

4-H “VOLUNTEERS” WORKING WITH MINORS



Presented by OSU
Risk Management,
Human Resources,
& Legal Counsel

With
emphasis on
4-H Youth
Development

September
2017



OVERVIEW

- ☘ **Scope – the why**
- ☘ **Who is a minor?**
- ☘ **Appropriate Behavior**
- ☘ **Recordkeeping Requirements**
- ☘ **Reporting Responsibilities**





SCOPE

Policy: 1-0135 Minors Participating in OSU Related Activities and Programs

Key Policy Points

- A. Transportation-
- B. Appropriate supervision
- C. Appropriate forms/documentation
- D. First aid and medical treatment
- E. Plans for severe weather.
- F. Curfews
- G. Code of conduct
- H. Prohibition of alcohol, tobacco, and illegal drugs
- I. Adequate supervision by adults





WHO IS A MINOR?

- Anyone under the age of 18
- Any 4-H/OCES sanctioned activity or event is considered an “extension” of the university campus.
- All of the following are under the authority and/or direction of the University
 - ✿ Extension Offices
 - ✿ 4-H clubs
 - ✿ School Enrichment
 - ✿ CNEP-EFNEP
 - ✿ 4-H Activities and Events at the C/D/S/N levels
 - ✿ Day and Overnight Camps
 - ✿ Workshops
 - ✿ Practices/workouts, etc.



APPROPRIATE BEHAVIOR WITH MINORS





ADULT SUPERVISION

- Avoid one-on-one contact with Minors
- Involve two or more certified volunteers and/or OCES employees
- Meet in open, well-illuminated spaces with windows observable by others
- Exceptions must be authorized
- Health care providers are an exception

Age	Ratio
Cloverbuds 5-7 year olds	One Adult to 6 youth
8-14 year olds	One Adult to 8 youth
15-17 year olds	One Adult per 10 youth



TRANSPORTING MINORS

- More than one adult in vehicle is best practice
- On campus employees should avoid using personal vehicles
- NEVER transport youth in the bed of a pickup.
- Be aware of Oklahoma's GDL.



Student Travel Policy 1-0133 (effective March 2015)

<https://stillwater.sharepoint.okstate.edu/Policies/Shared%20Documents/Student%20Travel.pdf>



ACTIVITIES WITH MINORS

- Do not meet with Minors outside of established/scheduled times
- Do not invite individual Minors to your home
- Exceptions require written parental authorization and must include more than one adult





PHYSICAL CONTACT

- Do not touch Minors inappropriately
- Touching should only be in the open/public and in response to the Minor's needs
 - Consistent with Program mission
 - Educational
 - Developmental
 - Health related
- Respect ANY resistance from the Minor





ABUSIVE CONDUCT

No abusive conduct of any kind

- Verbal
- Striking
- Hitting
- Punching
- Poking
- Spanking
- Restraining



If restraint is necessary incident must be documented.



MODESTY

- Do not shower, bathe, or undress with or in the presence of Minors
 - Schedule different shower times if common area showers are the only option
 - Be sure there are appropriate shower curtains or other barriers
 - Teen leaders/counselors should not undress in front of younger members and should practice modesty
- The custom of 4-H is that we do not have adults share a room with a youth unless it is their own child.
- In a camp setting adults can share a cabin or tent with multiple youth; however, this should be shared with parents in writing or at an orientation before the event.



SOCIAL MEDIA WITH MINORS

- Consent required to friend minor on Facebook or any social media technology
 - Do not recommend personal Facebook
 - Office/Club Facebook account only
- Enrollment Form – Written consent required to text message minor





SUBSTANCES AROUND MINORS

- Do not use, possess, or be under the influence of alcohol, tobacco or illegal drugs when responsible for or in the presence of a Minor's welfare.





4-H ADULT BEHAVIORAL GUIDELINES

1. Work cooperatively with youth, families, volunteers, Oklahoma Cooperative Extension Service faculty and staff, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model for youth.

A Parent or Volunteer's negative behavior, can jeopardize the membership status of a 4-H member. Persistent negative behavior can be grounds for withdrawing membership status from their child(ren).

2. Represent the Cooperative Extension Service and the 4-H program with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
3. Respect, adhere to, and enforce the rules, policies, and guidelines established by the Oklahoma Cooperative Extension Service and any other established rules or guidelines for sanctioned 4-H activities, this includes all state laws related to child abuse and substance abuse.



GUIDELINES CONTINUED...

