

2024 Idaho County 4-H Volunteer Leader Enrollment Form

Check One: Organizational Leader Resource Leader Project Leader Management Volunteer New Enrollment Re-Enrollment

Volunteer Leader Information

First Name: _____ Last Name: _____ M.I. _____

Family Mailing Address: _____
Street/P.O. Box City State Zip

Family Phone: _____ Work Phone: _____ Cell Phone: _____

Family Email Address: _____ Okay to call you at work? Yes No

Gender: Female Male Date of Birth: ____/____/____ Year(s) of 4-H Leadership: _____

Race: American Indian/Alaskan Pacific Islander Asian Hispanic Black or African American Other _____ Caucasian Prefer Not to State
(Check all that apply) Ethnicity: Hispanic/Latino Not Hispanic/Latino
Residence: Farm/Ranch Town under 10,000

Do you need an accommodation due to a disability to participate in 4-H programs? Yes No

If yes, list accommodations you will need: _____

I (or my spouse) am currently serving in the military? Yes No If yes, list branch of service: _____
 Active Reserve

Club & Project Information

Club Name: _____

Project Code & Name: _____ Project Code & Name: _____

Project Code & Name: _____ Project Code & Name: _____

Project Code & Name: _____ Project Code & Name: _____

Project Code & Name: _____ Project Code & Name: _____

4-H HEALTH FORM

Emergency Contact Information - Person 1

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Emergency Contact Information - Person 2

Full Name _____ Relationship _____

Cell Phone _____ Home Phone _____ Other _____

Health Insurance Information

Do you have Health Insurance? _____ Insurance Company Name: _____

Policy/Group Number: _____

Physician Information

Physician's Name: _____ Phone: _____

Allergy Information

Do you have any allergies? _____ If yes, please list all allergies: _____

Do you carry epinephrine, such as an Epi-Pen? _____ Are any of your allergies life threatening? _____

If yes, please include the allergen information, allergic reaction, and other precautions. (Add pages as necessary)

Health Conditions

Do you have a prescribed inhaler? _____ Do you have any health conditions? _____

If yes, please list all conditions that apply (Add pages as necessary) _____

Other Allergy or Health Conditions? Please list and describe in detail. _____

Are accommodations needed? _____ If accommodations are needed, please contact the Idaho County Extension Office at 208-983-2667 or idaho@uidaho.org. You may also contact the University of Idaho Center for Disability Access and Resources (CDAR) at 208-885-6307 or cdar@uidaho.edu

Acknowledgement of Risk and Waiver of Liability Parent/Guardian Permission

Both participants and a parent or guardian of participants must 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 Activity Coordinators. If a participant is under the age of 18, this form must be signed by the participant AND by a parent or legal guardian of the participant. The term "undersigned" when used herein shall include the both the participant and the custodial parent/guardian signing at the end of this document unless such term is qualified to mean one or the other. The term "Activity" or "Activities" means the 4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.

The undersigned acknowledge that they are aware that participation in an Activity or in Activities as well as any or all University of Idaho, activities, events, clinics and classes associated therewith, may include activities that are risky and dangerous, which may include, but not be limited to, risks of injury, illness or death arising out of Activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rockfall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; the use of tools, instruments, machinery, equipment or other items associated with the Activities, or food, drink, lodging or travel to, during, from or otherwise related to, the Activities. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities . The undersigned acknowledge and accept the risks and give permission for participation in the Activities.

In consideration of the University of Idaho ("UI") permitting the participation in Activities, the undersigned **hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with such participation in any Activities.**

It is the express intent of the undersigned that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for the heirs, estate, executor, administrator, assigns and all members of the undersigned's family. The venue of any dispute that may arise out of participation in any Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them, that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes

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no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if travelling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The undersigned hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activities and any events, clinics and classes associated with the Activity or Activities.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.

If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.

Whether or not the participant named above is a student, the participant will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

General Waiver Consent

Volunteer Signature

Date

Appendix A. Code of Conduct For Parents, Volunteers, And Youth Within The Idaho 4-H Youth Development Program

Idaho families and youth trust the University of Idaho Extension system to provide educational programs in a safe environment for all participants. The opportunity to participate in and/or work with University of Idaho Extension's 4-H Youth Development program is a privilege and honor, not a right. Volunteers are to be positive role models. Youth and parents/guardians are expected to demonstrate appropriate behavior at all times. The following Code of Conduct has been established as the foundation for all individuals participating in University of Idaho Extension programs. All University of Idaho 4-H Youth Development program participants are expected to:

