



T-SHIRT Size \_\_\_\_\_

Native American?  Yes  No If yes, Tribe Name: \_\_\_\_\_

OSU or Langston Employee? See Authorization #5 pages 3-4.  Yes  No

The Cooperative Extension Service Office is responsible for providing volunteers a position description for each *Volunteer Type* in which they serve the Oklahoma 4-H Youth Development Program. The position descriptions can be downloaded at <http://4h.okstate.edu/for-educators/volunteer-management-system/volunteer-position-descriptions-2015-revisions>

Primary 4-H Club: \_\_\_\_\_ Volunteer Type:  Cloverbud Leader  Club Leader  General Volunteer  Project Leader  Activity Leader

Other 4-H Club: \_\_\_\_\_ Volunteer Type:  Cloverbud Leader  Club Leader  General Volunteer  Project Leader  Activity Leader

Other 4-H Club: \_\_\_\_\_ Volunteer Type:  Cloverbud Leader  Club Leader  General Volunteer  Project Leader  Activity Leader

Please designate Projects you are serving as or willing to serve as a project leader. Project work is the primary tool used by 4-H to interest youth. Project Leaders provide expertise, experience or simply leadership in project areas as they work with members. Local project groups are encouraged within a community club for small group focused subject matter study.

REQUIRED

- | A to E   | F - P  | R-V  |
|--|--|--|
| <input type="checkbox"/> Aerospace & Rocketry  | <input type="checkbox"/> Farm Machinery  | <input type="checkbox"/> Rabbits   |
| <input type="checkbox"/> ATV   | <input type="checkbox"/> Flower Gardening & House Plants   | <input type="checkbox"/> Recreation and Leisure Education  |
| <input type="checkbox"/> Automotive  | <input type="checkbox"/> Foods and Nutrition - <i>Breads, Cooking/Preparation, Preservation, Presentation, etc.</i>    | <input type="checkbox"/> Robotics  |
| <input type="checkbox"/> Beef  | <input type="checkbox"/> Gardens - <i>Fruits/Vegetables</i>  | <input type="checkbox"/> Safety - Home, Farm, School, Personal   |
| <input type="checkbox"/> Bicycle   | <input type="checkbox"/> Goats – <i>meat, milk and hair</i>  | <input type="checkbox"/> Science Engineering and Technology - <i>TechXcite, GPS, UAV, Computer Science, etc...</i> |
| <input type="checkbox"/> Childcare, Child Development  | <input type="checkbox"/> Health & Fitness  | <input type="checkbox"/> Sheep   |
| <input type="checkbox"/> Civic Engagement – <i>Government, Service Learning and Community Service (Citizenship)</i>                                    | <input type="checkbox"/> Hobbies and Collectables  | <input type="checkbox"/> Shooting Sports - <i>.22 Pistol</i>   |
| <input type="checkbox"/> Communication Arts - <i>Graphics, Writing/Poetry, Print, Story Telling, Filmmaking, Photography</i>                           | <input type="checkbox"/> Horse, Donkey, Mule   | <input type="checkbox"/> Shooting Sports - <i>.22 Rifle</i>  |
| <input type="checkbox"/> Companion Animals – <i>Dog, Cat, Pocket Pets, Guinea Pigs, Birds, Fish, Reptiles, Other</i>                                   | <input type="checkbox"/> Industrial Arts - <i>woodworking, welding, construction, etc.</i>                             | <input type="checkbox"/> Shooting Sports - <i>Air Pistol</i>   |
| <input type="checkbox"/> Consumer Education  | <input type="checkbox"/> International/Cultural Education - <i>exchange programs, service abroad, education abroad</i> | <input type="checkbox"/> Shooting Sports - <i>Air Rifle</i>  |
| <input type="checkbox"/> Dairy   | <input type="checkbox"/> Leadership  | <input type="checkbox"/> Shooting Sports - <i>Archery</i>  |
| <input type="checkbox"/> Design and Construction - <i>Apparel and Sewing</i>   | <input type="checkbox"/> Llama   | <input type="checkbox"/> Shooting Sports – <i>Hunting and Wildlife</i>   |
| <input type="checkbox"/> Design and Construction - <i>Hobbies and Textiles: Quilting, Knitting, Embroidery, Crochet, Fabric art, Crafts and Sewing</i> | <input type="checkbox"/> Meats   | <input type="checkbox"/> Shooting Sports - <i>Muzzle Loader</i>  |
| <input type="checkbox"/> Design and Construction - <i>Interiors, Personal Living Space and Sewing</i>  | <input type="checkbox"/> Meteorology - <i>Weather and Climate</i>  | <input type="checkbox"/> Shooting Sports – <i>Shotgun</i>  |
| <input type="checkbox"/> Electricity & Electronics   | <input type="checkbox"/> Natural Resources - <i>Wildlife and Fisheries, Game Birds, Forestry, Geology, Range</i>       | <input type="checkbox"/> Shooting Sports – <i>Western Heritage</i>   |
| <input type="checkbox"/> Energy - <i>wind, electric, hydro, solar, gas, oil, coal, etc.</i>  | <input type="checkbox"/> Ornamental Horticulture & Landscaping   | <input type="checkbox"/> Small Engines   |
| <input type="checkbox"/> Entomology and Bees   | <input type="checkbox"/> Outdoor Education - <i>Camping, Recreation, High Adventure, Hiking, etc.</i>                  | <input type="checkbox"/> Sportfishing  |
| <input type="checkbox"/> Entrepreneurship  | <input type="checkbox"/> Performing Arts: <i>Dance, Drama, Theater, Clowning, Mime, Music, etc.</i>                    | <input type="checkbox"/> Swine   |
| <input type="checkbox"/> Environmental Stewardship - <i>Recycling, Composting, Water Conservation, etc.</i>  | <input type="checkbox"/> Personal Development  | <input type="checkbox"/> Tractor and Machinery Safety  |
| <input type="checkbox"/> Expressive Arts: <i>Visual Arts, Drawing, Painting, Sculpture, Crafts, Leather, etc.</i>                                      | <input type="checkbox"/> Photography   | <input type="checkbox"/> Vet Science   |
|  | <input type="checkbox"/> Plant and Soil Sciences   |  |
|  | <input type="checkbox"/> Postmark  |  |
|  | <input type="checkbox"/> Poultry   |  |
|  | <input type="checkbox"/> Public Speaking   |  |

