**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)

Oregon State University Extension Service offers educational programs, activities, and materials—without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer. The Extension Service offers its programs and materials equally to all people. Reasonable accommodations will be provided to those with physical or mental disabilities in order to attend Extension programs. Please contact the Extension office in advance to make arrangements. Agriculture, Family and Community Development, 4-H Youth, Forestry, and Extension Sea Grant Programs. Oregon State University, United States of Agriculture cooperating.
**Washington & Multnomah Counties 4-H Enrollment Form—Volunteer**

*2011-12 4-H Year*

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Revised September 2011

Are you a resource leader?  ☐ No  ☐ Yes (No current club at this time)

Are you interested in becoming a mentor for a new 4-H volunteer?  ☐ Yes  ☐ No

Does your club offer the Cloverbuds Project?  ☐ Yes  ☐ No

Is your club accepting new members for the 2011-2012 4-H Year?  ☐ Yes  ☐ No

Club Meeting Area (e.g., Helvetia): ________________________________________________

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<tr>
<th>Club Name</th>
<th>Primary club? (check only one)</th>
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<tr>
<th>Project Name</th>
<th>Years in project?</th>
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**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

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Revised July 2010

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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
OFFICIAL 4-H HEALTH FORM  

Type of activity: ☐ county/area  ☐ state  ☐ regional  ☐ national  (check one)

Name of event/activity

Participant's Name:
Last ____________________________________________ First ____________________________________________ M.I. ____________________________________________

Address:
Street Address ____________________________________________
City ____________________________________________ State ____________________________________________ Zip Code ____________________________________________

Participant is: ☐ Adult ☐ Youth ☐ Male ☐ Female
Grade ____________________________ Birth Date ____________________________ Home phone ____________________________

Emergency Contact:
Name ____________________________________________ Relationship ____________________________________________
Daytime phone ____________________________________________ Evening phone ____________________________________________
Cell phone ____________________________________________ Other ____________________________________________

Health Statement  (to be completed by parent, physician or adult participant)

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Is the participant currently under medical treatment? (describe)</td>
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<td>Does the participant have any history of respiratory illness? (describe)</td>
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<td>Is the participant diabetic?</td>
<td>Yes</td>
<td>No</td>
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<td>Is the participant subject to seizures of any kind?</td>
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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 for yourself or your child 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.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. 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.

Signature of Parent/Guardian or Adult participant ____________________________ 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

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<tr>
<th>Name (Last, First, MI):</th>
<th>Telephone:</th>
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<td>Address:</td>
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<tr>
<td>Signature:</td>
<td>Date:</td>
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In case of emergency, please notify:

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<tr>
<th>Home Phone:</th>
<th>Work Phone:</th>
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<tbody>
<tr>
<td>Agency Supervisor:</td>
<td>Telephone:</td>
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<tr>
<td>Title:</td>
<td>Date:</td>
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</table>
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

2002
Reverse of form for Liability and Volunteer Injury Coverage