. The primary purpose of these standards is to promote the safety and wellbeing of all activity/program participants. Employees/volunteers are expected to function within these standards.

I will:

- Accept supervision and support from professional staff while involved in the activity/program.
Accept the responsibility to professionally represent the activity/program and The Ohio State University.
Conduct myself in a courteous and respectful manner, exhibit good sportsmanship and be a positive role model for youth
Respect, adhere to and enforce the rules, policies and guidelines established by the activity or program and the university.
Refrain from engaging in any criminal conduct.
Comply with all applicable civil rights laws and policies, including and not limited to Ohio State equal opportunity and nondiscrimination policies.
Perform duties in a responsible and timely manner as outlined in the position description.
Report any child abuse or neglect in accordance with university policy.
Self-disclose felony or misdemeanor convictions that occur within three days of pleading guilty or being convicted.
Not intentionally or purposefully place myself in a situation where I am alone with a youth unless authorized by the dean/vice president (or designee).
Not, under any circumstances, physically, sexually, verbally, or emotionally abuse or fail to provide the basic necessities of care applicable to the activity/program, such as food or shelter, to participants.
Endeavor to provide a safe and healthy experience for all participants.
Report red-flag behaviors to the activity or program administrator of the youth activity or program that I am working or volunteering in.
Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I have read and understand the standards of behavior outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards may be grounds for immediate suspension and/or termination of my employee/volunteer status with The Ohio State University.

Employee/volunteer printed name Date

Employee/volunteer signature Date

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4-H CAMP COUNSELOR CODE OF CONDUCT

I, _____ agree that if selected, I will participate in the 4-H Camp Counselor Training Program. I understand that this is a training period and only once I complete my certification am I permitted to be a counselor at 4-H Camp.

I understand that I am taking on a different role at camp. I am applying to serve others, not to go purely for my own enjoyment. By signing below, I acknowledge that I have read and agree to abide by the above responsibilities if selected as a camp counselor. I understand and agree that I will be asked to call my parents/guardian immediately to pick me up if I conduct myself in an irresponsible manner, which includes being out of my cabin after hours and/or possession or use of tobacco, alcohol, illegal drugs or fireworks.

I will be expected to:

- ✓ Attend the required number of counselor training sessions. I understand I will be dismissed if I am not able to complete the required training.
- ✓ Abide by the No Cell Phones at Camp Policy (note: unless otherwise authorized by Extension staff).
- ✓ Treat other peers with respect.
- ✓ Not bully fellow counselors or participate in horseplay or hazing.
- ✓ Conduct myself as a positive role model and be responsible.
- ✓ Set a good example by not using profanity or telling off-color jokes and stories.
- ✓ As a 4-H member, not have in my possession tobacco, alcohol, or illegal drugs.
- ✓ Not have possession of harmful objects without specific authorization from the camp director, including but not limited to knives of any kind (pocket, utility, etc.), lighters, matches, fireworks, explosives, firearms, weapons, etc.
- ✓ No pornography or other sexually oriented materials including nudity in visual or written materials including similar content.
- ✓ Be a responsible cabin counselor and ensure campers are provided guidance towards a safe and fun week.
- ✓ Ensure that all campers are supervised by counselor staff at all times. Be sure that all campers know that they must remain on the camp grounds at all times and are responsible for their behavior at all times.
 - Get to know each of the campers personally and by name.
 - Have all campers, including myself, check in any of their medications with the nurse.
 - Make sure each camper uses personal hygiene.
 - Make sure that all my campers are familiar with camp facilities and camp rules.
 - See that all campers are involved in all activities. Make sure no one is excluded.
- ✓ Check for illness or injury, but don't make much of a "fuss" about minor things. Go with hurt or sick campers to the nurse no matter how minor the ailment.
- ✓ Follow guidelines for lights out, and cabin supervision. Always be in my cabin with my campers between the hours of "Lights Out" and "Rise and Shine".
- ✓ Never discipline a camper by ridicule or physical punishment; patience and understanding work best.
- ✓ Urge safety at all times. Take time to explain how and why to do something safely.
- ✓ Work as a team to plan, organize, and conduct all camp activities.
- ✓ Be flexible with counseling and adult staff.
- ✓ Participate in camp promotion.
- ✓ Follow leadership of camping program through adult advisors/volunteers/staff.

I certify that all the information being submitted is correct and understand that failure to comply with these rules could result in probation or loss of counseling position for the year.

Applicant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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REFERENCE FORM

_____ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the qualities and ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on your knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication Skills					
Respect for Others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to Work with Children (ages 5-10)					
Ability to Work with Children (ages 11-14)					
Ability to Work with Other Teens					
Ability to Work with Adults					

2. Please write any additional comments here:

Signature _____

Date _____

Printed Name _____

Relationship to Applicant _____

Please return no later than 12/6/2024

OSU Extension, Paulding County
 503 Fairground Drive
 Paulding, OH 45879
 Email: Schweinsberg.5@osu.edu

Please submit in a sealed envelope or email directly to the above email address. For questions, contact the OSU Extension Office at 419-399-8225.



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Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach Picture
 (for I.D. purposes only)

Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
Dentist: _____	Phone: _____	

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
 Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

- To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.
- The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Check below if the participant displays any of the following behaviors:

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other? _____

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp. This includes any restrictions for participation in activities:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I have medical needs or accommodations that would limit my ability to fully participate in the scheduled program/activity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Liability Release for Camp/Program

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

ACTIVITY NAME: _____

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H (insert county)

LOCATION: _____

DATE(S): _____ **START DATE:** _____ **END DATE:** _____

DESCRIPTION: Participants in the _____ program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: sleeping in accommodations provided by 4-H, ziplining and other harnessed/adventure activities (high ropes, cargo net, rock wall, rappelling, flying squirrel), recreational games (basketball, nine square, volleyball, and gaga ball), water activities (fishing, creeking, swimming, canoeing, kayaking, corcl, paddleboarding, water games), other adventure activities (hiking, hatchet throwing, archery, shooting sports), large and small group games, team challenges, reflections, dancing, campfires/outdoor cooking, singing, flag ceremonies, talent shows, sessions/workshops, outpost, group living.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Participant Signature: _____

Date: _____

Print Name: _____

Date: _____

Authorizing Signature of Parent/Legal Guardian if

Participant is under 18 years of age

Print Name: _____

Photo, Video Release, and Authorization

My child, _____ plans to participate in _____ (*insert activity*) programming through Ohio 4-H, taking place _____ (*insert dates*). I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns (“OSU”) consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child’s participation in _____ (*insert activity*) in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child’s name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child’s name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child’s voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

- YES, I give permission to the photo, video release, and authorization.
- No, I do not give permission to the photo, video release, and authorization.

Authorizing Signature of Parent/Legal Guardian
if participant is under 18 years of age

Date

Print Parent/Guardian Name

Print Full Name of Participant

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