**MARION COUNTY 4-H ENROLLMENT FORM – VOLUNTEER**  
*NEW SOCCER*

2014-2015 4-H Year

Enrollment is not complete until code of conduct and health forms are turned in and all fees paid.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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Preferred Name: __________________________ Email __________________________

(PLEASE PRINT CLEARLY)

Primary Phone ___________ Mobile Phone ___________ Other Phone ___________

Complete Mailing Address

(PLEASE PRINT CLEARLY)

City: __________________ State: ________ Zip: ________

Has Health Considerations? Yes ___ No ___ Explain: ____________________________________________

Occupation (optional) __________________ Highest Level of Education (optional) __________________

Military Family? Yes ___ No ___ if so what branch ____________________________________________

Would you like your county newsletter emailed to you? Yes ___ No ___

Would you prefer to not be contacted by National 4-H Council? Yes ___ No ___

Years in 4-H (counting this year) ______ Have you been in 4-H in Oregon before? Yes ____ No ____

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<th>Ethnicity: Not Hispanic ___ Hispanic ___</th>
<th>Gender: Female ___ Male ___</th>
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Residence:

Farm ___ Sm Town (Under 10,000) ___ Lg Town (10-50,000) ___ Suburbs (over 50,000) ___ City (over 50,000) ___

Race (check all that apply):

White ___ Black ___ Am. ndian/Alaska Native ___ Asian ___ Hawaiian & Pacific Islander ___

Name of Primary 4-H Soccer Team: __________________________

_________________________________  __________________________________
Signature  Date

Oregon State University Extension Service offers educational programs, activities, and materials—without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer. The Extension Service offers its programs and materials equally to all people. Reasonable accommodations will be provided to those with physical or mental disabilities in order to attend Extension programs. Please contact the Extension office in advance to make arrangements. Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant Programs. Oregon State University, United States of Agriculture cooperating.

Revised 8/2014
CONDITIONS OF VOLUNTEER SERVICE

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY
OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

MOTOR VEHICLE LIABILITY
If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver's license.

WORKERS' COMPENSATION INSURANCE
Workers' compensation coverage is not provided for volunteers of OSU.

UNIVERSITY RULES AND REGULATIONS
You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA
I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. I further release the University to use material from blogs, internet or social media associated with the ACTIVITY without restrictions or limitations for any educational or promotional purpose.

REPORTING RESPONSIBILITY
Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your immediate supervisor as soon as possible. The supervisor must contact OSU Claims Representative in Enterprise Risk Services, (541) 737-7350, within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

TOTAL VOLUNTEER HOURS: _________ Estimate total hours for this activity within the fiscal year July 1 – June 30.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Name (Please Print) __________________________ Telephone Number __________________________
Address, City, State __________________________
Volunteer Signature __________________________ Date __________________________
OSU Supervisor Name __________________________ Telephone Number __________________________
Unit/Department __________________________
OSU Supervisor Signature __________________________ Date __________________________
VOLUNTEER ASSUMPTION OF RISK

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, and from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

EMERGENCY CONTACT NAME AND PHONE NUMBER: ________________________________

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please Print) ____________________________________________ Date ______
Volunteer Signature ______________________________________________________

=================================================================================================

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, ___________________________, as parent or legal guardian hereby grant permission for ___________________________ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature ___________________________________________ Date ______

Note: Complete a new form each year for volunteer service that continues into the next fiscal year, when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.
OFFICIAL 4-H HEALTH FORM

Type of activity: □ county/area □ state □ regional □ national (check one)

Name of event/activity ____________________________

Participant's Name:

Last

First

M.I

Address:

Street Address

City

State

Zip Code

Participant is: □ Adult □ Youth □ Male □ Female

Emergency Contact:

Name

Relationship

Daytime phone

Evening phone

Cell phone

Health Statement (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)

Yes □ No □

Does the participant have any history of respiratory illness? (describe)

Yes □ No □

Is the participant diabetic?

Yes □ No □

Is the participant subject to seizures of any kind?

Yes □ No □

Date of last tetanus shot?

Yes □ No □

Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?

Yes □ No □

Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)

Yes □ No □

Does the participant have any allergies or dietary restrictions? If yes, please describe:

Yes □ No □

Name of all medications:

Yes □ No □

Name and phone number of physician:

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes □ No □ If yes, please describe:

Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant ____________________________ Date ____________________________
OREGON 4-H YOUTH DEVELOPMENT PROGRAM
YOUTH CODE OF CONDUCT

The well-being of all 4-H program participants is important. Everyone has responsibilities.

When I participate in 4-h programs, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they’re different from me.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (iPods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Know and follow federal, state and local laws that apply to my age (e.g., tobacco, alcohol, illicit drugs, fireworks).
13. Know and follow safety policies of the Oregon State University, Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging and not trade rooms during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl’s room / no girl in a boy’s room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; and, any other additional safety policies established by a specific event or program.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

________________________________________ Date ________________
Member Signature

________________________________________ Date ________________
Parent/Guardian Signature

(Revised Nov. 2013)

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran’s status. Oregon State University Extension Service is an Equal Opportunity Employer.
Criminal History Check Disclosure Notice and Release Authorization
EXTENSION VOLUNTEER

Please attach a copy of your official photo ID with this completed release

FULL Legal Name (Last, First, Middle Name)  □ New Volunteer  □ Returning Volunteer  Date of Birth (MM/DD/YYYY)

Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.)