## Adult Volunteer Participant Authorizations

All boxes must be answered

<p><b>#1. Assumption of Risk and Release of Claims:</b> Being fully familiar with the activities of the 4-H Programs, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the Oklahoma 4-H Program, the Oklahoma Cooperative Extension Service, Oklahoma State University, the governing Board of Regents of the universities, and all officers, agents, and/or employees 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. I further understand I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.</p>	<input type="checkbox"/> Agree	
<p><b>As an OSU/Langston/Extension Employee</b> (which includes any campus or extension of these universities in Oklahoma, including OCES Program Assistant, Support Staff and other non-exempt OSU Staff) I acknowledge that I am serving as a "4-H Volunteer"; 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 doing so of my own free will and do as a volunteer without compensation. I also acknowledge that if I participate during normal work hours I will be required to use approved leave or I may lose normal compensation</p>	<input type="checkbox"/> NOT an Employee of OSU or Langston Universities	<input type="checkbox"/> YES, as a OSU or Langston Employee I am serving as a 4-H Volunteer which is not part of my normal daily work routine.
<p><b>#2. Adult Behavioral Guidelines</b> – I have read the Behavioral Guidelines on page 7 and understand that breaching the behavioral guidelines can be grounds for severing my relationship as a volunteer with the Oklahoma 4-H Youth Development Program.</p>	<input type="checkbox"/> Agree	
<p><b>#3. Medical Release</b> - I understand it is my responsibility to complete the EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL CARE form to participate in some events/programs/activities. 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 representative(s) or agent(s) to provide this medical history form to health care personnel. I further authorize a physician, surgeon, other health care provider, or dentist to exercise his/her professional judgment and assess the risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for my health and safety, and I authorize any hospital, clinic, or other health care provider to provide reasonable and necessary medical treatment or supplies.</p>	<input type="checkbox"/> I agree that I am aware of and understand the position of OSU and 4-H Youth Development in my care and treatment.  As part of the enrollment process each volunteer is encouraged to complete the online or attached Health Form (pgs 5-6), but it is not required. <i>It will be the individual's responsibility to update the information on the form as medical conditions, treatments or prescriptions change during the year.</i>	
<p><b>#4. Publicity Release</b> - I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service and/or Oklahoma State University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.</p>	<input type="checkbox"/> Consent Given	<input type="checkbox"/> DECLINE-do not use my name and/or photo for any publicity.
<p><b>#5. Statement of Understanding</b></p> <ul style="list-style-type: none"> <li>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, Universities and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers' compensation insurance coverage.</li> <li>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 understand I am not guaranteed any future employment with the Program, Extension Service, University and/or event organizers, nor am I guaranteed any future Volunteer position.</li> </ul>	<input type="checkbox"/> I have read and understand the Statement of Understanding	

REQUIRED

- To comply with OCES - 4-H Youth Development guidelines, I understand a formal background check will be completed by a designated third-party agency 1) every four years, 2) if there is a break in enrollment of one year, and/or 3) some reported adverse action would require an additional background check.
- I understand my role/duties as a 4-H volunteer as provided by the Extension Educator.

