



4-H VOLUNTEER ENROLLMENT FORM

Oregon State University Extension Service



Name _____ (_____)
Last First Middle Initial Preferred Name

Years as a 4-H Volunteer (include this year) _____ Date of Birth ____ / ____ / ____ Level of Education _____

Mailing Address _____

City _____ State _____ Zip _____

Number of years at this address _____ Community or township _____

Residence:

- Farm
- Towns less than 10,000
- Town 10,000 to 50,000
- Suburb of city over 50,000
- City of 50,000 or more

Gender:

- Female
- Male

Ethnicity:

- Not Hispanic
- Hispanic

Racial Group:

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

Email _____

Email _____

| Phones | Area Code | Number with extension | Best time to call |
|---|-----------|-----------------------|-------------------|
| Home | () | | |
| Mobile | () | | |
| Work (Ok to call? <input type="checkbox"/> Yes <input type="checkbox"/> No) | () | | |
| Other-Specify _____ | () | | |

Are you currently serving in the Military? _____ Would you like to receive a newsletter via 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: _____

Role(s) _____ Committee(s) _____
(see project code form) (see project code form)

Club: _____ Club Number: _____
Name

Description of Projects You Lead—Description required; Level and Phase as appropriate.

| Description | Level | Phase |
|-------------|-------|-------|
| | | |
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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.

Signature

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.

Signature

Date

Please make check payable to: Union Co 4-H Leaders Association

Office use only:

Volunteer type (project leader, general leader, activity leader, resource leader)

Interaction type (indirect volunteer, direct volunteer, middle manager)

Enrollment date _____

Fee paid _____

Health form completed and on file