University of California
Agriculture and Natural Resources ▮ 4-H Youth Development Program

Adult Volunteer Application Form

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

Step 1: REQUIRED FORMS, BACKGROUND CHECK, AND ORIENTATION

Required Annually	**Form:** Enrollment Form with signatures	*(kept on file at the County 4-H Office)*
Required Annually	**Form:** Waiver of Liability	*(kept on file at the County 4-H Office)*
Required Annually	**Form:** Treatment Authorization Form and Health History	*(kept on file by the local 4-H Club/Unit Leader)*
Required Annually	**Form:** Volunteer Confidential Self-Disclosure Form	*(kept on file at the County 4-H Office)*
Required First Year	Complete the background screening process including a Live Scan or BID-7 Finger Print Form	
Required First Year	Participate in a required 4-H Adult Volunteer orientation	

Step 2: PAYMENT - The following payment is required to enroll in the 4-H program.

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

4-H Club/Unit Program Fees	$
County 4-H Program Fees	$ 1.00
State 4-H Accident/Sickness Insurance and Program Fees (non-refundable after enrollments are made Active in 4hOnline)	$14.00 per adult
Total	**$** 15.00

Step 3: Return the forms and payment to the 4-H Club/Unit Leader or the County 4-H Office.

Once all steps have been completed, the County 4-H Office must confirm your appointment.

For more information about 4-H Enrollment, please contact:

4-H Club/Unit Leader	County 4-H Office University of California Cooperative Extension

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In compliance with the California Information Practices Act of 1977, the following information is provided:
The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to John I. Sims, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.

Adult Volunteer Code of Conduct

PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

All 4-H adult volunteers are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H adult volunteers are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Adult Volunteer Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.
7. Follow the *California 4-H Dress Guidelines* - http://4h.ucanr.edu/files/210170.pdf

PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H adult volunteers when engaged in any 4-H activity. The UCCE County Director* may, if necessary in their sole judgment, immediately limit, suspend, or terminate the services of any 4-H adult volunteer that does not comply. In such instances, the decision of the UCCE County Director* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs and/or any other inappropriate materials. Participation while impaired in a manner that impedes the ability to perform the assigned volunteer duties.
2. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
3. Use of abusive, obscene, and/or discriminatory language.
4. Attack or harassment; whether verbal, physical, written, or by the use of social media.
5. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
6. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
7. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
8. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Engage in a romantic relationship with a youth member at any time.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

I acknowledge that I have received, read, and will abide by the 4-H Adult Volunteer Code of Conduct. I understand that my appointment as a 4-H adult volunteer is contingent upon my compliance and that failure to comply may result in limitation, suspension, or termination of my service as a 4-H adult volunteer. I also understand that when functioning in the role as a parent, guardian, or adult participant I will abide by the Parent, Guardian, or Adult Participant Code of Conduct. (To obtain a copy go to http://4h.ucanr.edu/files/4717.pdf or contact your County 4-H Office.)

By my signature on the 4-H Adult Volunteer Application Form, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H Adult Volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a 4-H Adult Volunteer.

**When referring to multi-county (outside the authority of a single County Director), sectional, or state level this authority extends to the State 4-H YDP Director.*

Photograph and Information Release

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.

University of California
Agriculture and Natural Resources ▮ 4-H Youth Development Program

Adult Volunteer Application Form

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name: _____

Email: _____

Phone: _____

Email given will be used for 4hOnline Enrollment system login. May be same as Adult Email.

Adult Volunteer Information

First Name		Email	
Last Name		Years in 4-H	
Address		City, State, Zip	
Birth Date		Gender	☐ male ☐ female
Primary Phone		Cell Phone	
Work Phone, ext.		Fax	

Emergency Contact Information

First & Last Name:		Home/work/other Phone:	
Relationship:		Cell Phone:	

Ethnicity

Are you of Hispanic ethnicity? ☐ Yes ☐ No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race What is your race?	**(If No is selected for Ethnicity, at least one option below must be selected.) Please select all categories that apply.**
☐ **American Indian or Alaskan Native**	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
☐ **Asian**	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **Black or African American**	A person having origins in any of the Black racial groups of Africa
☐ **Native Hawaiian or Pacific Islander**	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **White**	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ **Prefer Not to State**	

Residence

☐ Farm *(Rural area where agricultural products are sold)*
☐ Town under 10,000 and rural non-farm
☐ Town/City 10,000 – 50,000 and its suburbs
☐ Suburb of city more than 50,000
☐ Central city more than 50,000

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Military

- ☐ No one in my family is serving in the military
- ☐ I have a parent serving in the military
- ☐ Myself, and/or my spouse is currently serving in the military
- ☐ I have a sibling serving in the military
- ☐ I have a son/daughter serving in the military

Branch

☐ Air Force ☐ Army ☐ Coast Guard ☐ DoD Civilian ☐ Marines ☐ Navy

Component

☐ Active Duty ☐ National Guard ☐ Reserves

Education

- ☐ Decline to State
- ☐ Less than 9th grade
- ☐ 9th to 12th grade, no completion
- ☐ High school completion
- ☐ Some college (no degree)
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Master Degree
- ☐ Professional Degree
- ☐ Doctorate Degree

Alumni

Last year you were enrolled in 4-H: County: State:

County Newsletter Preference

☐ Postal ☐ Email ☐ Sign-Up for State Electronic Newsletter

Club *Contact the County Office for a list of clubs and projects being offered this year to enroll in.