4. Recognize that verbal, mental or physical abuse, hazing or committing criminal acts or being aware of the same are grounds for termination as a volunteer or 4-H educator.
5. Comply with equal opportunity and anti-discrimination laws. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regard to race, color, national origin, genetic information, sex, age, sexual orientation, gender identity, religion, disability, or status as a veteran.
6. Treat animals humanely and encourage 4-H youth and adults to provide appropriate and ethical animal care.



GUIDELINES CONTINUED...

7. Under no circumstances, allow or consume alcohol or illegal drugs at 4-H events or activities. Understand that the use of or being under the influence of alcohol or illegal drugs while in the presence of 4-H members and/or at 4-H programs or activities are grounds for termination as a volunteer or 4-H educator
8. The use of tobacco and vapor products in the presence of 4-H members and/or during 4-H events and activities is strongly discouraged, as the use of these products by minors is illegal.
9. Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth and adults participating in 4-H programs.



GUIDELINES CONTINUED...

- 10.** Accept responsibility to promote, conduct, and support 4-H programs in order to develop an effective county, district, state, and national 4-H program.

RECORDKEEPING REQUIREMENTS





RECORDKEEPING

 **Training Records**

 **Individual Participant Records**

 **Program Records**

Forms at <http://4h.okstate.edu/events-and-activities/forms>



RECORDKEEPING - Training

Training Records

- Documentation that prove training occurred
- Volunteer (adult and youth) training must be recorded in the 4-H Online Data Management System

YOUTH FORMS

There are three forms to be used with youth:

- Form 1 – Youth Participation Form
- ~~Form 2~~ – 2017 merged into Form 1
- Form 3 – Travel and Transportation Best Practices

Oklahoma 4-H Youth Development  Form 3

Transportation Best Management Practices

Oklahoma State University and Oklahoma 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to state laws and 4-H policies and procedures.

The State of Oklahoma is self-insured for vehicle liability coverage within limits pursuant to the "Governmental Tort Claims Act" (Title 51 & 151, et. Seq.). Coverage is applicable for volunteers who are involved in a traffic accident while performing an official duty sanctioned on behalf of the 4-H program. This does not include taking care of your family's personal 4-H business.

Oklahoma law requires all vehicles to be covered by liability insurance if they are being driven. Persons who are transporting 4-H youth and/or volunteers are required to possess a valid drivers license and have and maintain liability coverage as outlined by state law.

If 12-15 passenger vans are being utilized, per OSU Policy 1-0133, the driver must be 21 years old and must obtain a certification in Precision Driving from an approved facility in the type of vehicle they will be driving. Vans cannot be filled to capacity. See <http://4h.okstate.edu/for-educators/volunteer-management-system/powerpoint-presentations/vwm-handouts/student-travel-policy-march-2015>

The following are Best Management Practices regarding transportation of youth TO and FROM a 4-H Sponsored Event:

1. Parent/Guardian(s) are responsible for providing transportation for their child(ren).
2. Parent/Guardian(s) are responsible for making other arrangements for the transportation of their child(ren).
 - This is done at the pleasure and discretion of the parents.
 - ALL parties should be made aware of personal liability responsibilities.
 - Parents and/or guardians of both the driver and the passenger(s) should agree upon consent. A signed parental release letter or statement is an added safeguard.
3. Extension educator(s) and/or Certified Volunteer(s) can provide transportation.
4. Vehicle(s) should be in good repair with one functioning seat belt per person.
5. Transporting youth in the back of a pick-up is prohibited.
6. Drivers transporting youth for a sanctioned event need a current copy of each child's medical release form in the vehicle during transport.

Occasionally, parents may desire teens travel in a carpool to an event. Parents assume responsibility when allowing youth to travel together.

When youth drive their personal or family vehicle(s) to a 4-H event, they are expected to park and not use the vehicle during the event. By using the vehicle, they may be in violation of the Oklahoma 4-H Code of Conduct and may forfeit future rights to participate in 4-H activities.

The following questions are ones that would be part of the determination of liability in the event of an accident involving one or more vehicles.

- Was the activity consistent with the organization's mission?
- Was the activity a regular part of the organization's program?
- Did the organization permit such trips under its policies?
- Did anyone within the organization authorize the trip?
- Were the drivers properly licensed, following safety precautions, adequately trained and following state and/or federal law?
- What was the condition of the vehicle?
- Did the vehicle have adequate safety equipment? Did everyone use seatbelts?
- How was the behavior of the passengers?

