



New Enrollment	<input type="checkbox"/>
Re-enrollment	<input type="checkbox"/>

***= Required Field**

Oregon 4-H Annual Adult Volunteer Enrollment Form County* Jefferson

To be enrolled, each approved 4-H leader must complete and submit the following annually, either in 4-HOnline or on paper:

- Oregon 4-H Adult Volunteer Enrollment Form
- Standards of Behavior for Adults Working in Programs and Activities with Minors (signature required)
- Conditions of Volunteer Service / Volunteer Assumption of Risk form (signatures required)
- Model and Information Release (signatures required)
- Adult Standard Health Form (signature required)
- OSU Youth Safety Training

Paper forms can be returned to Jefferson County Extension Office - 850 NW Dogwood Ln., Madras, OR 97741

FAMILY INFORMATION Family Email: _____	
Family Last Name*: _____	Family Mobile Phone*: _____
Mailing Address*: _____	
City*: _____	State*: _____ Zip*: _____

INFORMATION First Name:* _____ Middle: _____ Last:* _____

Preferred Name: _____ Birth Date:* _____

Email: _____ Mobile phone _____

Number of previous adult years in 4-H _____

Gender: Male Female Non-binary Gender identity not listed Prefer not to respond

Residence: Farm Rural (<10,000) Town (10,000 - 50,000) Suburb City (>50,000)

Ethnicity: (check one) Hispanic or Latino Not Hispanic or Latino Prefer not to state

Race: (check all that apply) Alaskan Native/American Indian Asian Black or African American
 Native Hawaiian/Pacific Islander
 Other (race not listed) White Prefer Not to State

Volunteer type	Volunteer role	Select		Volunteer role	Select
Club Volunteer	Contact Volunteer (Main/Contact leader for a club, address used for club contact)	<input checked="" type="checkbox"/> Yes	or	Resource Volunteer (assists with instruction or supports main leader)	<input checked="" type="checkbox"/> Yes
Project Volunteer	Club Instructor (Assists with projects in a club)	<input checked="" type="checkbox"/> Yes	or	Resource Volunteer (provides education, coaching, assistance in more than one club)	<input checked="" type="checkbox"/> Yes
Activity Volunteer	Activity Volunteer (Fair superintendent, chaperone, Ambassador advisor, fund raiser, community service organizer, in-school or after school instructor or assistant, conference instructor or supervisor)	<input type="checkbox"/> Yes			
Camp Volunteer	Camp Volunteer (Retreat, day camp, overnight camp instructor or director, or counselor advisor.)	<input type="checkbox"/> Yes			

Club Contact Leader*	Club Name*	Project(s)*
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT 1*:
Name*: _____ **Relationship*:** _____
Phone*: _____ **Email:** _____

EMERGENCY CONTACT 2:
Name: _____ **Relationship:** _____
Phone: _____ **Email:** _____

Family Member Military Service*: Yes No **Who?:** Self Family member
Status: Serving Retired
Branch: Air Force Army Coast Guard DOD Civilian Marines Navy Space Force
Branch Component: Active Duty National Guard Reserves

Verify your full legal name, as it is listed on your driver license of other government-issued ID*

Do you need any accommodations for a physical, developmental, or other disability to participate in this program? Please describe:

Staff Use ONLY

Oregon State University Extension Service prohibits discrimination in all its programs, services, activities, and materials on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, genetic information, veteran's status, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Accommodation requests related to a disability should be made at least two weeks prior to the event to the Extension office at _____ . This publication will be made available in an accessible alternative format upon request. Please contact the Extension office at _____ .



This document is subject to change. Visit youth.oregonstate.edu/standards for current version.

**Standards of Behavior for Adults Working in
Programs and Activities with Minors**

As a condition of involvement in a university youth program, as defined in University Policy 07-040 (Safety of Minors), all employees, parents, and volunteers must review the OSU Standards of Behavior prior to working in a youth program, and annually thereafter.

I AGREE TO THE FOLLOWING:

Conduct

- I understand that I am responsible for reading and abiding by any rules and guidelines set by the program, as well as all applicable laws and university policies.
- I will abide by the [University Code of Ethics](#) and will promptly report any violation of law or university policy about which I become aware, including harassment, sexual misconduct, illegal or fraudulent activity, conflicts of interest or other unethical conduct.
- I will treat all youth equitably, with regard to their actions or behavior, sex, gender, sexual orientation, race, color, religion, culture, place of birth, age, class, ability, health, citizenship, language or other identities.
- I will not consume alcohol while on duty or responsible for the care of minors.
- I will not sell, use, possess or distribute drugs or related items that would violate the law or university policies.
- I will refrain from using vulgar language or making comments of a sexual nature in the presence of a minor, or making sexually explicit materials available to a minor.
- I will not, under any circumstances, administer corporal punishment, engage in abusive conduct, or fail to provide the basic necessities of care, such as food, water or shelter to minors.
- I will promptly respond to incidents concerning the health and safety of minors and other program participants, and will act swiftly to report known or suspected instances of child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will notify the County 4-H Faculty/Staff within three days of pleading guilty or being convicted of a felony, sex offense or other crime relevant to my security-sensitive position.

