



# 2009-2010 POLK COUNTY 4-H LEADER ENROLLMENT FORM

Oregon State University Extension Service PO Box 640, Dallas, OR 97338 (503) 623-8395

(Read; fill out –PLEASE PRINT NEATLY! – and sign other side. Completed form due in Extension Office by 5 p.m., March 31, 2010)

Name \_\_\_\_\_

Last

First

Middle initial

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Gender:**

- ( ) Male
- ( ) Female

**Racial Group:**

- ( ) American Indian or Alaskan Native
- ( ) Asian
- ( ) Black or African American
- ( ) Native Hawaiian or other Pacific Islander
- ( ) White
- ( ) More than one race

**Residence:**

- ( ) Farm (income from farming \$1,000+/year)
- ( ) Rural Non-Farm & Town (pop. under 10,000)
- ( ) City of 10,000 to 50,000
- ( ) Suburb of city over 50,000
- ( ) City of 50,000 or more

**Ethnicity:**

- ( ) Not Hispanic
- ( ) Hispanic

Number of years as a 4-H Leader: (include this year) \_\_\_\_\_

Are you currently serving in the Military? ( ) Yes ( ) No

- Role:** ( ) Project Club Leader & Contact  
 ( ) Project Club Leader  
 ( ) Resource Leader

Contact info:	area code	number	extension
Home phone			
Work phone			
Cell phone			
Email			

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 in order to participate in the 4-H Youth Development Program? ( ) Yes ( ) No If yes, please describe \_\_\_\_\_

Club Name \_\_\_\_\_ Office use /Club #

Project	Code	Project	Code

( ) Yes, I am accepting more 4-H'ers into my club.  
 ( ) Yes, give my phone number to prospective members, or ( ) No, do not give out my phone number.  
 ( ) Sorry, I am not enrolling any more 4-H'ers in my club.

All info of the above must be complete and legible; all fees paid, and reverse side signed for enrollment to be complete. It is the Leader's responsibility to keep this information current at the Extension Office.

## Adult 4-H Volunteer Expectations

The purpose of the Adult 4-H Volunteer Expectations is to promote the safety and well-being of all Oregon State University Extension 4-H program participants. The opportunity to represent OSU Extension 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. So, in my role, I agree to:

1. Represent the educational mission of 4-H and comply with the equal opportunity and anti-discrimination policies. *(4-H programs are accessible without regard to race, color, religion, gender, sexual preference, national origin, age, marital status, disability or veteran status.)*
2. Obey all laws of the federal, state, and local government. Follow guidelines implemented for specific county, state, and national 4-H programs.
3. Establish and maintain safe environments for all participants. Act responsibly to protect participants.
4. Treat others courteously, exhibit good sportsmanship, and be a positive role model for youth.
5. Accept support and/or supervision from Extension program staff or their representatives.
6. Provide for physical needs of participants during programs. Not withhold necessities nor use physical punishment. Recognize that verbal, emotional, or physical mistreatment is unacceptable within or outside the program. Report suspected abuse to protect those who cannot protect themselves.
7. 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.
8. Handle fund raising and finances in an ethical manner, and in accordance with federal regulations. *(Fundraising activities must be approved by Extension staff; funds need to be expended for educational purposes; and should not reside in private bank accounts.)*
9. Not consume alcohol, or be under its influence, while responsible for 4-H programs or youth.
10. Provide appropriate, humane care and treatment for animals. Teach youth to do the same.

I have read, understand and agree to the OSU Extension 4-H Adult 4-H Volunteer Expectations 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 OSU 4-H Youth Development programs.

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Signature

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Date

I give permission to use my name, hometown, image and/or voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, promotional, or fundraising purposes.

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Signature

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Date