



**Oregon State University**  
Extension Service  
Benton County



**Official Use Only**

Date: \_\_\_\_\_

Initials \_\_\_\_\_

## Oregon 4-H Volunteer Enrollment Form – Benton County 2019-2020

*There is no cost for Volunteer enrollment.*

**Legal Name** (please print) \_\_\_\_\_  
Last First Middle

**Preferred Name:** \_\_\_\_\_ **Gender:**  Male  Female

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**# of years volunteering in 4-H** (count this year) \_\_\_\_\_

**Ethnicity** (check one)  Hispanic  Not Hispanic

**Race** (check all that apply)

- White  Hawaiian/Pac. Island  Prefer not to state  
 Black/African American  Asian  
 Alaskan/Am Indian  Other

**Residence** (check one)

- Farm  Rural/10,000  Town/10-50,000  Suburb/50,000  City/50,000

**Military family?**  Yes  No If "YES" what branch? \_\_\_\_\_ Reserve/Guard? \_\_\_\_\_

**List any special accommodation needed to Volunteer in this program:** \_\_\_\_\_

Project Area	Club Name	# of years participating in this project as a volunteer?	Which is your Primary club?
<i>Example: Sheep</i>	<i>Wooly Wranglers</i>	2	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

# OFFICIAL 4-H HEALTH FORM

Rev. 1-2015

County **Benton County**

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

Name of event/activity **Oregon 4-H Events**

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:		

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

## OSU Extension 4-H Adult Agreement

OSU Extension 4-H Programs are committed to serving all youth (within age requirements) who are interested in learning and growing in 4-H. Adults are role models and guides. Adults support positive youth development when they provide safe environments as an important part of 4-H programming.

The purpose of this Adult Agreement is to clarify responsibilities of adults/supervisors regarding safety and well-being of youth in 4-H Programs. It is a privilege, not a right, to work with youth.

***The Oregon State University requests that all employees, volunteers, and others acting on behalf of OSU to:***

- A. Demonstrate honesty and make decisions based upon the greater good.
- B. Demonstrate respect toward the rights and dignity of others; show concern for the welfare of others; expect equality and impartiality; refrain from discriminating against, harassing, or threatening others.
- C. Use resources entrusted to our care wisely, ethically, and prudently to achieve the educational mission.
- D. Accept responsibility for personal choices and actions; not assign or shift blame or credit.

**As a volunteer, parent or support adult in OSU Extension 4-H programs/activities, 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, gender identity, national origin, age, marital status, disability, and veteran status.)*
- 2. Obey local, state, federal laws. Follow guidelines 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. Report suspected abuse as required by OSU. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate and model that verbal, emotional, or physical mistreatment is unacceptable within the program.
- 6. Establish and maintain safe environments for all participants. Act responsibility to protect participants, and keep confidential information *(e.g., health forms)* for those who need-to-know.
- 7. Not use alcohol, marijuana, or other mind-altering drugs, or be under those influences, while responsible for youth or OSU Extension 4-H programs.
- 8. Have fundraising promotion and activities approved through Extension staff to ensure appropriate use of the 4-H Name & Emblem. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. *(As public assets, 4-H funds must be used for educational purposes and can never be deposited into 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 required insurance coverage.
- 10. When animals are present, give appropriate care and treat them humanely. Help others do the same.

**Individual actions contrary to the statements above may be grounds for an adult to be removed from the 4-H program/activity area; or non-acceptance, suspension or dismissal from a 4-H volunteer role.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**CHECK ALL THAT APPLY**

I am a:  4-H Volunteer     4-H Parent/Guardian     Person w/ responsibility for a youth in 4-H

Aug. 2019

Sources: OSU Code of Ethics (July 2014 00475607;1) and OSU Extension 4-H Code of Ethics (July 2017)  
OSU Extension 4-H Volunteer Development, 4-H Program Leader, OSU Extension Regional Directors, County 4-H Professionals

**Activity:** 4-H Events **Date(s):** October 1, 2019-September 30, 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.)

Duties vary depending upon event.

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: Carolyn Ashton, Elli Korthuis & Maggie Livesay Telephone Number: 541-713-5000

Unit/Department: OSU Extension - Benton 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.

**COMPLETE BOTH SIDES OF THIS FORM**

**VOLUNTEER ASSUMPTION OF RISK****Activity:** 4-H Events **Date(s):** October 1, 2019-September 30, 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.

**COMPLETE BOTH SIDES OF THIS FORM**