3/23/2016

FORM 1 – OVERVIEW

- Emergency Contact Information
- Medical Information
- Insurance
- Allergies – medicine, food, plant, insects, allergens
- Dietary Restrictions or special needs
- Authorization for OTC Medications

The image shows a 'Youth Participation Form' from the Oklahoma State University Extension. The form is titled 'Form 1' and includes a green four-leaf clover logo. It contains several sections for data entry:

- Participant Information:** Fields for 'Today's Date', 'Event', 'Overnight Event' (Yes/No), and 'Name of Participant'.
- Address:** Fields for 'Address', 'City', 'State', and 'Zip'.
- Date of Birth:** Fields for 'Month', 'Day', and 'Year'.
- Medical Information:** A section with a disclaimer about the use of information for emergency purposes and a checkbox for 'I have a medical condition that requires special attention during the program.' Below this is a text area for 'Describe the condition and how it may affect your participation in the program.'
- Insurance:** A checkbox for 'Do you have health/accident insurance?' (Yes/No) and a field for 'Insurance Company Name'.
- Parent/Guardian Information:** Fields for 'Parent/Guardian Name', 'Address', 'City', 'State', 'Zip', 'Home Phone', 'Cell Phone', and 'Work Phone'.
- Emergency Contact Information:** Fields for 'Name', 'Relationship', and 'Phone' for both 'A1' and 'A2' contacts.

At the bottom, it says 'Revised 2011' and 'Page 1 of 8'.

Release 4-H/OCES/OSU/Board of Regents/etc. thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof.

FORM 1 – PAGES 3-4

Prescription Medication

- Must be completed for the participant to self-administer RX medication
- Must be updated prior to any Program/Activity/Event requiring a medical form
- RX - dosage and time of administration
- Any narcotic requires a licensed health care signature

Oklahoma 4-H Youth Development

Authorization, Waiver and Consent for Self-Administration of Prescription Medications

• This page must be completed in full in order for Participant to self-administer required **prescription medications**.

• **Prescription Medication(s) information must be UPDATED prior to any Program/Activity/Event requiring a medical information form to participate.**

• **Each prescription medication, dosage and time of administration must be noted.**

• **Self-medication of any narcotic requires a licensed health care signature on this form.**

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma or epilepsy may be brought to the 4-H event, program, or trip under the condition that the participant has written authorization to self-manage their care and the consumption/administration of medication.

Prescription medication must be in its original container labeled by the pharmacist and prescriber. Labels must include the name, address and phone number for pharmacist and prescriber's name. Containers must hold only the amount required for the time the participant will be attending the 4-H event.

I, _____ [Print Full Name of Parent/Guardian] have legal authority to consent to medical treatment, including the administration of the medication for this minor. Today's Date: _____

• I accept the responsibility to keep the prescription information current while my child is enrolled in 4-H.

Parent/Guardian Initials: _____

• I authorize and request self-medication by my child for the medications listed on this form.

Parent/Guardian Initials: _____

• I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. Parent/Guardian Initials: _____

• I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). Parent/Guardian Initials: _____

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Date: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/Frequency of administration: _____

If OTC (as needed), frequency: _____ If not: _____

Relevant side effects: _____

Medication shall be administered from state: _____

Special Storage Requirements: _____

Is the participant capable of self-managing? _____

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____

I hereby affirm that _____ has been instructed in the proper self-administration of the prescribed medication.

Prescriber's Signature: _____ Medication is a narcotic: _____ Date: _____

LIST ADDITIONAL PRESCRIPTION MEDICATIONS ON THE NEXT PAGE

Revised 2017 - highlights

Revised 2017 Page 3 of 8

YOUTH FORM 3

Transportation Best Practices

- Drivers are to be in compliance to state laws, University policies and 4-H procedures.
- OK law requires all vehicles be covered by liability insurance.
- Persons transporting 4-H youth and/or volunteers are required to possess a valid drivers license and insurance.
- Parent/Guardian is responsible for providing transportation or making other-arrangements for the transportation of their child.

Oklahoma 4-H Youth Development 

Transportation Best Management Practices Form 3

Oklahoma State University and Oklahoma 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to state laws and 4-H policies and procedures.

The State of Oklahoma is self-insured for vehicle liability coverage within limits pursuant to the "Governmental Tort Claims Act" (Title 51 & 151, et. Seq.). Coverage is applicable for volunteers who are involved in a traffic accident while performing an official duty sanctioned on behalf of the 4-H program. This does not include taking care of your family's personal 4-H business.

Oklahoma law requires all vehicles to be covered by liability insurance if they are being driven. Persons who are transporting 4-H youth and/or volunteers are required to possess a valid drivers license and have and maintain liability coverage as outlined by state law.