Club/Unit Name	Leadership Role		
	☐ Primary Community Leader ☐ Assistant Community Leader ☐ Co-Community Leader	☐ Treasurer Advisor ☐ Online Record Book Coordinator	☐ Enrollment Coordinator ☐ Executive Board/Officer Advisor

Project

Club/Unit Name	Project Name	Years in Project	Leadership
			☐ Project Leader ☐ Ass't Project Leader ☐ Project Specialist (Resource Leader) ☐ Other Volunteer:
			☐ Project Leader ☐ Ass't Project Leader ☐ Project Specialist (Resource Leader) ☐ Other Volunteer**:**

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability and Volunteer Confidential Self-Disclosure Form.

Adult Signature	**Date**

County Use Only					Club Use Only		
							CASH OR CHECK#
Volunteer ID#	Waiver of Liability	Background Check	Self-Disclosure	Orientation	Date Received	Treatment Authorization and Health History	Fees Paid $

University of California
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Adult Volunteer Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name Last Name Club/Unit Name

County and State

From: **July 1, 2016** to **December 31, 2017**

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION:

First & Last Name: _____ Home/work/other Phone: _____

Relationship: _____ Cell Phone: _____

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

_____ Date

Signature

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

_____ Date

Signature

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name | Last Name | County | Date of Birth

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:
☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if you have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name _____ **(Please Print)**

County _____ **Club/Unit** _____

Waiver: In consideration of being permitted to participate in any way in ***California 4-H Youth Development Activities and Projects***, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in ***California 4-H Youth Development Activities and Projects***.

Assumption of Risks: Participation in ***California 4-H Youth Development Activities and Projects*** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in *California 4-H Youth Development Activities and Projects*. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in ***California 4-H Youth Development Activities and Projects,*** and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____ _____

Signature of Parent/Guardian of Minor or Adult Participant Date

Age (if minor) _____

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

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Volunteer Confidential Self-Disclosure Form

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE (IN A SEALED ENVELOPE WITH ADULT VOLUNTEER'S SIGNATURE ALONG THE ENVELOPE SEAL.)

Name of 4-H Club/Unit | First Name | Last Name

Mailing Address | City | State | Zip

The purpose for requesting the information on this form is to provide a safe environment for young people involved with 4-H activities. **Furnishing all information requested on this form is mandatory. Failure to provide this information will delay or prevent appointment as a 4-H Adult Volunteer**. Local programs may also require additional information before appointing 4-H Adult Volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with the Division of Agriculture and Natural Resources Administrative Handbook, Section 402. Information on these policies may be obtained from the Controller and Business Services Director, Agriculture and Natural Resources, University of California, 1111 Franklin Street, 6th Floor, Oakland, CA 94607-5200, or via the Internet at: http://ucanr.edu. The official responsible for maintaining the information contained on this form is the Cooperative Extension County Director.

1. Have you been convicted of a felony in the last ten years? ☐ Yes ☐ No
2. Has anyone living with you been convicted of a felony in the last ten years? ☐ Yes ☐ No
3. Have you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
4. Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
5. Has your driver's license been suspended or revoked in the last ten years? ☐ Yes ☐ No
6. Are there any other facts or circumstances involving your background or background of others in your household that would call into question your being entrusted with the supervision, guidance, and care of young people? ☐ Yes ☐ No
7. Do you have a valid driver's license? State: _____ ☐ Yes ☐ No
8. University of California (UC) requires volunteers to maintain minimum automobile liability coverage of $50,000 per accident claim/$100,000 in aggregate/ $50,000 for property damage.
   Do you have this level of coverage? ☐ Yes ☐ No
   If no, what is your coverage? _____ per accident, _____ in aggregate, _____ property damage?
9. I understand that UC provides secondary liability coverage in the event of an accident during 4-H business and if my coverage is below the UC minimums, I am liable for the difference between my policy limits and UC's secondary coverage. _____ initial
10. If you answered "***Yes"*** to questions 1-6, or "***No***" to 7 or 8, please explain:

By signing below, I certify that the information above and on my application is true and correct. In addition, I have read, understand and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability, and Volunteer Confidential Self-Disclosure Form. I also understand that this application must be approved and my fingerprints cleared through the Department of Justice before my service as a volunteer begins. Volunteer appointments are for a period of one year.

_____ Date

Applicant Signature