



**Oregon State University**



New Enrollment .....   
 Re-enrollment .....

**\*= Required Field**

**Oregon 4-H Annual Adult Volunteer Enrollment Form** County\* \_\_\_\_\_

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 (that's this!)
- Conditions of Volunteer Service / Volunteer Assumption of Risk form (signatures required)
- Standard Health Form (signature required)
- Standards of Behavior for Employees and Volunteers Working in University Youth Programs (signature required)
- Oregon 4-H Participant Code of Conduct (signature required)
- OSU Youth Safety Training – completed in 4-HOnline

Paper forms can be returned to \_\_\_\_\_

**FAMILY INFORMATION** Family Email: \_\_\_\_\_

Family Last Name\*: \_\_\_\_\_ Family Mobile Phone\*: \_\_\_\_\_

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

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

**VOLUNTEER INFORMATION:** First Name\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last\*: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Number of previous adult years in 4-H \_\_\_\_\_

**Gender\***: (check one)  Female  Male  Non-binary  Gender identity not listed  Prefer not to respond

**Residence\***: (check one)  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)  American Indian/Alaskan Native  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
<b>Club Volunteer</b>	<b>Contact Volunteer</b> (Main/Contact leader for a club, address used for club contact)	<input type="checkbox"/> Yes	or	<b>Resource Volunteer</b> (assists with instruction or supports main leader)	<input type="checkbox"/> Yes
<b>Project Volunteer</b>	<b>Club Instructor</b> (Assists with projects in a club)	<input type="checkbox"/> Yes	or	<b>Resource Volunteer</b> (provides education, coaching, assistance in more than one club)	<input type="checkbox"/> Yes
<b>Activity Volunteer</b>	<b>Activity Volunteer</b> (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			
<b>Camp Volunteer</b>	<b>Camp Volunteer</b> (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 in Military?\***  Yes  No    **Who?:**  Self  Parent  Sibling  Family member  
**Status:**  Serving  Retired  
**Branch:**  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy  
 Not Applicable  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 any general needs here. If you expect to need accommodations for a specific event, contest, or activity, please complete the 4-H Accommodations Request Form found in Section 2 at [beav.es/4hrulebook](http://beav.es/4hrulebook).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ .

**Activity:** Oregon 4-H Adult Volunteer **Date(s):** October 1, 2025-September 30, 2026

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.)

...including but not limited to animal handling, horseback riding, shooting sports, use of sharp tools or equipment, food preparation, physical recreation, travel by vehicle, overnight stays, outdoor and environmental education activities, participation as chaperone at contests or fairs, and interaction with the public.

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 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**

**Activity:** Oregon 4-H Adult Volunteer **Date(s):** October 1, 2025-September 30, 2026**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:** \_\_\_\_\_

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**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**



## Standard Health Form

Name \_\_\_\_\_ Youth \_\_\_\_\_ Adult \_\_\_\_\_

<b>Allergies</b>	Yes	No	If yes, please describe the reaction and how it is treated.
Does this person have allergies or sensitivities (food, medication or environmental)?			
Are the allergies listed life threatening to this person? If yes, please describe the allergen and how it is treated.			
<b>Dietary Needs</b>	Yes	No	If yes, please list below.
Does this person have any dietary needs or restrictions?			
<b>Medication</b>	Yes	No	Please list any medications and instructions for administering.
Does this person require medication?			
<b>Additional Questions</b>	Yes	No	If yes, please describe.
Is this person currently under medical treatment? Do they have medical conditions, or a recent history of medical procedures, illness or injuries to consider during their participation?			
To support their needs, does this person use or rely on any devices?			
Is there anything that you would like us to know for the comfort or success of this individual at this activity or event?			
<b>Medical Insurance Information</b>	Yes	No	Company name & Policy Number
Is this person covered by medical insurance?			

I hereby give permission to the medical personnel selected by the person in charge of the 4-H event/program 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/program 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** (parent/guardian if minor) \_\_\_\_\_

**Date** \_\_\_\_\_

**This document is subject to change. Visit [youth.oregonstate.edu/standards](http://youth.oregonstate.edu/standards) for current version.**

### **Standards of Behavior for Employees and Volunteers in University Youth Programs**

As a condition of involvement in a university youth program, as defined in University Policy 07-040 *Protection of Minors*, all employees 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 Office of Human Resources or Department of Public Safety 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. 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 a program supervisor 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 located online at [youth.oregonstate.edu/standards](https://youth.oregonstate.edu/standards). (View web link for most current version).

I acknowledge that any violation of these standards could lead to disciplinary action, up to and including termination.

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Reviewed by: (Printed Name)

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Signature

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Date

# Oregon 4-H Participant Code of Conduct

## Definitions

- **“4-H Participant”** — youth 4-H members, youth attending 4-H events, and youth and adult volunteers.
- **“4-H event”** — all activities delivered by or in coordination with the OSU 4-H program, including but not limited to 4-H meetings, shows, camps, retreats, contests, fairs, or open house.

The 4-H Pledge inspires us to grow as individuals and contribute positively to our communities. “I pledge my Head to clearer thinking...” reminds us that learning, wise decision-making, and independence are central to the 4-H experience. Whether you're a youth member or an adult volunteer, we all share the responsibility to act with integrity, kindness, and respect.

## As a 4-H participant, I agree to uphold the following expectations:

### Respect and Responsibility

- Treat all people, animals, places, and property with care and respect.
- Speak and act respectfully toward others, including fellow participants (youth members and adult volunteers), staff, and partners.
- Be honest and take responsibility for my actions. If I make a mistake, I will acknowledge it and make amends.

### Safety and Well-being

- Act in ways that promote physical and emotional safety for me and others.
- Treat animals humanely and ensure their proper care.
- Follow all safety guidelines and wear appropriate clothing for activities and weather conditions.

### Participation and Engagement

- Be present, punctual, and actively engaged in scheduled 4-H activities.
- Cooperate with 4-H Participants (youth members and adult volunteers), Extension personnel, and community partners (FFA Advisors, Auction Committee Members and Fairgrounds Staff and Board Members).
- Communicate respectfully and promptly with 4-H personnel if any issues or conflicts arise.

### Use of Technology

- Use technology in ways that support learning, connection, and the goals of the program.
- Limit personal use of devices to appropriate times and settings.

## Healthy Choices

- Not use alcohol, tobacco, nicotine, marijuana, vapes, fireworks, weapons, illicit drugs, or non-prescribed medications at 4-H events. **Those showing signs of being under the influence during 4-H events may be asked to leave.**
- For youth participating at 4-H events refrain from possessing or using alcohol, tobacco, vaping products, fireworks, weapons, illegal drugs, or medications not prescribed to me or used improperly.
- Adult volunteers please center youth safety and positive role modeling when choosing what to have in possession during a 4-H event.

## Integrity and Accountability

- Follow the policies of Oregon State University, the OSU Extension Service, and the Oregon 4-H Youth Development Program including the 4-H Club Charter.
- Abide by all applicable federal, state, and local laws.

## Acknowledgment

I understand that these expectations are in place to ensure a safe, respectful, and enriching experience for everyone involved in 4-H. If I do not follow this Code of Conduct, I may be asked to leave the activity or event, and I may lose future participation privileges.

Participant Name (Printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

Parent/Guardian Signature (if participant is a minor): \_\_\_\_\_

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

Rev. 9/2025