If 12-15 passenger vans are being utilized, per OSU Policy 1-0133, the driver must be 21 years old and must obtain a certification in Precision Driving from an approved facility in the type of vehicle they will be driving. Vans cannot be filled to capacity. See <http://4h.okstate.edu/for-educators/volunteer-management-system/powerpoint-presentations/vwm-handouts/student-travel-policy-march-2015>

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2. Parent/Guardians(s) are responsible for making other arrangements for the transportation of their child(ren).
 - This is done at the pleasure and discretion of the parents.
 - ALL parties should be made aware of personal liability responsibilities.
 - Parents and/or guardians of both the driver and the passenger(s) should agree upon consent. A signed parental release letter or statement is an added safeguard.
3. Extension educator(s) and/or Certified Volunteer(s) can provide transportation.
4. Vehicle(s) should be in good repair with one functioning seat belt per person.
5. Transporting youth in the back of a pick-up is prohibited.
6. Drivers transporting youth for a sanctioned event need a current copy of each child's medical release form in the vehicle during transport.

Occasionally, parents may desire teens travel in a carpool to an event. Parents assume responsibility when allowing youth to travel together.

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The following questions are ones that would be part of the determination of liability in the event of an accident involving one or more vehicles.

- Was the activity consistent with the organization's mission?
- Was the activity a regular part of the organization's program?
- Did the organization permit such trips under its policies?
- Did anyone within the organization authorize the trip?
- Were the drivers properly licensed, following safety precautions, adequately trained and following state and/or federal law?
- What was the condition of the vehicle?
- Did the vehicle have adequate safety equipment? Did everyone use seatbelts?
- How was the behavior of the passengers?

3/23/2016

<http://4h.okstate.edu/events-and-activities/forms/form-3-travel-transportation-best-management-practices-3-2016>

ADULT FORMS

There are two forms used with adults:

- **Form 4 – Adult Medical** (revised 7/2017)
- **Form 5 – *Adult Volunteer Risk and Release of claims/Publicity Release*** (revised 7/2017)
- **Form 6 – Employee Volunteer Risk and Release Claim** (discontinued 7/2017 and merged with form 5)



FORM 4 – ADULT MEDICAL

- Insurance
- Emergency Contact
- Health History and Medical Records
- Allergies – medicine, food, plant, insects, allergens
- Dietary Restrictions
- Restrictions or Assistance

OKMarsa 4-W Youth Development

EMERGENCY MEDICAL RELEASE

I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. I further recognize and understand that there may be situations where I require immediate medical or hospital care, and it may not be possible to give my consent. In such situations, I give permission to Oklahoma State University and its representatives (or agents) to provide this medical history form to health care personnel. I further authorize a physician, surgeon, other health care provider, or dentist to exercise judgment in providing any available alternatives to treatment decisions to be taken possible to provide

____ Date _____
 my health care providers in case of _____

MM/YY

OKMarsa 4-W Youth Development



Adult Medical
Form 4

Today's Date: _____		Residency: _____	
Program/Camp/Trip/Event: _____		Overnight Event: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARTICIPANT INFORMATION - REQUIRED			
Name of Participant: _____			
Address: _____		City: _____	State: _____ Zip: _____
Date of Birth: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
INSURANCE INFORMATION - REQUIRED			
Do you have health/accident insurance? (circle one)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Company Name: _____			
EMERGENCY CONTACT INFORMATION - REQUIRED			
#1 Name: _____	Relationship: _____	Phone: _____	
#2 Name: _____	Relationship: _____	Phone: _____	
HEALTH HISTORY AND MEDICAL RECORD (This section is optional)			
Types of Medications being taken: _____ List Medications: _____			
<input type="checkbox"/> Prescription <input type="checkbox"/> Over the Counter			
History of Allergies or reactions to: <input type="checkbox"/> Medication <input type="checkbox"/> Plants <input type="checkbox"/> Insects/Invertebrates <input type="checkbox"/> Other		Other Allergic Reactions: _____	
History of Food Allergies? <input type="checkbox"/> Egg <input type="checkbox"/> Milk <input type="checkbox"/> Soy <input type="checkbox"/> Wheat <input type="checkbox"/> Other		Sister food allergies: _____	
Dietary Restrictions or special needs? _____		Other (state's name): _____	
Physical, behavioral or mental conditions that could limit participation or require attention/assistance? <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Seizures <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other		Other (state's name): _____	
Go any of the following (MAY BE ASSISTANCE ONLY)? <input type="checkbox"/> Deafness/Deaf <input type="checkbox"/> Blindness/Blind <input type="checkbox"/> Speech/Communication <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Other		Other (state's name): _____	

