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

*RETURNING 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>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Preferred Name:</th>
<th>Email:</th>
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(PLEASE PRINT CLEARLY)

<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Mobile Phone</th>
<th>Other Phone</th>
</tr>
</thead>
</table>

Complete Mailing Address

(PLEASE PRINT CLEARLY)

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
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</table>

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 ___

Ethnicity: Not Hispanic ___ Hispanic ___ Gender: Female ___ Male ___

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. Indian/Alaska Native ___ Asian ___ Hawaiian & Pacific Islander ___

Name of Primary 4-H Soccer Team:

Project: **Fitness & Sports (Soccer)**

Signature ___________________________ Date ___________
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) Your actions occur in 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 ____________________________

COMPLETE BOTH SIDES OF THIS FORM
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) ____________________________________________

Volunteer Signature ____________________________________________ Date __________

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.

COMPLETE BOTH SIDES OF THIS FORM
Volunteer Agreement
4-H Code of Ethics

The purpose of the Volunteer Agreement is to help ensure the safety and well-being of all Oregon State University Extension 4-H program participants. The opportunity to represent the OSU Extension Service and work with 4-H youth is a privileged role to be held by those who are willing to agree to behaviors that fulfill this trust.

As a volunteer in the OSU 4-H Youth Development Program, I agree to . . .

1. Focus on the educational mission of the land grant university, including the equal opportunity and anti-discrimination policies. (*4-H programs are accessible without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, and veteran status.*)

2. Obey local, state, federal laws. Follow specific guidelines established for county, state, and national 4-H programs.

3. Accept support and/or supervision from Extension program staff or designees.

4. Treat others courteously. Be a positive role model. Exhibit good sportsmanship.

5. Establish and maintain safe environments for all participants. Act responsibly to protect participants.

6. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate that verbal, emotional, or physical mistreatment is unacceptable within the program. Report suspected abuse to protect those who cannot protect themselves.

7. Not consume alcohol or be under its influence while responsible for 4-H programs or youth.

8. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (Fundraising activities must be approved by Extension staff. 4-H funds are public assets, need to be expended for educational purposes, and must not be a part of a private individual’s bank account.)

9. Handle equipment and machinery in a safe and responsible manner. Operate vehicles only with a valid operator’s license and the legally required insurance coverage.

10. Treat animals humanely and provide them appropriate care. Teach youth to do the same.

I have read, understand, and agree to the OSU Extension Service Volunteer Agreement above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for non-acceptance, suspension or termination of my volunteer role with the OSU Youth Development Program.

______________________________  ____________________
Signature of Adult Volunteer          Date

Media Release

I give permission to use my image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release my name and hometown to news media for recognition purposes.

______________________________  ____________________
Signature of Adult Volunteer          Date
OFFICIAL 4-H HEALTH FORM

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

Name of event/activity

Participant’s Name: ________________________________

Address: _______________________________________

City __________________ State ______ Zip Code ______

Participant is: □ Adult □ Youth □ Male □ Female

Emergency Contact: ______________________________________

Name: __________________________ Relationship: ________________

Daytime phone: __________________ Evening phone: ________________

Cell phone: __________________ Other: ________________________

Health Statement

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Is the participant currently under medical treatment? (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the participant diabetic?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Is the participant subject to seizures of any kind?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of last tetanus shot?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the participant have any allergies or dietary restrictions? if yes, please describe:</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>

Name of all medications: ____________________________________________

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: ____________