Current Mailing Address

If you have not lived at your current address for the last seven (7) years, please complete the following.

City __________________ State ________ From __________ To __________
City __________________ State ________ From __________ To __________
City __________________ State ________ From __________ To __________
City __________________ State ________ From __________ To __________
(Add another page if necessary)

Primary Phone Number  Alternate Phone Number

Email Address

Position Title  Extension Volunteer – NON driving X  Extension Volunteer - driving N/A

OSU Extension Office  Marion County  Program Name 4-H Soccer  YP Recheck _____

DISCLOSURE NOTICE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION
Oregon State University (the "University") may request, for lawful employment purposes, background information about you from a third party or agency in connection with your application for employment or volunteer service or if you are contracted to provide services to the University. The University may obtain background information, such as criminal history information pursuant to OAR 576, Division 055 et seq, credit reports pursuant to ORS 659A.685 (commonly known as "credit history checks"), or other such related reports. A credit history check will only be conducted in narrow circumstances pursuant to statute. Additionally, the University may obtain education history, work history and reference information regarding your employment and performance from current and former employers and personal and professional references in the course of conducting recruitment and selection processes.

The University or a law enforcement agency will prepare or assemble criminal reports, educational history, and other similar background reports for the University's use in conducting a background investigation. The types of information that may be obtained by the University in the course of verifying your background information may include, but are not limited to: address history; criminal records and history; public court records; driving records; accident history; educational history verifications (e.g., dates of attendance, degree obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; and other information bearing on your character, general reputation and personal characteristics. The University will only conduct a criminal background check where the applicant has received separate notification that the position is of a critical or security-sensitive nature pursuant to OAR 576-055-0000 et seq. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews; and other information sources.

Oregon State University is an affirmative action/equal opportunity employer. You may have rights under Title VII of the Civil Rights Act of 1964. If you wish to obtain further information, you must contact the Oregon Bureau of Labor and Industries.

Authorization for Background Investigation
I have carefully read and understand this Disclosure and Authorization Form. By my agreement below, I consent to the University obtaining background information for purposes related to employment, volunteer service, or contracting for services. My consent includes preparation...
Please attach a copy of your official photo ID with this completed release

of background reports and related information by the University or a law enforcement agency and to the release of such background reports and related information to the University and its designated representatives and agents, for the purpose of assisting the University in making a determination as to my eligibility for employment, promotion, retention, volunteer service or for other lawful purposes related employment or contracting for services. I also authorize the University to obtain any reports or background information necessary to verify my identity and fitness for the position for which I am applying. I understand that refusal to consent to a background check or to release related background information will disqualify me from consideration. I understand that information contained in my employment, volunteer service application or service contract or otherwise disclosed by me before or during my employment or service, if any, may be used for the purpose of obtaining and evaluating background reports on me.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to ‘uncover and all information regarding me that is requested by the University, the University’s contracted reporting agency, or law enforcement agency either orally or in writing.

I understand that personally identifiable information, such as date of birth, may be requested by the University or law enforcement agencies solely for the purpose of accurately verifying my identity. If there is a need to verify my identity or if I have lived outside the state of Oregon in the last seven (7) years, I understand that I may be asked by the University to submit my fingerprints or additional information as requested by the University. Failure to submit fingerprints or provide additional information to verify my identity will cause me to be removed from further consideration.

I understand that nothing herein may be construed by me as an offer of employment, appointment to a volunteer service position, or a contract for services by the University.

I understand that further consideration by the University of my candidacy is contingent upon my consenting below and, therefore, I acknowledge that I authorize the University to obtain such reports and background information. I understand a copy of my Disclosure and Authorization for Background Investigation form will be maintained on file by the University in accordance with state rules and laws.

I understand that I have the right to receive a copy of my background report from the Oregon State Police, Federal Bureau of Investigation, and records resources that have provided this information to the University.

I also understand that before I am denied employment based, in whole or part, on information contained in the background report received from the reporting agency, I will be provided a copy of the report and a written copy of my rights under the Fair Credit Reporting Act: www.ftc.gov/credit. I understand that if I am going to dispute the accuracy of information in the report, I must notify the University within fourteen (14) calendar days of the date of the University’s notification letter to me. I understand that appealing the University’s decision or challenging information provided to the University by the reporting agency will not cause a delay or postponement of the University hiring process or employment decisions.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information on the University’s behalf, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and disclosure of information in connection with this background investigation.

I understand employees and volunteers whose position descriptions have been designated as critical or security sensitive are required to notify the Assistant Vice President or Associate Director of the Office of Human Resources if they are convicted of a crime relevant to determination of fitness as identified in OAR 578-055-0060 while serving in these positions. Incumbents in Youth Programs may have criminal history checks repeated every 24 months.

By my signature below, I certify and affirm that I have read and understand the above Disclosure Notice and Authorization for Background Investigation form and am aware of how to access a summary of my rights under the Fair Credit Reporting Act. I certify that I have authorized the University or a law enforcement agency to conduct a background investigation about me as outlined herein.

Applicant's Signature (actual signature vs. typed or electronic) Date

Guardian’s Signature (required for applicants who are minors)

Please mark correspondence “CONFIDENTIAL” and return your completed form to:

Oregon State University, Office of Human Resources FAX: 541.737.0468 Email: DPSCHC@oregonstate.edu
200 Cascade Hall, Oregon 97331-2132