Communication

- I will limit communication with minors to topics related to sanctioned activities and will include a second adult in any in-person meetings or direct electronic communications (i.e., text messaging, email, phone, social media, etc.).
- I will conduct all virtual interactions and online communications with minors in a manner that is consistent with the program's general safety and supervision guidelines, and only when there is a clear educational or programmatic purpose.
- I understand that parent or guardian permission is needed in advance of capturing and using any media (i.e., photos, videos, recordings, etc.) containing minors, and that such media may only be used for its intended programmatic purpose.

Supervision

- I will carry out program activities in a way that ensures adequate levels of supervision and avoids one-on-one interactions with minors.
- I understand that at no time should I be alone privately with a single, unrelated youth in the context of a university program or activity. If one-on-one interaction is necessary, I will meet in an open, well-illuminated area within sight or sound of another adult.
- I will promptly notify the County 4-H Faculty/Staff if I become aware of any unauthorized contact that occurs outside of the program between a youth program participant and an employee or volunteer who is not the minor's parent or guardian.
- I will only release minors to their parent or guardian or a documented emergency contact, unless an alternative method of transportation or release is authorized in writing by the parent or guardian.
- I will handle vehicles, equipment and machinery in a safe and responsible manner, complete required trainings, and have applicable licenses and insurance.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff for appropriate use of the 4-H Name and Emblem. Handle fundraising and funds in accordance with OSU and national 4-H regulations. (As public assets, 4-H funds must be used for educational purposes and never deposited into an individual's bank account.)

I understand and agree to abide by the OSU Standards of Behavior. I acknowledge that any violation of these standards could lead to disciplinary action, up to and including termination.

Signature _____ Date _____

Activity: Oregon 4-H Adult Volunteer **Date(s):** October 1, 2023 - September 30, 2024

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 work 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 STANDARDS AND POLICIES

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Standards and Policies (including Code of Student Conduct, when applicable) and with any federal, state, city and other 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 Professional in Insurance and Risk Management 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): _____ Telephone Number: _____

Address: _____ City: _____ State: _____

Volunteer Signature: _____ **Date:** _____

OSU Supervisor Name: _____ Telephone Number: _____

Unit/Department: OSU Extension Service, 4-H Youth Development**OSU Supervisor Signature:** _____ **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.

COMPLETE BOTH SIDES OF THIS FORM



VOLUNTEER ASSUMPTION OF RISK

Insurance and Risk Management Services (541) 737-7252 risk.oregonstate.edu Page 2 of 2

Activity: Oregon 4-H Adult Volunteer Date(s): October 1, 2023 - September 30, 2024

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.

COMPLETE BOTH SIDES OF THIS FORM



I authorize Oregon State University (OSU), and those acting pursuant to its authority to:

Record my name, likeness, voice, participation, comments, appearance or any combination of these; in audio/visual media, including, but not limited to, video, sound and photographic still imaging; or written material; on or around this date; on the following topic:

4-H Program Participation

These recordings, statements and written material may be disclosed to the general public for the purpose of publicizing and promoting OSU; in any medium, present or future, including but not limited to print, Internet, social media networks, direct public presentations, speeches, video or audio.

The institution may further release, exhibit, authorize the use of and distribute such recordings and materials, in whole or part, without restrictions or limitation throughout the universe, for any educational or promotional purpose which Oregon State University and those pursuant to its authority deem appropriate. I waive any right to inspect or approve the finished product, or the use to which it may be applied. I recognize and authorize that release of such materials may often be made to, and used by the public news media or other entities over which Oregon State University has no control; and for which Oregon State University bears no responsibility.

I understand that Oregon State University is not responsible for the unauthorized use of my name, likeness, voice, printed or biographical material by these third parties, including, but not limited to the news media; web sites; downloading of images and videos from the Internet or social media networks such as YouTube, Facebook or Flickr; or other distribution networks that may be developed; now or in the future.

I represent that: (i) unless signed by a parent or legal guardian below, I am at least 18 years of age; and (ii) I have read the above and fully understand it, and am knowingly and voluntarily executing this release without compensation.

Name (printed): _____ Date: _____

Signature: _____

E-mail (optional): _____

Telephone (optional): _____

Parent/Guardian signature (if under 18): _____



Oregon State
University



Adult Standard Health Form

Name _____

	yes	no	If yes, please explain
Does this person have allergies or sensitivities?	<input type="radio"/>	<input type="radio"/>	
Does this person have any dietary needs or restrictions?	<input type="radio"/>	<input type="radio"/>	
Does this person require medication	<input type="radio"/>	<input type="radio"/>	please list any medications and instructions for administering
Primary Physician name			Primary Physician phone
Are there any restrictions or modifications to the activity or program environment that 4-H staff need to consider in order to ensure this person's successful participation?	<input type="radio"/>	<input type="radio"/>	
To support their needs, does this person use or rely on any devices?	<input type="radio"/>	<input type="radio"/>	
Medical Insurance	Company name & Policy Number		
Recent history of medical procedures, illness or injuries to consider during this person's participation			

I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to arrange necessary 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 me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature _____ Date _____