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Orange County Extension
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4-H is part of the Cooperative State Research, Education, and Extension Service of the USDA, and cooperating land grant universities. 4-H prohibits discrimination in its programs on the basis of race, color national origin, sex, religion, age, disability, political beliefs, veteran status, marital or family status.

April 8, 2009

TO: POTENTIAL PROGRAM SERVICE VOLUNTEER

RE: APPLICATION PROCESS

Thank you for your interest in volunteering with Orange County 4-H! For over 80 years we have worked to “Make the Best Better” by providing a wide array of youth development programming. With activities ranging from traditional offerings in gardening and horse, to cutting edge efforts in fields like robotics and public speaking, 4-H literally has something for everyone!

This memo is directed towards individuals interested in volunteering in a program area that does not require direct interaction with youth (referred to as Program Service Volunteers). Potential tasks include administrative work, judging at competitive events, serving as an advisory committee member and many more.

All program service volunteers must complete the enclosed application packet. This application will provide valuable information as we work to match you with the volunteer opportunity that maximizes your unique gifts and talents.

For more information contact Tim Pehlke in the 4-H office at (407) 254-9213 or tim.pehlke@ufl.edu

Florida 4-H Youth Development Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____
Family Last Name: _____ 4-H County: _____
 Address: _____ City: _____ Zip: _____
 Family Email Address: _____ Member Email: _____

Member Profile Information

First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Address: (if different) _____
 City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____
 4-H Age on September 1 (start of 4-H year): _____ Number of years as a member, including current year: _____
 Home Telephone: (_____) _____ Cell Phone: (_____) _____
 Community Club In-School Club Afterschool Club Military Club Individual Member

Parent/Guardian 1: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian 2: First Name: _____ Last Name: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____

Adult Volunteer? No Organizational Leader Project Leader Activity Leader Resource Leader **for** Club **or** Group?

Are you a **Youth Volunteer?** No Junior Intermediate Senior * If Senior, additional application needs to be completed.
 (4-H ages 8-10) (ages 11-13) (ages 14-18)

Gender: Male Female **Residence:** Farm Town Under 10,000 or rural non-farm Town/city 10,000-50,000
 Suburb of city more than 50,000 Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? No Yes

Race: White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander

A Family Member is in: Air Force Army Coast Guard Navy Marines National Guard Reserves

Grade: _____ **School:** _____ School is in my 4-H County? Yes No

In 4-H in a county different from the County I Live in. **County I Live In:** _____

In 4-H in 2 counties **My 2nd 4-H County:** _____ **Club** _____ **Project** _____ **Year** _____

Disability: Do you require accommodation for a disability to participate in 4-H programs? Yes No

Describe Disability/Need: _____

Project Title	Years in Project	Project Book Title Needed (go to) http://www.florida4h.org/projects/index.shtml

Program Fees if Applicable:
Club Fee/Dues Paid \$ _____
<input type="checkbox"/> Personal Insurance Fee of \$1 paid.
<input type="checkbox"/> Personal Insurance Fee of \$2 paid for Horse Project Members.
<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
Total Amount Paid: \$ _____
Paid by Check <input type="checkbox"/> Check # _____
Paid by Cash <input type="checkbox"/>

Club Officer: President Vice President Secretary Treasurer Reporter
 Historian Parliamentarian Recreation Sergeant-at-Arms County Council Delegate Other _____

Last Name: _____ First Name: _____ 4-H County: _____

Florida 4-H Participation Form: Youth and Adults

Official Authorizations

Florida 4-H Events—Youth/Adult Code of Conduct: As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

Participant: Yes No I have read the Florida 4-H Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

Verification by Parent/Guardian or Adult Participant—

Yes No **I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.**

Medical Release: I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. You must complete the medical information on the back of this sheet.

Yes No **I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.**

General Release: I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes No **I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.**

If you, or your child, may not participate in any of the below items you must "No".

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Foundation.

No, I do not authorize use of my—or my child's individual image or voice.

Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before competing a survey or an evaluation.

No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

You must complete both sides.

Directions for Florida 4-H

Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

Date of Birth and Age: Optional for adults.

Primary Emergency Contact: Parent or Guardian of youth; Spouse, or other contact for adults.

