

Pre-Event Planning Guide

Title of Event/Activity: _____

Individual(s) Responsible for Coordinating Event: _____
Name _____

Position _____ Email _____ Phone Number _____

Name _____

Position _____ Email _____ Phone Number _____

Event Level:

- County State
 Multi- County (District) National

Event Occurrence:

- New Event (First Time)
 Reoccurring

Type of Event/Activity:

- Fundraiser
 Retreat
 Competition
 Conference/Seminar
 Social Activity
 Program
 Camp School Enrichment Program
 Organized 4-H Club
 After-School Program
 Special Interest Classes/Clinics
 Other _____

Scheduled Date(s) of Event/Activity:

Start _____ End _____

Scheduled Time(s) of Event/Activity:

Start _____ End _____

Location(s) of Event/Activity:

Primary: _____

Backup: _____
(in case of inclement weather)

Number of People Attending: _____
(estimated number)

How does this event/activity promote the mission of the 4-H Club:

Provide a brief description of the event/activity that you are planning:



Risk Analysis:

Assess the risk level prior to conducting the event:

- High**
- Medium**
- Low**

Risk can take on many forms for The Organization (Faculty, Staff, Participants & Volunteers)

1. **People** – Youth, volunteers, employees, clients, donors, board members, and the public.
2. **Property** – Buildings, facilities, equipment, materials, copyrights, and trademarks.
3. **Financial** – Sales, grants, and contributions.
4. **Goodwill/Reputation** – Stature in the community, and the ability to raise funds and appeal to prospective volunteers.

Risk Response:

Developing alternatives to reduce, avoid, transfer, or assume the risk is the responsibility of the Organization (Faculty, Staff, Participants and Volunteers).

1. **Reduce Risk** – Change the activity or conditions to decrease the likelihood that a loss will occur.
2. **Avoid the Risk** – Do not conduct the activity, if the risks are too severe and the possibility of occurrence is too great.
3. **Transfer the Risk** – Find someone to share some of the risk. Ways to share the risk include carrying accident or medical insurance, using informed consent forms, or paying vendors for services.
4. **Assume the Risk** – Accept the risk and prepare for the possibility of loss to occur.

Activity/Task	Type of Risk	Possible Risks of Activity	Ways to Manage Risk	Needed Changes	We will The Risk
	(check all that apply) <input type="checkbox"/> People <input type="checkbox"/> Property <input type="checkbox"/> Financial <input type="checkbox"/> Goodwill/Reputation				(check all that apply) <input type="checkbox"/> Reduce <input type="checkbox"/> Avoid <input type="checkbox"/> Transfer <input type="checkbox"/> Assume
	(check all that apply) <input type="checkbox"/> People <input type="checkbox"/> Property <input type="checkbox"/> Financial <input type="checkbox"/> Goodwill/Reputation				(check all that apply) <input type="checkbox"/> Reduce <input type="checkbox"/> Avoid <input type="checkbox"/> Transfer <input type="checkbox"/> Assume
	(check all that apply) <input type="checkbox"/> People <input type="checkbox"/> Property <input type="checkbox"/> Financial <input type="checkbox"/> Goodwill/Reputation				(check all that apply) <input type="checkbox"/> Reduce <input type="checkbox"/> Avoid <input type="checkbox"/> Transfer <input type="checkbox"/> Assume

After assessing the risk and making modifications the risk level is:

- High**
- Medium**
- Low**

We have decided to...

- Conduct**
- Not Conduct the Activity**

Risk Management Checklist

This list is not intended to be all inclusive, but rather to provide a starting point for analyzing your risk management plan.

Facilities

Site chosen meets the following Safety Requirements:

- Provides a safe environment for participants.
- Accessible for individuals with disabilities and special needs.
- Emergency exits clearly marked, unlocked and easily accessible.
- Emergency equipment exists and is accessible if needed.
- Aware of other groups using the facilities and any potential conflicts.

Site chosen meets the following Liability Requirements:

- Obtain facility use forms, agreements and/or contracts from managements of the facility chosen. Take form/agreement/contract to your County Extension Agent to send through appropriate channels for review and proper signature by University of Florida Extension Business Office.
- Follow up with facility management and/or County Extension Agent to determine if facility use form/agreement/contract had been received and meets with the organization's requirements.
- If payment of facility used is required, make deposit or payment per facility use form, agreement and/or contract only after contract has been approved through appropriate channels.
- If liability insurance is required by facility chosen, seek assistance from the County Extension Agent in obtaining appropriate liability insurance.
- Conduct statutory review (motorized vehicles, watercraft, and large animals).

Transportation *(If parents are not providing transportation for own child or minor is not providing own transportation)*

Required for All Drivers

- Meet all requirements set forth in University of Florida Environmental Health and Safety Office for Employees & Volunteers.
- Copy of driver's license and insurance on file with event coordinator or local Extension Office.
- All drivers oriented of planned route, provided with maps and directions, have set meeting times & destinations and ability to communicate by cell phone or two-way radio.

Required for All Participants

- Wear seat belts at all times.
- Refrain from behavior that is distracting to the driver.

Emergency

Participant Health Related Requirements:

- Signed Florida 4-H Participation Form with emergency contact information for each participant (minor and adult) and accessible by person(s) in charge.
- Access to health care in emergency is known and understood even when traveling out of town.
- Phone numbers of nearest hospital, ambulance, law enforcement.
- Health and/or accidental insurance secured. (i.e. – American Income Life).
- Incident or accident report forms available for use by person(s) in charge.
- Nurse, EMT, CPR trained personnel, Physician available on site or on call.
- Check with Extension Agent/Staff about 4-H Activity Insurance & Emergency Management Procedures.
- Two way radios and/or cell phones carried and used for emergencies and on-going communication.
- Current and up-to-date First Aid kit available.

Unexpected Situations/Acts of Nature Planned for:

- Storm warning system.
- Plan for unexpected weather (access to shelter, means to contact parents of change of location, etc.).
- Nearest shelter in case of:

Fire_____

Flood_____

Tornado_____



ACTIVITY OR EVENT

Supervising Adults and/or Teens:

- Volunteers and/or chaperones selected through the Florida 4-H Volunteer Process and meet all requirements.
- Volunteers are/or chaperones oriented and trained for their roles, working with youth, emergency procedures and event/activity responsibilities.
- If a medical person is on site, all medications are accounted for and secured with medical personnel.

Parents of Participants:

- Parent Orientation (face-to-face or in writing) conducted including purpose of program, rules and policies for participation, safety and emergency procedures, etc.
- If parents are serving as chaperones, selected through the Florida 4-H Volunteer Process and meet all requirements.
- Drop-off & Pick-up procedures communicated to parents (Restricted & Early Release Forms).
- Sign permission to participate or informed consent form for child.
- Understand financial obligations and pay any required costs by deadlines.

Participants:

- Process in place for youth so sign "in" and "out" of a program.
- Participant Orientation conducted includes rules, policies, guidelines, safety and emergency procedures.
- If an overnight event, separate sleeping quarters are provided for male and female participants.
- Adults and youth will also have separate sleeping quarters.

After-Event Assessment

1. Was your event/activity a success? Why or why not?

2. Did you encounter any unforeseen problems? Yes No
If yes, how can you better prepare in the future?

3. Are you going to continue this event? Yes No
If yes, what changes would you recommend for the future?

* Portions of this document were adapted from materials developed by Department of Student Activities at Texas A&M University, Ohio State University Extension, Kansas State Research and Extension, and the Alliance for Nonprofit Management.

