



4-H Volunteer Enrollment Form

First name Middle name Last name Suffix

Street

City State Zip code + 4

Home phone Business or cell phone Email

If not at current residence for more than 3 years, please provide previous address:

Street

City State Zip code

Club name(s):

Gender: Male Female Years as 4-H volunteer Race code number (Refer to race categories listed on back)

Special needs: Yes No If yes, describe:

Signature Print name Date

Projects led:

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Pennsylvania 4-H Racial Groups

To certify that its programs offer equal access for all persons who wish to participate, Penn State Cooperative Extension must periodically report clientele participation in extension education programs by race/ethnic categories and gender to the United States Department of Agriculture. This information is voluntary and is for statistical purposes only, is kept confidential, and will not be used in any manner to deny or exclude participation in an extension program or activity.

Please indicate the appropriate category on the front page of the enrollment form.

Not Hispanic Ethnicity

1	White Only
2	Black or African American (only)
3	American Indian or Alaska Native (only)
4	Asian (only)
5	Native Hawaiian or other Pacific Islander (only)
6	White and Black or African American
7	White and American Indian or Alaska Native
8	White and Asian
9	Balance (other combination)

Hispanic Ethnicity

10	White Only
11	Black or African American (only)
12	American Indian or Alaska Native (only)
13	Asian (only)
14	Native Hawaiian or other Pacific Islander (only)
15	White and Black or African American
16	White and American Indian or Alaska Native
17	White and Asian
18	Balance (other combination)



Pennsylvania 4-H Youth Development Program

Club: _____

County: _____

Behavioral Expectations

A goal of the 4-H Youth Development Program of Penn State Cooperative Extension is to provide opportunities for children and youth to develop character. Pennsylvania 4-H supports the CHARACTER COUNTS!SM six pillars of character: TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, and CITIZENSHIP. In order to ensure that the 4-H Youth Development Program of Penn State Cooperative Extension provides positive environments for all individuals to learn and grow, participants agree to abide by these expectations of behavior:

I will be trustworthy.

I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities. I will keep my commitments by attending all sessions of the planned event. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge. I will be in the assigned area (e.g., club meeting room, building, dorm) at all times. Pennsylvania 4-H does not permit dishonesty by lying, cheating, deception, or omission.

I will be respectful.

I will show respect, courtesy, and consideration to everyone, including myself, other program participants, and those in authority. I will act and speak respectfully. I will treat program areas, lodging areas, and transportation vehicles with respect. I will not use vulgar or abusive language or cause physical harm. I will appreciate diversity in skill, gender, ethnicity, and ability. Pennsylvania 4-H does not tolerate statements or acts of discrimination or prejudice.

I will be responsible.

I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I will be on time to all program events. I will be accountable by accepting responsibility for my choices and actions. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct in which I participate.

I will be fair.

I will be just, fair, and open. I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special exceptions.

I will be caring.

I will be caring in my relationships with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members in my group have a good experience by striving to include all participants.

I will be a good citizen.

I will be a contributing and law-abiding citizen. I will be respectful of the environment and contribute to the greater good. I will not use alcohol and drugs and will refrain from using tobacco or tobacco products in the presence of youth.

Code of Conduct

The Pennsylvania 4-H youth program prides itself on providing quality educational programs for youth. The primary purpose of this code of conduct is to provide quality leadership and to ensure the safety and well-being of all participants. 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. For these reasons the following behavior guidelines are provided for volunteers.

Volunteers will:

- Accept their responsibility to represent county and Pennsylvania 4-H youth programs with dignity and pride by being positive role models for youth.
- Conduct themselves in a courteous, respectful manner; refrain from use of foul language; exhibit good sportsmanship; and provide positive role models for youth.
- Obey the laws of the locality, state, and nation.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by the county extension office and Youth Program Coordinating Council (YPCC).
- Make all reasonable effort to ensure that 4-H youth programs do not discriminate on the basis of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status.
- Recognize that abuse by physical or verbal means, failure to comply with equal opportunity and anti-discrimination laws, sexual harassment, or a criminal act is not acceptable behavior and will mandate that the services of the volunteer will no longer be necessary.
- Treat animals humanely and teach 4-H youth to provide appropriate animal care.
- Under no circumstances consume alcohol in the presence of 4-H youth. Use of alcohol in the presence of 4-H youth and/or the use of illegal drugs will mandate that the services of the volunteer will no longer be required.
- Refrain from the use of tobacco or tobacco products in the presence of youth. Youth are influenced by role models, and 4-H volunteers should reinforce the health “H” by being positive, healthy role models.
- Accept the responsibility to promote and support 4-H to develop an effective county, state, and national program.
- Permit the operation of machinery, vehicles, and other equipment in a responsible manner with a valid operator’s license and legally required insurance coverage.

