



Polk County 2019-20 4-H Volunteer Enrollment Form

**Office Location**

289 E. Ellendale, Suite 301
Dallas, OR 97338
503-623-8395

**All Forms due in Extension Office by
October 15, 2019** for returning leaders

Legal Name (please print) _____
Last First Middle Preferred First Name

Address _____
Street/Mailing Address City Zip

Primary Phone _____ Work Phone _____

Cell Phone _____ Is it okay to text this number? Yes No List Cell Phone Company _____

Primary Email _____

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

*Note: 95% of 4-H communications are via email. Please let us know any email address changes.

Role: Project Club Leader Resource Leader Number of years as a 4-H Leader (counting this year) _____

Ethnicity (check one): Hispanic Not Hispanic **Gender:** Male Female

Race (check one): White Black Alaskan/American Indian Hawaiian-Pacific. Island Asian Prefer Not to State

Residence: Farm Rural non-Farm or Small Town (Under 10,000) Large Town (10-50,000) City/Suburbs (over 50,000)

Member of Military: Yes No What Branch? _____ Reserve or Guard? _____

Has Health Considerations? Yes No Explain: _____

First & last names of your children enrolled in 4-H this year _____

- Yes! I am accepting more 4-H'ers into my club, give my contact information to prospective members
- Sorry, I am not enrolling any more 4-H'ers in my club

In an effort to streamline our enrollment, recruitment and club placement process, we are requesting your permission to share your contact information.

I give permission for Extension staff to release my:

Name	Yes _____ No _____
Phone Number	Yes _____ No _____
Email Address	Yes _____ No _____

to the public to announce that my 4-H Club is accepting new kids. My information could be given out to individuals calling or emailing the 4-H Office or placed on the 4-H web page.

Signature of Adult Club Leader

Date

For Extension Office use only:

Health Form on file Liability Waiver on file Photo/Media Release on file Code of Conduct on file

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

Name of event/activity 4-H Club and County Activities

ADULT

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)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

I understand every effort will be made to contact my emergency contact listed above. 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 Adult Participant

 Date

Adult Agreement

A 4-H Code of Ethics

The purpose of the *Adult Agreement* is to communicate and clarify responsibilities for safety and well-being for all Oregon State University Extension 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.

As a volunteer with 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. (*See below.*)
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 their 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 all participants. Restrict communication about confidential information (e.g., health forms, family situations) to those who-need-to-know.
6. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical or verbal punishment. Communicate that verbal, emotional, or physical mistreatment is unacceptable. Report suspected abuse that is revealed to me during Extension programming, for the purpose of protecting those who cannot protect themselves.
7. Not consume alcohol, marijuana, or other mind altering drugs, or be under those influences, while responsible for youth or 4-H programs.
8. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (4-H funds and equipment are public assets, not for private use. Fundraising activities must be approved by Extension staff. Fundraising activities must be approved by Extension staff; 4-H funds need to be expended for educational purposes; group funds must **not** be deposited into 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. Treat animals humanely and provide them appropriate care. Teach others to do the same.

I have read, understand, and agree to the OSU 4-H Adult Agreement 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 Extension Youth Development Program.

Printed Name of Adult Volunteer

Date

Signature of Adult Volunteer

Date

Revised July 2017, M. Lesmeister
Reviewed by: P. Rose, D. Hart, R. Dixon, M. Livesay, D. White

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, familial or parental status, gender identity or expression, genetic information, marital status, national origin, political beliefs, race, religion, reprisal, sex, sexual orientation, veteran's status, or because all or a part of an individual's income is derived from any public assistance program. Oregon State University Extension Service is an AA/EOE/Veterans/Disabled.

Activity: 4-H Club Volunteer Date(s): 2019-2020

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 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.)

TOTAL VOLUNTEER HOURS: _____ 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: Susan Busler Telephone Number: 503-623-8395

Unit/Department: Polk County 4-H

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.

VOLUNTEER ASSUMPTION OF RISKActivity: 4-H Club Volunteer Date(s): 2019-2020**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.

Polk County 4-H Leader Profile Update Form 2019-2020

Name: _____

We are updating our volunteer leader files to see what skills and interests are in our volunteer pool. Please fill out the following questions and add any additional information that you think may be valuable!

Occupation (former occupation if retired): _____

Do you have any advanced training or trade school experience? _____

Do you have any technology skills you'd be willing to share? If so, what is your level of proficiency in the following areas:

Excel: _____ Publisher: _____

Word : _____ Facebook: _____

Twitter: _____ Quick Books: _____

Do you have any medical or emergency medical technician (EMT) skills or training? _____

Are you interested in learning anything new? Such as _____

What special skills and interests to you have? Such as: gardening, animal husbandry or training, food preservation, sewing, outdoor skills, environmental/ecology, fishing, food preparation, entomology, handicrafts, knitting, mechanical, small engines, beekeeping, woodworking, cheese making, geology, electricity, wild edible plants...the list is endless. _____

Do you have any ideas for new 4-H projects or expansion areas that you would like to find other like-minded volunteers to join efforts with? _____

Are you willing to help with...?

___ A STEP class (Short Term Educational Programming)?

___ Staff information or promotional booths?

___ Schedule and coordinate volunteers for special events?

___ Wood working & construction (small animal trays, signs)

___ Younger members (Cloverbuds ages 5-8)

___ Older youth (ages 9-18)

Please consider me for:

___ Committee Work

___ Extension Advisory

___ Leaders Association

___ Fair Superintendent

___ Event Coordination

Do you have anyone in mind that the 4-H Office should contact personally regarding becoming a 4-H Leader? If so, their name and contact info would be greatly appreciated.



2019-2020 POLK COUNTY 4-H PROJECT ENROLLMENT AREAS

4-H club based projects are open to youth 9 years-old old as of 9/1/2019

ANIMAL SCIENCE

Beef
Poultry
Pigeons & Doves
Turkeys
Dairy Cattle
Horses & Ponies
Rabbits
Cavies
Dogs
Other Animals (Pets)
Sheep
Swine
Goats, Dairy
Goats, Fiber
Goats, Pygmy
Goats, Meat
Veterinary Science

ENGINEERING

Woodworking
Lego
Rockets
GIS-GPS Geography
Computers
Electricity
Small Engines

HORTICULTURE

Container Gardening
Vegetables & Herbs
Flowers & Ornamentals

EXPRESSIVE ARTS

Art
Ceramics
Photography
Cake Decorating
Leather Craft
Fiber Arts

HOME ECONOMICS

Designing Spaces
Clothing/Textiles
Knitting
Crocheting
Food & Nutrition
Food Preservation
Outdoor Cookery
Business, Entrepreneur & Finance

NATURAL SCIENCE

Entomology
Angler Education/Aquatics
Geology
Marine Science
Forestry
Outdoor Ed & Recreation
Archery
Rifle
Pistol

LEADERSHIP/CITIZENSHIP

Cultural Education
Leadership Development Programs
(Includes Junior Leadership, 4-H Ambassador
and Camp Counselors)

Cloverbuds (Ages 5-8) 5 years old as of 9/1/2019

Ask us about other 4-H projects

Club openings are not guaranteed. We do not have 4-H Leaders for all project areas.

Revised 8/28/2019