Page 1 of 2

Revised 2017

Page 2 of 2

FORM 5 – AUTHORIZATIONS AND WAIVER

Content:

- No remuneration, compensation, benefits for services, including but not limited to workers' compensation insurance
- Services are completely voluntary
- Behavioral guidelines
- Publicity Release
- Adult Health Form
- Assumption of Risk – participation is not without some inherent dangers/hazards/risk or possible injury or death
- Insurance Statement

**Statement of Understanding
RISK and RELEASE OF CLAIMS,
PUBLICITY RELEASE FOR USE WITH NON-CERTIFIED 4-H VOLUNTEERS**

Assumption of Risk and Release of Claims:

- I, Volunteer, as a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, University and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefits, including, but not limited to, workers' compensation insurance coverage.
- I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge I am liable for the Volunteer Behavioral Guidelines or any other established rules/policies for sanctioned 4-H activities. I grant, for immediate dismissal as a 4-H Volunteer, and that as a Volunteer, I am not guaranteed my future employment with the Program, Extension Service, University and/or event organizers, nor am I guaranteed any future Volunteer position.
- I understand my assigned duties and have been provided a position description by the party in charge (Extension educator and/or 4-H volunteer).
- As an employee of OSU/OCES I acknowledge that I am attending this event as a 4-H function which is not part of my normal daily work routine. This event may include chaperoning or participating as an individual. As such, I acknowledge that I am using my own free will and do so as a volunteer without compensation as described below. I also acknowledge that if I participate during normal work hours I will be required to use approved leave or may lose normal compensation. **Waiver of Employee**

Publicity Release:
I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service and/or Oklahoma State University to photograph, film, audio/visual record and/or release my image and voice, and, to create, publish, perform, reproduce, edit, disseminate, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, in any form, and to use my name in connection therewith.

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE:
I understand it is my responsibility to complete the EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE form to participate in the event/program/activity. The completed form may be obtained from the Extension educator, 4-H volunteer, or attached to this form. Following the event the envelope will be returned to the Extension educator, 4-H volunteer, or attached to this form.

ASSUMPTION OF RISK AND RELEASE OF CLAIMS:
Being fully familiar with the activities of the 4-H Program, Extension Service, University and/or event organizers, I understand the nature and extent of the risks and hazards of the activities involved in said work and I hereby assume the responsibility for any personal injury or death which may result from the performance of my activities or events thereof. I further understand that any accident insurance or other insurance coverage or 4-H event organizers through American Income Life Insurance Co. or other insurance company, or coverage only, and I will be responsible for the costs associated with my care and treatment related to any personal injury or loss.

I acknowledge that I have read and understand the Statement of Understanding, Publicity Release and Assumption of Risk and Release and know and agree with the statements contained herein and agree to be fully bound by the same.

Signature: _____ Date: _____

Version: 2/1/2013
Revised: 12/2017

Positive Description – Attach any correspondence or information communicated to the individual.

Release 4-H/OCES/OSU/Board of Regents/etc. thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof.

WHO COMPLETES FORM 5

Episodic Volunteer: 4-H Volunteers/Parents - Local, County, District, Regional and State level assistance

- Judges
- Workshop Instructors
- Resource people from another agency/organization volunteering services with an official OCES/University program
- Etc.

Form 5: Statement of Understanding, Risk and Release of Claims, Publicity Release for Use with Non-Certified 4-H Volunteers. Revised 2017.

Name _____
County _____
Event _____ Date _____

Statement of Understanding
RISK and RELEASE OF CLAIMS,
PUBLICITY RELEASE FOR USE WITH NON-CERTIFIED 4-H VOLUNTEERS

DISCLAIMER:

- A Volunteer is a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, University and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefits, including, but not limited to, workers' compensation insurance coverage.
- I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge I accept the volunteer behavioral guidelines or any other established rules/policies for sanctioned 4-H activities.

As an employee of OHSU/OCES I acknowledge that I am attending this event as a 4-H function which is not part of my normal daily work activities. This event may include chaperoning or participating as an individual. As such I acknowledge that I am doing so of my own free will and do so as a volunteer without compensation as described below. I also acknowledge that if I participate during normal work hours I will be required to use approved leave or may lose normal compensation. **Initials of Employee:** _____

PUBLICITY RELEASE
I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service and/or Oklahoma State University to photograph, film, audio/visual record and/or release my image and name, and, to create, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, with or without my name in connection therewith.

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE
I understand it is my responsibility to complete the EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE form to participate in this event for any activity. The completed form may be placed in a designated area and will be available and utilized as part of the said event.