County/District: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

Address: Participant's primary mailing address.

E-mail: for Individual youth is optional, but useful for activity coordinators.

A **Family E-mail** is required for access to online enrollment.

Alternate Emergency Contact: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

Family Doctor: If consultation is needed, please include the doctor's phone number to the right of their name.

Name of Insured: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event's insurance will only cover a portion of the individual's medical costs and you, or your personal insurance, may be responsible for additional expenses.

Health History: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents' or participants' responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. Be sure to include any medications the participant is currently using.

Youth/Adult Code of Conduct: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

Publicity Release: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

Survey and Evaluation Release: This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

Verification: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.



Application for an Adult to Volunteer With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

General Information

Date _____

Name _____ County _____

Male ___ Female ___ Former or Other Names _____

Mailing Address _____
Box / Street / Apartment

_____ Town _____ State _____ Zip _____

How long have you lived at this address? _____ years _____ months
(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)

Day Phone _____ Evening Phone _____

E-Mail Address _____

List **work** experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

Employer	Your Position/Title	Town / State	Years
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- 1.
- 2.
- 3.
- 4.
- 5.

List **volunteer** experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

Organization/Group	Your Role/Title	Town / State	Years
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- 1.
- 2.
- 3.
- 4.
- 5.

MORE

Volunteer Interest

Why are you interested in being a volunteer with University of Florida Extension programs?

Personal References

List three (3) references, who have knowledge of your qualifications, but are not related to you.

1. Print Name _____ Phone _____

Mailing Address

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

2. Print Name _____ Phone _____

Mailing Address

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

3. Print Name _____ Phone _____

Mailing Address

_____ Box / Street /

_____ Town _____ State _____ Zip

Have you been accused or convicted of a criminal offense in the past seven (7) years?

No Yes

If yes, explain: _____

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?

No Yes

If yes, explain: _____

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service, to request information for conducting a background check and to contact references. I authorized a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature _____ Date _____

Date of Birth ____/____/____ Social Security # _____

Driver's License Number _____ State _____

THANK YOU for your application. Return application to the address below at your earliest convenience, to assure prompt processing. Contact us for questions or information.

RETURN TO:



**Adult Agreement
University of Florida - Extension
Youth Development Programs**

The purpose of Adult Agreement is to promote the safety and well being of all program participants in Extension youth programs. All adult and teen volunteers who work directly with youth in University of Florida IFAS Extension programs are expected to function within the following guidelines. In my role, I _____ will:

- 1 Be courteous, and respect the individual rights of all participants.
- 2 Be a positive role model at all times, and exhibit good sportsmanship.
- 3 Represent the educational mission of the University of Florida Extension Service.
- 4 Accept support and supervision from Extension program representatives.
- 5 Comply with equal opportunity and anti-discrimination laws.
- 6 Treat animals in a humane and ethical manner, and guide youth to do the same.
- 7 Operate machinery and equipment in a safe and responsible manner.
- 8 Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
- 9 Obey local, state and federal laws. Follow policies set for county, district, state and national youth programs.
- 10 Act wisely and responsibly to report threats toward the safety and wellbeing of participants.
- 11 Establish and maintain safe environments for youth and adult participants.
- 12 Only use the 4-H name/emblem and 4-H group funds when a 4-H group is chartered and as defined through the Florida 4-H Handbook.
- 13 Not leave youth under my supervision, without notifying an adult in charge of the event or delegation.
- 14 Not use or be under the influence of, alcohol or illegal drugs, while present at youth programs or while having responsibilities at Extension programs.
- 15 Not commit any criminal act involving youth or activities with Extension youth programs.
- 16 Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it as outlined by the UF IFAS Extension Youth Protection Policy.

I have read and understand the Adult Agreement outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with University of Florida IFAS Extension youth program or my removal from the program activity. I understand that being involved with youth participants in Extension programs, is a privilege, not a right. (Appointments are renewed on an annual basis.)

Signature of Adult _____
Date

Signature of authorized University of Florida IFAS Extension Representative _____
Date

Effective January 1, 2005 a signed copy of the Adult Agreement will be kept on file (with the adult's immediate supervisor) for each adult working with Extension youth programs.