



# Adult Enrollment Form

Family Email \_\_\_\_\_

Nearly all correspondence is sent via email. Please use a valid & regularly checked email.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Gender  Male  Female

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

May we include the above information in our Annual Leadership Directory? Yes \_\_\_ No \_\_\_ Phone only \_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Birthdate \_\_\_\_\_ Years in 4-H as a Leader \_\_\_\_\_

List any special accommodation for a disability to participate in this program. \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

## Enrollment

Ethnicity Are you of Hispanic ethnicity?  No  Yes (please indicate both an ethnicity and race)

Race  White  Native Hawaiian or Pacific Islander  
 Black  Asian  
 American Indian or Alaskan Native  Prefer Not to State

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

\*Volunteer types: Contact Leader (main leader for club), Project Leader (assists contact leader), Resource Leader (specialized leader, usually short-term)

Club	Volunteer Type*	Project	Years

County Only

Health Form \_\_\_ Code of Ethics Form \_\_\_ Media Release \_\_\_ Conditions of Volunteer Service \_\_\_

**Volunteer Agreement  
4-H Code of Ethics**

*The purpose of the Volunteer Agreement is to help ensure the safety and well-being of all Oregon State University Extension 4-H program participants. The opportunity to represent the OSU Extension Service and work with 4-H youth is a privileged role to be held by those who are willing to agree to behaviors that fulfill this trust.*

*As a volunteer in the OSU 4-H Youth Development Program, I agree to . . .*

1. Focus on the educational mission of the land grant university, including the equal opportunity and anti-discrimination policies. (*"4-H programs are accessible without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, and veteran status."*)
2. Obey local, state, federal laws. Follow specific guidelines established for county, state, and national 4-H programs.
3. Accept support and/or supervision from Extension program staff or designees.
4. Treat others courteously. Be a positive role model. Exhibit good sportsmanship.
5. Establish and maintain safe environments for all participants. Act responsibly to protect participants.
6. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate that verbal, emotional, or physical mistreatment is unacceptable within the program. Report suspected abuse to protect those who cannot protect themselves.
7. Not consume alcohol or be under its influence while responsible for 4-H programs or youth.
8. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (Fundraising activities must be approved by Extension staff. 4-H funds are public assets, need to be expended for educational purposes, and must not be a part of a private individual's bank account.)
9. Handle equipment and machinery in a safe and responsible manner. Operate vehicles only with a valid operator's license and the legally required insurance coverage.
10. Treat animals humanely and provide them appropriate care. Teach youth to do the same.

*I have read, understand, and agree to the OSU Extension Service Volunteer Agreement above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for non-acceptance, suspension or termination of my volunteer role with the OSU Youth Development Program.*

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Signature of Adult Volunteer

Date

Revised September 2012

Media Release

I give permission to use my image, in videotape, audiotape, film, photography, or in any other medium for educational, fundraising, or promotional purposes related to the Oregon 4-H program. I understand that such images may be published in a variety of ways, including, but not limited to, print and electronic formats. In addition, I give permission to release my name and hometown to news media for recognition purposes.

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Signature of Adult Volunteer

Date

PLEASE PRINT

Group:			
Activity:		Date(s):	
Participant:	(Name)	Age:	Sex:
	(Street Address)		
	(City)	(State)	(Zip)
	(Home Phone)	(Work Phone)	(Cell Phone)

### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY (With Participant Insurance)

*Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to (INSERT Department contact name \_\_\_\_\_ and Department address/phone \_\_\_\_\_ for contact). If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) describe above may include activities that may cause injury and dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

**With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I understand there is limited medical coverage that covers me for injury or illness while participating in the **ACTIVITY**. This limited medical coverage will cover me as the primary insurance up to its limits. If the injury or illness exceeds the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY** in excess of the coverage limits. I will indemnify and hold the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its employees, directors, officers, and agents (hereafter referred to as **UNIVERSITY**) harmless with respect to any and all claims, injuries, and costs associated with my participation in this **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rules and Regulations (*including Student Code of Conduct, when applicable*) and with any state and city laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**.

I recognize and acknowledge that **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release **UNIVERSITY** to use material from blogs associated with **ACTIVITY** without restrictions or limitations for any educational or promotional purpose. *\*For minor participants, parent/guardian may opt out of this on the reverse side of the form.*

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

To the extent permitted by law, and in consideration for being allowed to participate in the **ACTIVITY**, I hereby save, hold harmless, discharge and release the **UNIVERSITY** from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the **ACTIVITY**, whether caused by the negligence or carelessness of the **UNIVERSITY** or otherwise.

**COMPLETE BOTH SIDES OF THIS FORM**

ORM-REV. 7.12

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

MEDICAL INFORMATION

I hereby certify that, with or without accommodation,\* I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

NAME OF CONTACT PERSON IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
(street)

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(city) (state) (zip)

\*If you have a disability requiring an accommodation please contact (INSERT Dept contact name and phone number) \_\_\_\_\_  
\_\_\_\_\_ at least one week (7 days) before the date of the ACTIVITY.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

DATE \_\_\_\_\_ PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**\*Participants who are not 18 years of age or older must sign above and also must obtain the signature of a parent or legal guardian below\***

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**MEDIA OPT OUT:** As the Parent/Guardian for the Participant named on the front of this form I choose to exclude my minor child from participation that may be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**OFFICIAL 4-H HEALTH FORM**