**#.6 AS A 4-H VOLUNTEER I AGREE:**

- To provide a positive educational environment that will enable youth to grow, learn and develop friendships.
- To promote responsibility, personal growth and goal setting in 4-H projects by each member.
- To inform 4-H members and families of Extension program opportunities.
- To serve at the pleasure of the Oklahoma Cooperative Extension Service/OSU.
- That a breach in the Volunteer Behavioral Guidelines or any other established rules/guidelines for sanctioned 4-H activities is grounds for immediate dismissal as a 4-H Volunteer.
- To annually complete a minimum of four (4) continuing education/volunteer trainings, as well as required Working with Minors training and Title 7/9 training or my status can become probationary, inactive or revoked. The number of required trainings is subject to review and change by the OCES 4-H Youth Development Program.
- To participate in Parent-Volunteer Association/county leader’s council meetings and committee work.
- To actively seek volunteers/youth from a variety of racial, ethnic, religious and socio-economic groups.
- To recruit and involve other volunteers in programming efforts.
- To maintain sound working relationships with county Extension Educator and fellow volunteers.
- To be supportive of Extension programs.
- To inform county Extension Educator of needs and changes necessary for the continued growth of the 4-H program.
- As a Club Leader or Cloverbud Leader I have signed and returned my position descriptions to the Extension office.

Agree

Yes

No

**#7. My signature indicates that:**

- I have read this entire enrollment package and agree to provide leadership and assistance to 4-H members, volunteers and the 4-H Youth Development effort in Oklahoma on the terms and conditions set forth herein.
- I have received a position description for my role(s) in my club and county.  yes  no

**Volunteer's Signature**

**Date**



**ANNUAL ENROLLMENT PACKET**  
**Adult Medical**  
**Form 4**

Today's Date:		County	
<b>PARTICIPANT INFORMATION - REQUIRED</b>			
Name of Participant:			
Address:	City:	State:	Zip:
Date Of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<b>INSURANCE INFORMATION - REQUIRED</b>			
Do you have health/accident insurance? (circle one): <input type="checkbox"/> YES <input type="checkbox"/> NO			
Insurance Company Name:			
<b>EMERGENCY CONTACT INFORMATION - REQUIRED</b>			
#1 Name	Relationship	Phone:	
#2 Name	Relationship	Phone:	
<b>HEALTH HISTORY AND MEDICAL RECORD (This section is optional)</b>			
<b>Types of Medications being taken</b> <input type="checkbox"/> Prescription <input type="checkbox"/> Over the Counter		List Medications:	
<b>Medical Marijuana</b> - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act.  While the use of medical marijuana has been legalized in the state of Oklahoma, federal law prohibits the use, possession or cultivation of marijuana for any reason on the OSU campus and also prohibits the use and distribution of marijuana for any reason at events authorized or supervised by OSU (which includes programs offered by the Oklahoma Cooperative Extension Service and 4-H).			
History of Allergies or reactions to:	<b>Check ALL Allergies/Reactions</b> <input type="checkbox"/> Medication <input type="checkbox"/> Insects/stings/bites <input type="checkbox"/> Plants <input type="checkbox"/> Other		Explain Allergies/Reactions:
History of Food Allergies?	<b>Check ALL Allergies</b> <input type="checkbox"/> Eggs <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Wheat <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Other		Explain Food Allergies:
Dietary Restrictions or special needs?	Explain Dietary Needs:		
Physical, behavioral or mental condition that would limit participation in normal activities/projects?	<b>Check ALL that apply</b> <input type="checkbox"/> ADD/HDHD <input type="checkbox"/> Epilepsy/Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Autism/Asperser's <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Diabetes <input type="checkbox"/> Other		Explain Condition/Limitation(s):
Do any of the following Medical Assistance apply?	<b>Check ALL that apply</b> <input type="checkbox"/> Dentures/Dental Plate/Partial/Retainer <input type="checkbox"/> Prosthetic <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Wheelchair/Walker/Cane/Crutches <input type="checkbox"/> Hearing Aid/Implant <input type="checkbox"/> Other		Other: (Explain)

**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 representative(s) or agent(s) to provide this medical history form to health care personnel. I further authorize a physician, surgeon, other health care provider, or dentist to exercise his/her professional judgment and assess the risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for my health and safety, and I authorize any hospital, clinic, or other health care provider to provide reasonable and necessary medical treatment or supplies.

For personal reasons I decline medical treatment Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I authorize the medical information on this form to be provided to any health care providers in case of an emergency.

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

Volunteer/Paid Staff/OCES Employee

MM/DD/YY

Oklahoma 4-H Volunteer Management System  
**BEHAVIORAL GUIDELINES**  
 For Extension Educators and Volunteers  
 Working with Oklahoma 4-H Youth Development Programs

These guidelines are not “all inclusive”, the Extension Service reserves the right to make adjustments to the Code of Conduct.

**Breaching the behavioral guidelines can be grounds for severing one’s relationship as a volunteer with the Oklahoma 4-H Youth Development Program.**

Oklahoma families and other youth service programs trust in the Oklahoma Cooperative Extension Service to provide educational programs in a safe environment for participating youth. Adults who assume educator and volunteer roles within Extension have the opportunity for a rewarding experience. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavioral expectations have been established for persons serving in educator and volunteer roles within Oklahoma Cooperative Extension Service programs.

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.
4. Recognize that verbal, mental or physical abuse, hazing or committing criminal acts, being aware of without reporting 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.
7. Under no circumstances, allow or consume alcohol, illegal drugs or any medical or marijuana products at 4-H events or activities. Understand that the use of or being under the influence of alcohol, legal 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.
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.

**Keep page 7 for your personal records.**