- Work with youth, families, volunteers and Extension personnel in a cooperative, courteous, respectful manner demonstrating good sportsmanship and behaviors appropriate for a positive role model.
- Accept supervision from Extension personnel and cooperate with others; in addition, parents and youth will accept supervision from certified organizational and project volunteers.
- Maintain open, honest communication with members, volunteers, parents and Extension personnel.
- Uphold every individual's right to dignity, appropriate self-expression, and individual development.
- Refrain from verbal, physical or emotional abuse of others (via bullying, texting, social media, etc.) and report such abuse, if observed. Any actions, such as a conviction for child abuse or neglect, violent crimes, unethical behavior, substance abuse, verbal abuse, physical abuse, mismanagement of 4-H funds, or other serious offenses will not be tolerated.
- Respect, adhere to and enforce the rules, policies, and guidelines established at the county and state levels for the 4-H Youth Development Program.
- Promote the spirit of inclusion and welcome participation of other individuals from all backgrounds. Comply with equal opportunity and anti-discrimination laws.
- The consumption of alcoholic beverages, use of tobacco products or an illegal controlled substance at 4-H youth events is prohibited.
- Inform Extension personnel of any incidents that may violate 4-H policies.
- Treat animals humanely and encourage all participants to provide appropriate and ethical animal care.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth and adults participating in 4-H Youth Development programs.
- Ensure that 4-H participants are not required to purchase materials, equipment, animals or services from any specific places of business.
- Comply with all applicable laws of the city, county, and state of residence and/or location of 4-H activity.
- Handle all concerns regarding county/area 4-H program management internally within the University of Idaho Extension system.

Violating the Code of Conduct shall be grounds for action up to or including immediate removal from the 4-H activity/program and termination. Decisions regarding immediate removal, suspension or termination will be made by the county 4-H Professional with subsequent notification of and consultation with the District Director and State 4-H Youth Development Director. Volunteers who wish to appeal a decision may do so through the Appeal Process.

I have read, understand and agree to abide by this Code of Conduct.

Code of Conduct Consent

Volunteer Signature

Date

Publicity Release

The individual signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images.

Waiver Consent

Do you agree to the above waiver? Yes No

Volunteer Signature

Date

Privacy Release

The undersigned parent/guardian authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them of upcoming university events and activities.

Waiver Consent

Do you agree to the above waiver? Yes No

Volunteer Signature

Date

Appendix B. UI Protection of Minors Code of Behavior

D-5. Code of Behavior

University of Idaho – APM 05.12 – May 9, 2018

Our program provides the highest quality services available to minors. Our commitment is to create an environment for minors that is safe, nurturing, empowering, and that promotes growth and success for the minors who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program and/or University of Idaho (UI). UI will fully cooperate with authorities if allegations of abuse are made and investigated.

To accomplish this mission together, employees, volunteers, and other adults participating in programs, events, and activities involving minors:

1. Will treat minors with respect at all times.
2. Will treat minors fairly regardless of race, sex, age, religion, sexual orientation or gender expression.
3. Will adhere to uniform standards of affection as outlined in any applicable university or program specific policies.
4. Shall not use or be under the influence of alcohol or drugs in the presence of minors or during activities or events involving minors.
5. Shall not discuss their sexual encounters with or around minors or in any way involve minors in their personal problems or issues.
6. Shall not date or become romantically involved with minors.
7. Shall not make pornography in any form available to minors or assist them in any way in gaining access to pornography.
8. Shall not have secrets with minors.
9. Shall not have private displays of affection with minors.
10. Shall not swear or tell off-color jokes.
11. Shall not stare or comment on the minors' bodies.
12. Shall not engage in inappropriate electronic communication with minors, as may be further defined by specific program policies.
13. Shall avoid outside contact with minors, which may be further defined by specific program policies.
14. Shall not shower, bathe, or undress with or in the presence of minors.
15. Will not take any photographs or videos of minors or posting photographs or videos on a digital, electronic, hosted media, web-based service or any other medium without first obtaining a release from the minor's parent or legal guardian.
16. Shall not abuse minors in anyway including the following:
 - Physical abuse: hitting, corporal punishment, spanking, shaking, slapping, unnecessary restraints
 - Verbal abuse: degrade, threaten, cursing
 - Sexual abuse: inappropriate touch, exposing oneself, sexually oriented conversations
 - Mental abuse: shaming, humiliation, cruelty
 - Neglect: withholding food, water, shelter

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17. Shall not allow minors to engage in hazing, bullying, derogatory name-calling, games of "Truth or Dare," ridicule, or humiliation.

18. Will report concerns or complaints about other adults or minors in accordance with all reporting policies.

I have read, understand, and voluntarily agree to comply with the University of Idaho's APM 05.12, Protection of Minors Code of Behavior.

UI Protection of Minors Code of Behavior Consent

Volunteer Signature

Date

Leader Job Description

As a 4-H Leader, I agree to fulfill my volunteer responsibilities as stated in my volunteer leader position agreement. My leadership will be consistent with the mission of the 4-H program and the current Idaho 4-H Policies & Procedures.

You may obtain a copy of the appropriate job description at the Idaho County Extension Office.

- Club Organizational Volunteer Leader
- Club Project Volunteer Leader
- Resource Volunteer

Yes, I agree

Volunteer Signature (Required) _____

Date: _____

Enrollment Agreement

By completing this enrollment form volunteers and advisors certify that they have read, understand, and agree to the terms set forth in this enrollment document.

Checking this box and signing my name below signifies my acceptance:

Volunteer Signature (Required) _____

Date: _____