# 2010-2011 Tillamook County 4-H Leader Enrollment

**Directions:** Please complete in ink. Print clearly. Complete and sign Health Form, Release Statements and Adult Volunteer Expectations on reverse side. Today’s Date: __________

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

E-mail address: *

*Please provide e-mail address, some information we may need to share with you has a short turn-around time and it is the only way we can reach you in a timely fashion.

Primary Phone: ___________________ Mobile Phone: ___________________

Other Phone: ___________________ Work Phone: ___________________

OK to Call at Work? □ Yes □ No

Best Time to Call: ___________________

Mailing Address: ___________________

City: ___________________ State: _______________ Zip: _______________

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

Military Family? □ Yes □ No

If yes, which branch ___________________

☐ Yes ☐ No I would like to receive e-mail notification that the 4-H newsletter is posted to the Tillamook County 4-H website instead of a mailed hard copy.

☐ Yes ☐ No I am willing to receive correspondence from National 4-H Council?

Y ears as a 4-H Leader (counting this year): _______

Have you been in 4-H in Oregon before? □ Yes □ No

Ethnicity: ☐ Not Hispanic ☐ Hispanic

Gender: ☐ Female ☐ Male

Race: (Please check all that apply) ☐ Am. Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hawaiian or Pacific Islander ☐ White

Residence: ☐ Farm ☐ Sm Town (under 10,000) ☐ Lg Town (10-15,000) ☐ Suburbs (over 50,000) ☐ City (over 50,000)

(income from farming $1000+/year)

<table>
<thead>
<tr>
<th>Club Name:</th>
<th>Your Role</th>
<th>Projects in this club</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples: Fred's Sewing Club or Resource Leader Only</td>
<td>Choose One for each club: 1 Main Club Leader 2 Assistant Leader 3 Activity Leader 4 Resource Leader</td>
<td>See attached list of projects. Please include all projects the club will do or that you will be a resource leader for, so that we can include you in all mailings about that project area.</td>
</tr>
</tbody>
</table>

Please complete and sign other side!

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For Office Use Only

Date Received: _________________

Insurance Fee Receipt # _______________ $2

Data Entry ___________ Club Number ___________
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.

7. Communicate that verbal, emotional, or physical mistreatment is unacceptable within the program. Report suspected abuse to protect those who cannot protect themselves.

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

9. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (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.

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

My signature below indicates that:

- I have read, understand, and agree to the OSU Extension Service Adult 4-H Volunteer Agreement/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.

- 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.

- 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.

Your Signature: ___________________________ Date: ____________