Rev. 9-09

County Klamath

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

Name of event/activity Klamath County 4-H Program

Participant's Name: \_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_ - \_\_\_\_\_

Street Address

City

State

Zip Code

Participant is:    Adult    Youth    Male    Female

Grade

Birth Date

Home phone

Emergency Contact: \_\_\_\_\_

Name

Relationship

Daytime phone

Evening phone

Cell phone

Other

**Health Statement** (to be completed by parent, physician or adult participant)

Is the participant currently under medical treatment? (describe)	Yes	No	Does the participant have any history of respiratory illness? (describe)	Yes	No
Is the participant diabetic?	Yes	No	Is the participant subject to seizures of any kind?	Yes	No
Date of last tetanus shot?					
Is there any medical condition (heart condition, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?				Yes	No
Has the participant had recent surgical operations or accidents or been exposed to infectious disease within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
Does the participant have any allergies or dietary restrictions? If yes, please describe:				Yes	No
Name of all medications:					
Name and phone number of physician:					

Accommodations\*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability, Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\*Accommodations may include: speech, hearing or vision impairments that may effect participation, behavior disorders or emotional disturbances or abnormally severe moodiness, sleepwalking, and the ability to carry heavy objects, participate in strenuous travel or physical labor.

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant

Date



## Klamath Basin Research and Extension Center

By signing you agree to comply with the Klamath Basin Research and Extension Center 4-H Volunteer Position Description.

### Mentoring/Supervising Professional

Traci Reed  
Klamath County 4-H Youth Development Agent  
6923 Washburn way  
Klamath Falls, OR 97603  
Phone: 541-883-7131  
Fax: 541-883-4582  
[traci.reed@oregonstate.edu](mailto:traci.reed@oregonstate.edu)

*Volunteer Name Printed* \_\_\_\_\_

*Volunteer Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Agent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



## Klamath Basin Research and Extension Center

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### **Volunteer Position Description**

Klamath County 4-H Program

Oregon State University Klamath Basin Research & Extension Service

Oregon State University

### **4-H Club Leader**

#### **Position Title:**

Klamath County 4-H Club Leader

#### **Time Required:**

Minimum of one meeting/lesson per month of at least one hour in length

#### **Location:**

KBREC office or other appropriate meeting place

#### **General Purpose:**

- Serve as a liaison between the county Extension office, local 4-H professional and 4-H members, their parents and other volunteers regarding 4-H club programs
- Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youths grow and reach their fullest potential
- Inform and encourage members, parents and other volunteers to actively participate in appropriate 4-H opportunities

#### **Specific Responsibilities:**

- Be committed to young people and their growth in all areas
- Advise 4-H club members regarding their contributions to and participation in club activities
- Be dedicated to young people and sensitive to their abilities and needs
- Encourage 4-H members' and parents' interest and participation



## Klamath Basin Research and Extension Center

- Welcome parents' ideas, activity and project assistance, cooperation, support and attendance at 4-H activities
- Follow all 4-H guidelines and policies of Oregon State University Extension Service, the Oregon 4-H program and the Klamath County 4-H program
- Adhere entirely to the 4-H Code of Conduct
- Recruit new members
- Attend all or make arrangements for the club meetings and activities
- Attend a minimum of 50% of Divisional and All-Leaders meetings
- Submit a minimum of a biannual financial statement of club funds/assets to the county Extension office
- Read 4-H newsletters and literature from the county Extension office and keep members, parents and other volunteers informed and up to date
- Participate in two or more volunteer development opportunities each year
- Be aware of 4-H projects available, help members select projects and encourage parents to support their child's project work
- Teach or direct member and their parents to project resources
- Inform members and parents of project evaluation requirements and dates
- Inform members and parents of deadlines pertinent to the program and make certain they are met
- Continually provide feedback to members, letting them know when they are doing a good job and advising them when they need to improve
- Praise members for the progress they make

### **Qualifications:**

- Must complete the Volunteer Application process and be approved by the 4-H Youth Development county agent
- Must provide own transportation to club meetings, activities and instructional meetings
- The ability to provide information and motivate youth while nurturing positive self esteem, decision making, responsibility and leadership in the youth
- A sincere interest in sharing knowledge and experiences and skills with youth and adults in an informal educational setting
- The ability to organize information and materials and delegate responsibility
- The ability to work and communicate effectively in verbal and/or written forms
- The ability to motivate parents and other volunteers to assume leadership positions





## Klamath Basin Research and Extension Center

- The ability to work with minimum supervision from professional staff
- A sincere interest in working with other volunteers and professional staff in an educational setting
- A willingness to become familiar with and work with the philosophy and guidelines of the Oregon State University Extension Service, Oregon 4-H program and the Klamath County 4-H program

### **Benefits:**

- The opportunity to work with youth and provide positive support and growth experiences
- To develop lifelong friendships with youth, parents and other volunteers
- To develop communication and leadership skills
- To learn organizational and time management skills
- Skills gained to expand career growth and potential
- Gain respect for community needs and civic responsibilities
- Provide scholarship to state 4-H volunteers
- Provide educational training opportunities that will help the volunteer meet the needs of members, advisors and parents
- Provide appropriate manuals, pamphlets, audio visual aids, newsletters and other resource materials
- Have professionals available to consult with leaders on a one to one basis
- Provide opportunities for professionals to listen to leaders' ideas to help improve the 4-H program
- Provide appropriate recognition and awards to leaders

### **Salary:**

- Unsalariated; Volunteer