ASSUMPTION OF RISK AND WAIVER OF CLAIMS
Being fully familiar with the activities of the 4-H Program, I understand the nature and extent of the risks and hazards of the volunteer work and participate in the activities involved in said work with the understanding that I assume all risks and hazards of injury, including bodily injury and death. As such, I do hereby release, defend, hold harmless, and assume all responsibilities concerning my volunteer activities and I do for myself, my heirs, and assigns, my estate, and my personal representatives, my heirs, assigns, my estate, and my personal representatives, the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Oklahoma State University, the governing Board of Regents of the universities, and the event organizers through American Income Life Insurance Co. or other insurance companies, any and all claims, demands, and actions or causes of action of any kind, including but not limited to personal injury or death which may result from the performance of my volunteer activities in the activities or events thereof. I further understand that any accident insurance or other insurance coverage is provided for my benefit only, and I will be responsible for the costs associated with my care and treatment related to an accident.

I acknowledge that I have read and understand the Statement of Understanding, Risk and Release and Release and agree with the statements contained herein and agree to be fully bound by the same.

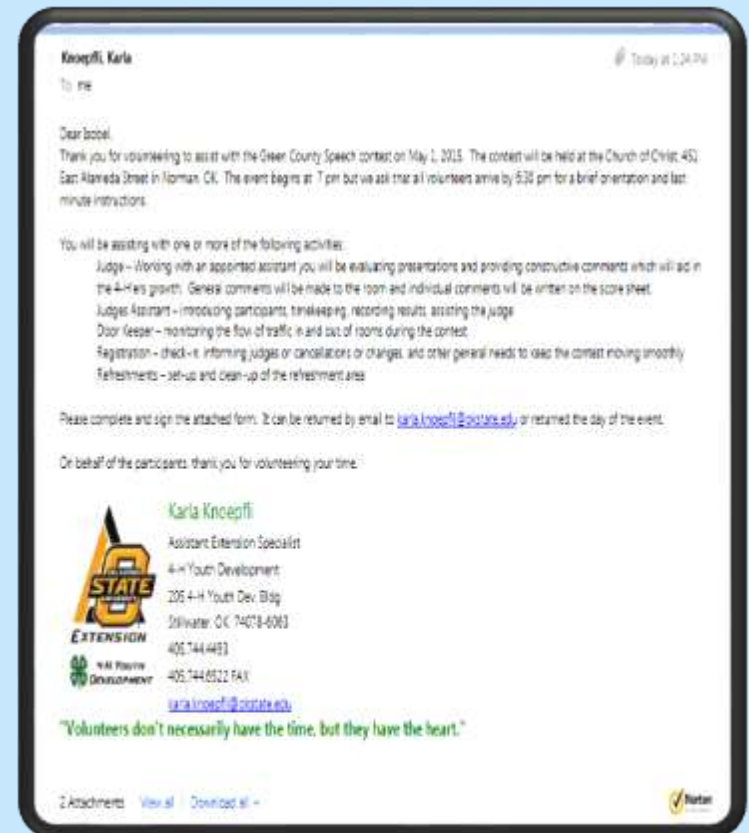
Signature _____ Date _____

Version 3/0/2013
Revised 3/2017

Publicity Release - 2017: any correspondence or information communicated to the individual.

POSITION DESCRIPTION

- Formal communication enlisting help and indicates expectations and responsibilities
- Used for both certified and episodic volunteers



EVENT MANAGEMENT

There are three forms to assist in good risk management practices:

- Form 7 – Activity and Event Intent
- Form 8 – Incident and Accident Report
- Form 9 – 4-H Crisis Management Plan



FORM 7 CONTENT

- This is the who, what, where, when and how of program planning.
- The process allows the group to think through potential risks and how to reduce or avoid them.

“Plan the Work and Work the Plan.”

OFFICE USE ONLY
Date Received

Place in club file.
Submit to Extension Educator Reviewed

Oklahoma 4-H Youth Development

Form 7

Activity and Event Intent Form

This form must be filed in the Extension Office anytime your club is doing something outside of the regularly scheduled club meeting date and time. **Keep one copy for your records and file a copy with the extension office before the activity/event. Return by FAX, e-mail, US post office or personal delivery.**

Examples of use: field trip, tour, overnight trip, conducting an event/activity such as a horse show, dog show, livestock show, community service project, project group meeting, etc.

Activity	Club Name	Contact Person(s)
DATE	TIME	Phone
Age of Youth Participants:		Email

PURPOSE FOR THE ACTIVITY/EVENT:

LOCATION/ADDRESS/PHONE NUMBER FOR THE ACTIVITY/EVENT:

TRAVEL/TRANSPORTATION PLANS - include route, stops for food or breaks, etc.. Be very specific with where you will be stopping and for what reasons. (Reason for stopping i.e. Stopping at Sulphur in route to Dallas. Stop will be for gas and restrooms. Or stopping at Sulphur for a picnic lunch at Mason Park.)

