# Oregon 4-H Annual Leader Enrollment Form
## Clackamas County, 2015-2016 Year

**BOTH sides of this form AND the Conditions of Volunteer Service form MUST be completed!**

* = Required Fields  
Please print

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Last Name*</td>
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<tr>
<td>Preferred Name</td>
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<td>Birth Date*</td>
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<td>Gender*</td>
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<td>Years as a 4-H Leader*</td>
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<td>Employer</td>
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<td>Occupation</td>
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<td>Emergency Contact Name*</td>
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<td>Phone*</td>
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<td>Relationship</td>
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<td>Ethnicity</td>
<td>Hispanic/Not Hispanic/Prefer Not to State</td>
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<td>Race</td>
<td>White/Black/Alaskan/Am Indian/Hawaiian/Pac. Island/Asian/Other/Prefer Not to State</td>
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<tr>
<td>Residence</td>
<td>Farm/Rural (&lt; 10,000)/Town (10,000 - 50,000)/Suburb/City (&gt; 50,000)</td>
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### Club Name* / Group Affiliation* / Independent member’s Name*

<table>
<thead>
<tr>
<th>Role* (see list below)</th>
<th>Projects* (see list on next page)</th>
<th>Years in Project</th>
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**Roles:** Contact Leader (main contact for club or independent member), Project Leader (assists contact leader), Resource Leader (specialized leader &/or not attached to a club), School Volunteer

Do you need accommodations for a disability to participate in this program? Describe: ____________________________  
(attach additional page if needed)

## Return completed forms by...

**Mail/deliver to:** Clackamas County Extension  
200 Warner-Milne Rd  
Oregon City OR  97045

**Fax to:** 503-655-8636

**Scan & Email to:** [kelly.redwine@oregonstate.edu](mailto:kelly.redwine@oregonstate.edu)

**Office Use Only**

- Recert ___________  
- Received ___________  
- Rcvd By ___________  
- CoVS ___________  
- Card ___________  
- Card By ___________  
- Entered ___________  
- Entered By ___________  
- ✔ Date ___________  
- ✔ By ___________
Adult Volunteer Expectations

The purpose of the Adult Volunteer Expectations is to promote the safety and well-being of all Oregon State University program participants. The opportunity to represent OSU is a privileged role to be held by those who are willing to agree to behaviors that fulfill this trust.

In my OSU volunteer role, I agree to:

1. Represent the educational mission of the land grant university, with the equal opportunity and anti-discrimination policies. (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 programs.
3. Accept support and/or supervision from program representatives.
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 (e.g., humiliation, isolation) during the program is unacceptable. Report suspected abuse to protect those who cannot protect themselves.
7. Not consume alcohol, marijuana, or illicit drugs, nor be under those influences, while responsible for youth or OSU programs.
8. Handle 4-H funds and fundraising in an ethical manner, and in accordance with federal regulations. (Use of funds is determined by group members and recorded; fundraising activities are approved by Extension staff; funds need to be expended for educational purposes; and public funds should never reside in a private 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. Provide appropriate and humane care and treatment of animals. Help, and teach, others to do the same.

I have read, understand, and agree to the OSU Adult Volunteer Expectations above. I understand that OSU may determine individual suitability to volunteer in its programs. I will comply with those decisions. 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 programs.

Signature of Volunteer Applicant (REQUIRED) _____________________________ Date

Revised August 2015

☐ Attach completed Conditions of Volunteer Service form – available at the Extension office and online at http://extension.oregonstate.edu/clackamas/enrollment

Clackamas County 4-H Project List

Cloverbuds (ages 5-8)  Fiber Arts  Rocketry / Aerospace  Sheep
Citizenship  Child Care / Development  Geospatial Science  Swine
Cultural Education  Designing Spaces / Home  Computers  Cats
Global Education / International Programs  Environment  Electricity / Electronics  Rabbits
Health & Safety  Clothing and Textiles  Robotics  Guinea Pigs (Cavies)
Consumer Education  Knitting  Woodworking  Poultry
Economics, Business, & Marketing  Crocheting  Tractors & Equipment  Pigeons & Doves
Leadership Development  Foods and Nutrition  Small Engines  Archery
Junior Leader  Food Preservation  Veterinary Science  Muzzleloading
Teen Leader  Horticulture  Dogs  Pistol
4-H Ambassador  Outdoor Education / Recreation  Guide Dogs  Rifle
Camp Counselor  Environmental Stewardship  Herpetology  Shotgun
Public Speaking  Energy  Horse and Pony  Western Heritage / Western Action
Creative Writing  Forestry  Beef  These projects REQUIRE additional leader training and certification. Contact the Extension office BEFORE enrolling.
Performing Arts  Geology  Dairy Cattle  Dogs
Art  Sportsfishing & Aquatic Science  Fiber Goats
Photography  Entomology  Meat Goats
Leather Craft  Beekeeping  Pygmy Goats

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As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY
OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); 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.

MOTOR VEHICLE LIABILITY
If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver’s license.

WORKERS’ COMPENSATION INSURANCE
Workers’ compensation coverage is not provided for volunteers of OSU.

UNIVERSITY RULES AND REGULATIONS
You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA
I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

REPORTING RESPONSIBILITY
Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)
Work cooperatively with OSU Extension staff, youth, other volunteers, and community partners to support 4-H club organization, business meetings, and related group activities, and/or 4-H school programs. Prepare intentional learning opportunities for youth (ages 5-19) to belong to a group, gain mastery, be generous, and practice independence in various project topics within a safe, inclusive environment.

TOTAL VOLUNTEER HOURS: 100-300 Estimate total hours for the duration of this activity, up to 12 months.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Name (Please print): [Name]

Telephone Number: [Number]

Address: [Address]

City: [City]

State: [State]

Volunteer Signature: [Signature]

Date: [Date]

OSU Supervisor Name: Wendy Hein & Janaleen Williams

Telephone Number: 503-655-8635

Unit/Department: OSU Extension Service, Clackamas County - 4-H Youth Development

OSU Supervisor Signature: [Signature]

Date: [Date]

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
Activity: Clackamas County 4-H Club Leader
Date(s): October 1, 2015 to December 31, 2016

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers 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 Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 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 volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: ________________________________ Telephone Number: ________________________________

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print): ________________________________ Volunteer Signature: ________________________________ Date: ________________________________

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, ________________________________, as a parent or legal guardian hereby grant permission for ________________________________ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: ________________________________ Date: ________________________________

Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.