

Type of activity: _____ county/area . state regional national

Participant's Name: _____
Last First M.I. County

Address: _____
Street Address City State Zip Code

Participant is an Adult, ___; ___ Male ___ Female ___ Home phone: _____ Cell phone: _____

Emergency Contact: _____
Name Relationship Daytime phone Evening 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?					
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:					
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 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.

ADULT 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 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.

My signature below indicates that:

- I have read, understand and agree to the OSU Extension Service 4-H Adult 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.
- I have read and understand the information contained in the publication "For the Well-Being of Youth and Adults," (4-H 0258L) and agree to follow the adult/youth interaction-barriers to abuse guidelines contained in this publication.
- I give permission to use my name, hometown, image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
- 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.

Leader Signature: _____ Date: _____