■ Overnight Activity/Event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Do you have activity/event insurance? Company _____ Policy # _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Did you purchase extra insurance for high risk activity(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Do you have Form 1, "Youth Participation", Form 4 Adult Health and Form 5 Adult 4-H Risk and Release for each participant? All forms have emergency contact information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Have you reviewed the health forms for any special conditions or other pertinent information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Is there pre-registration for the event? <small>(if yes, list the names of participant on page two. If no, submit a list of participants immediately following the event.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Have you completed the Crisis Management Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Do you have copies of Form 8 Incident and Accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
■ Do you have a first Aid Kit with surgical gloves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Revised 1/2015 Page 1 of 3

THINGS HAPPEN.....

Documenting an Incident or Accident

- Use form 8.
- Used by extension educators and volunteers.
- The person “in charge” completes and files the form.

Alabama 4-H Youth Development 

Forms 8

Incident/Accident Form

This form is track of injuries/incidents that occur during a 4-H activity or event. All club leaders and staff should have the forms on hand at all 4-H events and activities. This is to be turned in to the Extension Office and signed by the Volunteer in-charge, Club Leader, parent/guardian and an Extension Educator within 3 days. Copies can be made for club leaders and parents/guardians. The original will stay on file in the Extension Office. Forms will be kept on file in the county office until authorized to be destroyed.

- Incident Defined: An incident could be harassment, hazing, bullying, inappropriate language, a threat (verbal, physical, mental), inappropriate use of electronics/Internet, etc.
- Accident Defined:
 1. Bump, sprain, scrape, cut, scratch, etc. needing attention/medication.
 2. Bug bite, sunburn, headache, stomachache, etc. needing attention/medication.
 3. Emergencies or medical treatment requiring professional attention.
 4. Accident involving car, equipment, ATV, bicycle, tractor, boat, animal, etc.

Information in this report is for the injured person or persons involved in an incident

Check one: <input type="checkbox"/> Incident <input type="checkbox"/> Accident			
Name:	Date:	Time:	
Age:	4-H Club:		
Responsible Volunteer/Extension Educator:			
Name of Investigating Officer/Response Personnel/Doctor:			
Clinic/Hospital/Facility/Business Name:			
Location as well as site details:			
Total number of persons (youth and adults) involved _____			
Names of all persons (youth and adult) directly involved:			
Type of Injury/Accident/Incident:			

Effective 2/1/2015

Page 8 of 8

DEFINITIONS

Incident Defined: An incident could be harassment, hazing, bullying, inappropriate language, a threat (verbal, physical, mental), inappropriate use of electronics/intranet, etc.

Accident Defined:

- Bump, sprain, scrape, cut, scratch, etc. needing attention/medication.
- Bug bite, sunburn, headache, stomachache, etc. needing attention/medication.
- Emergencies or medical treatment requiring professional attention.
- Accident involving car, equipment, ATV, bicycle, tractor, boat, animal, etc.




REPORTING AN INCIDENT/ACCIDENT

WWM Form 8 – Incident/Accident Form

- Have *the form on hand at all 4-H events, activities and club meetings.*
- *Completed and signed by person in charge.*
- *Required set of signatures.*
- *File Within 3 days.*
- *Forms will stay on file in the county office until authorized to be destroyed.*

Oklahoma 4-H Youth Development

Incident/Accident Form  **Form 8**

This form is track of injuries/incidents that occur during a 4-H activity or event. All club leaders and staff should have the forms on hand at all 4-H events and activities. This is to be turned in to the Extension Office and signed by the Volunteer in-charge, Club Leader, parent/guardian and an Extension Educator within 3 days. Copies can be made for club leaders and parents/guardians. The original will stay on file in the Extension Office. Forms will be kept on file in the county office until authorized to be destroyed.

- Incident Defined: An incident could be harassment, hazing, bullying, inappropriate language, a threat (verbal, physical, mental), inappropriate use of electronics/internet, etc.
- Accident Defined:
 1. Bump, sprain, scrape, cut, scratch, etc. needing attention/medication.
 2. Bug bite, sunburn, headache, stomachache, etc. needing attention/medication.
 3. Emergencies or medical treatment requiring professional attention.
 4. Accident involving car, equipment, ATV, bicycle, tractor, boat, animal, etc.