Failure to comply with any component of the code will mandate that the services of the volunteer will no longer be required.

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Pennsylvania 4-H Youth Development Program

Club:

County:

Medical Information

Last name	First name	Middle name	() Home phone
Home address			Date of birth

In Case of Emergency, Contact

Last name	First name	Middle name	() Home phone
Home address			
		() Office phone	() Other
Last name	First name	Middle name	() Home phone
Home address			
		() Office phone	() Other

Health Information (Please state the facts in connection with the following)

Describe any condition requiring medication as a treatment:

List any medications prescribed by your family doctor for the 4-H'er to take on her/his own while attending the program:

List any allergies:

Any surgery in the past year? Yes No

If yes, please state nature:

Name of family physician:

Phone:

Indicate health history information below. A checkmark means yes. Please explain any checkmarks in the space provided.

- | | |
|--|--|
| <input type="checkbox"/> Respiratory problems—asthma, tuberculosis, persistent cough, etc. | <input type="checkbox"/> Emotional or mental disorders |
| <input type="checkbox"/> Heart problems—high or low blood pressure, rheumatic fever, etc. | <input type="checkbox"/> Recent exposure to a contagious disease |
| <input type="checkbox"/> Stomach or intestinal problems—ulcers, jaundice, hernia, colitis, indigestion, etc. | <input type="checkbox"/> Currently under a doctor's care |
| <input type="checkbox"/> Eye, ear, nose, throat—hay fever, ear infections, impaired sight or hearing | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Nervous disorders—convulsions, epilepsy, dizziness, etc. | <input type="checkbox"/> Kidney, gall bladder, or liver disease |
| <input type="checkbox"/> Skin diseases | <input type="checkbox"/> Diabetes or hypoglycemia |
| | <input type="checkbox"/> Muscular/skeletal—arthritis, recent fractures |

Approximate date of last physical:

Please explain any checkmarks:

Immunization Information

Diphtheria:

Pertussis:

Poliomyelitis:

Other(s):

Date of last tetanus injection:

Recommendations and Restrictions

Any treatment to be continued

Any medication to be administered (specific dosages). All medications must be brought to event in their original containers.

Any medically prescribed meal plan or dietary restrictions

Is there any other information that staff need to know about your child?

Any special accommodations that are needed in order to participate in the program

Authorization for Emergency Medical Care Must Be Signed By Volunteer

If my medical information changes, I agree to notify the Extension Office. I hereby authorize you, in the event of an emergency, that is, when you are unable to reach my emergency contact for authorization or when circumstances require immediate action, to proceed according to good medical practice with treatment. Also, I authorize the hospital attending physician, or other health care specialist administering the treatment, to release pertinent information to the insurance company assuming coverage for the same.

Volunteer's signature

Print name

Date

Insurance company name

Policy number

Insurance company address

Insurance company phone number

Subscriber name

Note: Some hospitals may require that this form be notarized in order for them to accept your signature. Please check with the hospital in your area or the facility where your event will be held.

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Pennsylvania 4-H Youth Development Program

Photo Release Form

- I will allow photographs to be taken of me that have the potential to be used in Penn State Cooperative Extension 4-H exhibits, published in local newspapers and in Penn State publications, or published on Penn State Web sites or other digital media.
- I will not allow photographs of me to be taken for use by Penn State Cooperative Extension.

Volunteer's name

Volunteer's signature

Date

Code Agreement

I have read the PENNSYLVANIA 4-H YOUTH DEVELOPMENT PROGRAM BEHAVIORAL EXPECTATIONS and the PENNSYLVANIA 4-H VOLUNTEER CODE OF CONDUCT. I am aware that my actions and decisions affect me and others and may result in the loss of volunteer status during 4-H events and for future events. I agree that I will conduct myself in accordance with the intent of the Behavioral Expectations and the Code. I will accept the appropriate and logical consequences of my actions if I fail to do so.

Signature of adult volunteer

Print name

Date



4-H Club Motto

“To make the best better”

4-H Club Pledge

I pledge
my head to clearer thinking,
my heart to greater loyalty,
my hands to larger service, and
my health to better living, for
my club,
my community,
my country, and
my world.

4-H Club Colors

Green and White

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www.cas.psu.edu

Penn State encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact your county extension agent in advance of your participation or visit.

This publication is available in alternative media on request.

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Produced by Information and Communication Technologies in the College of Agricultural Sciences

CAT S2016 Rev10M11/05MPC4688