

WASHINGTON & MULTNOMAH COUNTIES 4-H ENROLLMENT FORM—VOLUNTEER
2011-12 4-H Year



Enrollment is not complete until code of conduct, health forms, and liability forms are turned in.

Revised September 2011

First Name _____ M.I. _____ Last Name _____

Preferred Name: _____ Birth Date _____

Email _____

Home Phone _____ Cell Phone _____ Other Phone _____

Address _____

City _____ State _____ Zip _____

Health considerations? No Yes If Yes, please explain: _____

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

Military Family? No Yes, Branch: _____

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

Would you like to be contacted by National 4-H Council? No Yes

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

Ethnicity: Not Hispanic Hispanic **Gender:** Female Male **Grade:** _____

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

Mailing Address: OSU Extension Service 4-H
155 N First Avenue, Suite 200
Hillsboro, OR 97124
Phone: 503-821-1119 (Washington & Multnomah Counties)

Adult Volunteer 4-H Agreement

The purpose of the Adult Volunteer 4-H 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 Adult 4-H Volunteer Code of Conduct 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

Revised July 2010

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

STATE OF OREGON

CONDITIONS OF VOLUNTEER SERVICE

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

Tort Liability - You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; 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.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Manual, 125-7-202.

Motor Vehicle Liability - If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

Volunteer Injury Coverage (VIC) - OSU, through the State of Oregon, has an injury protection plan to cover injuries of authorized volunteers secondarily to the volunteers' own insurance coverage.. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204.If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

Reporting Responsibility - Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform _____ (name and title of supervisor/department head) as soon as possible.

Volunteer Dates – (Start) _____

Assigned Duties (Attach a copy of the position description or list in detail the duties and responsibilities.)

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

Please Print

Name (Last, First, MI):	
Address:	Telephone:
Signature:	Date:
In case of emergency, please notify:	
Home Phone:	Work Phone:
Agency Supervisor:	Telephone:
Title:	Date:

READ AND SIGN THE WAIVER AND RELEASE ON THE REVERSE

**AUTHORIZED STATE VOLUNTEER
PARTIAL WAIVER AND RELEASE OF RIGHTS
UNDER THE OREGON TORT CLAIMS ACT
ORS 30.260-300**

READ CAREFULLY
(Please Print Information)

Name: _____

Phone: _____

Address: _____

City/State: _____

Zip Code: _____

As an authorized state volunteer performing activities on behalf of the State of Oregon (agency), I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon 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 the State of Oregon, and/or its officers, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from or arising out of my state volunteer activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, 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 state volunteer activities. In the event that I am injured while performing state volunteer activities, I will notify my agency supervisor and apply for injury coverage benefits.

Signature: _____ **Date:** _____

____ I elect not to participate in the Volunteer Injury Coverage (VIC) program

Signature: _____ Date: _____

Read the Front Side of this Document

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Reverse of form for Liability and Volunteer Injury Coverage