Information in this report is for the injured person or person(s) involved in an incident

Check one: <input type="checkbox"/> Incident <input type="checkbox"/> Accident		
Name:	Date:	Time:
Age:	4-H Club:	
Responsible Volunteer/Extension Educator:		
Name of Investigating Officer/Response Personnel/Doctor:		
Clinic/Hospital/Facility/Business Name:		
Location as well as site details:		
Total number of persons (youth and adults) involved _____		
Names of all persons (youth and adult) directly involved:		
Type of Injury/Accident/Incident:		


Effective 2/1/2015 Page 1 of 2

FORM 9 CONTENT

Don't leave the county without Form 9.

Keep with Health Forms and blank Form 7 when out of the county.

A copy of Form 9 is to be quickly accessible in the Extension Office in the event of an emergency.

Oklahoma 4-H Youth Development  Form 9

4-H Crisis Management Plan

In the event there is an emergency please be prepared to follow protocol.

- Clubs have step one included as part of their Activity and Event Intent form 7 filed with county office prior to the event.
- Extension Educators should have form 9 when attending any Oklahoma 4-H/Oklahoma Cooperative Extension activity along with emergency contact information for parents of all youth attending. A copy of the Plan (form 9) is to be left quickly accessible in the county office.

STEP ONE – Club Leadership or County Educator

- Severe Weather/Fire/Evacuation Plan. Be sure it is communicated to youth and adults. Done
- Call 911 or appropriate emergency personnel Done
(Local hospital, minor emergency, etc.)
Have medical release and insurance information available for emergency personnel/hospital/clinic.
- See to any injured persons-using appropriate first aid. ASAP document treatment/action on Form 8. Done
- Safety and security of other participants has been addressed to avoid further injuries or incidents. Done
- Notify OSU Extension Office/Staff and be prepared to provide as much information as possible. Done
County Office # _____ Alternate number: _____
in the event the office is closed call:
4-H Educator _____ County Extension Director: _____
The Extension Office/personnel will continue communications through the appropriate protocol sequence. Do not talk to the any news media. All statements and information will be handled by OSU/OCES.
- Call or instruct the Extension Office to contact all parents of youth participating in accordance with the Clery Act (federal statute codified at 20 U.S.C. § 1092(f)). Release children only to parents or guardians listed on the "in case of emergency" contact form. Done
- Thoroughly complete and then file Form 8, Incident and Accident Form, with the Extension office immediately following the event. Done

STEP TWO – County Office

- Get all pertinent information, even information yet to be confirmed. Use the Incident/Accident Form 8 to assist in documenting what happened. The volunteer/county educator is responsible for filing their own version with extension office ASAP following the event. Done
- Alternate phone number in the event the Extension Office phones become clogged with calls for information. Phone # _____ Done
- Contact the District Office will all information during the work day. Outside of office hours contact the appropriate at district specialist _____ and/or district director _____ Done

Effective 2/1/2015 Page 1 of 2

Oklahoma 4-H Youth Development

participating in (2011). Be sure (s) listed on the	<input type="checkbox"/> Done
and any	<input type="checkbox"/> Done
STEP THREE – District Office	
	<input type="checkbox"/> Done
STEP FOUR – State Office	
	<input type="checkbox"/> Done
in as possible to the time, they will channels. After on as additional	<input type="checkbox"/> Done
for Club and County Office	
party (crisis and	<input type="checkbox"/> Done
ed,	<input type="checkbox"/> Done
dividuals and	<input type="checkbox"/> Done
of majority (18	<input type="checkbox"/> Done
	<input type="checkbox"/> Done

Page 2 of 2



THIRD PARTY OPERATORS

Contractual Agreement

Required content...

- Insurance
- Indemnity provisions



REPORTING RESPONSIBILITIES



Reporting Child Abuse and Neglect



18 U.S.C. 707



REPORTING

Under Oklahoma law you are required to report child abused or neglected

Emergency	911
OKDHS	800-522-3511
OSU Police	405-744-6523 or 311
EthicsPoint	866-294-8692 or www.osu.ethicspoint.com
OSU Director of Human Resources	(405) 744-7420.



No retaliation for reporting



INVESTIGATION

External

- DHS

Internal

- Within 24 hours notify supervisor
- OSU Police Department
- Office of the Vice President and General Counsel
- OSU Human Resources
- Dean of Student Affairs
- Office of Academic Affairs





VIOLATIONS OF POLICY

- Misdemeanor for not reporting
- Failure to report is grounds for termination, dismissal or expulsion
- Legal prohibitions regarding physical presence on campus



THANK YOU FOR KEEPING KIDS SAFE!

