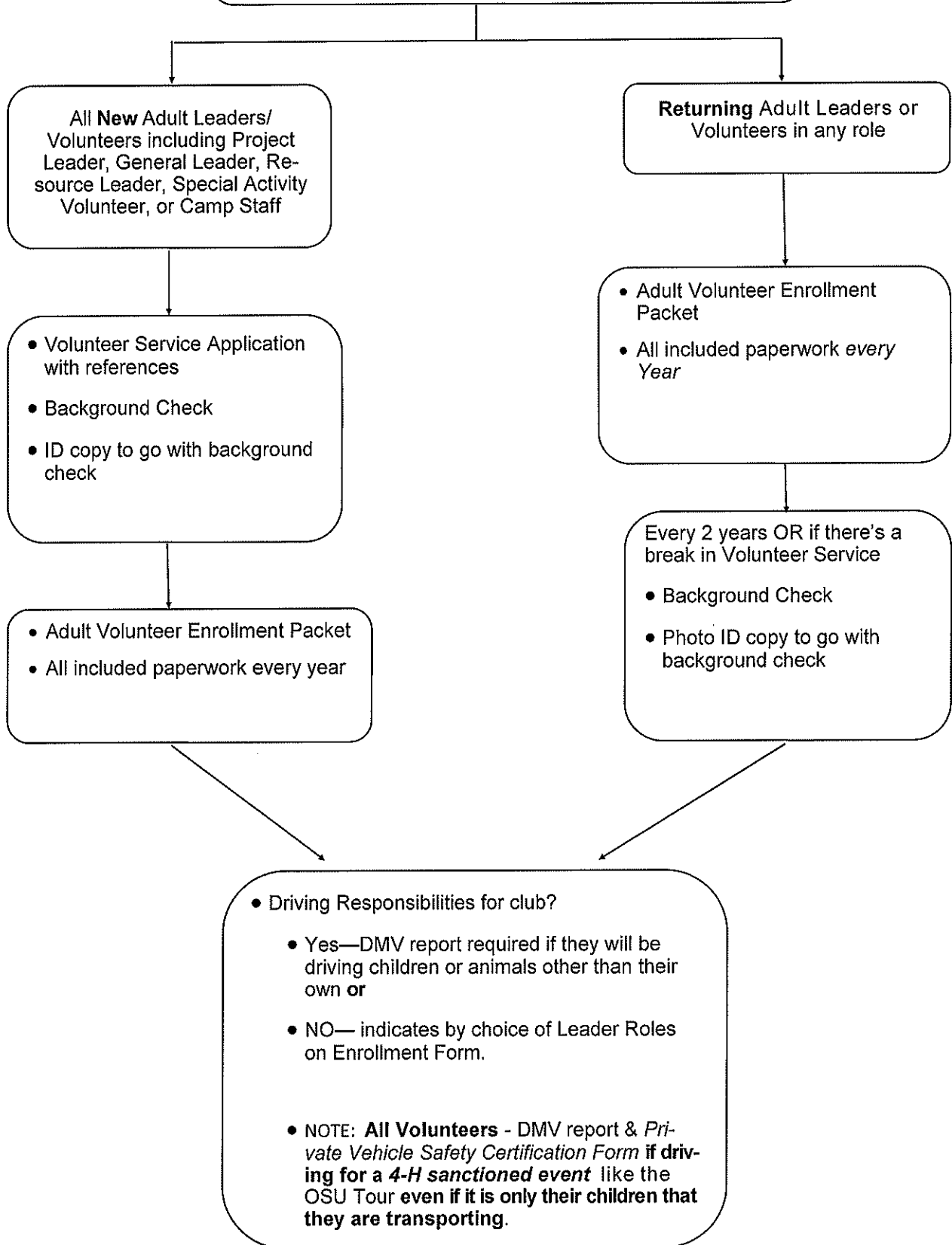


# 4-H Adult Volunteer Paperwork Based on Volunteer Type



## **DMV History Requirement**

Club Contact Leaders with transportation responsibilities and Special Activity Volunteers with transportation responsibilities that may require driving a University vehicle, or a personal vehicle, on behalf of the University are required to possess and maintain a valid driver's license, and are required to submit a DMV History Report.

Please obtain your non-employment driving record/history from the issuing state's DMV for the past 24 months and either submit an electronic copy to [debbie.mcdonald@oregonstate.edu](mailto:debbie.mcdonald@oregonstate.edu), or fax a copy to 541.386.3343 (Most DMV offices will fax directly if requested) or submit a hard copy to:

Hood River County Extension Service  
Attn: Debbie McDonald  
3005 Experiment Station Drive  
Hood River, OR 97031

Your potential start date is dependent on these results being processed.

DMV histories are only released to license holders and there may be a small fee.

**Your position requires driving for 4-H sanctioned events. A 4-H sanctioned event is:**

- Any program undertaken to further the instructional, research, or service missions of Oregon State University and the 4-H Youth Development Program. Such programs include but are not limited to:
  1. Academic programs including tours
  2. Transportation of Livestock
  3. Service programs
  4. Any student programs or activities identified by the County 4-H Agent as Educational and deemed a necessary part of the 4-H Clubs mission.

**THE COUNTY 4-H AGENT MUST BE INFORMED  
OF ANY 4-H EVENT THAT MAY REQUIRE DRIVING  
BEFORE IT IS AN APPROVED 4-H SANCTIONED EVENT.**

# 2020-21 HOOD RIVER COUNTY 4-H ADULT VOLUNTEER ENROLLMENT FORM

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

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Family Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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

Emergency Contact Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

*Please provide us with this optional data for reporting purposes.*

**Residence based on Population:**

- Farm                       Sm Town (Less than 10,000)

**Ethnicity:**  Not Hispanic     Hispanic     Prefer not to answer    **Gender:**  Female     Male     Non Binary/Other

**Race:**     White                       Black                       Alaskan /American Indian                       Asian                       Hawaiian & Pacific Islander

- Balance (other combination)     Prefer not to state race

**Club Name** \_\_\_\_\_

**Project List is on the backside. Please check all project areas that pertain to your volunteer leadership.**

**Indicate your Leader Role**

**Volunteers with no transportation responsibilities meaning you agree NOT to transport children or animals other than your own for 4-H events and activities:**

- Club Contact Leader** – organize club structure to including planning, communication, provide opportunities, and help run county wide 4-H events. No transportation.
- Support Roles** - Project Leader, General Leader, Resource Leader, or Special Activity Leader; No transportation.

**Volunteers WITH transportation responsibilities *must submit a DMV Report***

- Club Contact Leader**
- Support Role** - Project Leader, General Leader, Resource Leader, or Special Activity Leader

**Media Release – I agree that my participation in the 4-H program 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, or social media.)**

**Signature and Date** \_\_\_\_\_

## 4-H Projects

Please check the box beside your projects.

- |   |   |
|---|---|
| <input type="checkbox"/> 140 - Community Service  | <input type="checkbox"/> 414 - Angler Education                     |
| <input type="checkbox"/> 621 - Junior Leadership  | <input type="checkbox"/> 441 - Forestry                             |
| <input type="checkbox"/> 211 - Presentations  | <input type="checkbox"/> 421 - Geology                              |
| <input type="checkbox"/> 913 - Cloverbuds - Non-animal projects                           | <input type="checkbox"/> 444 - Mechanical Art - Wood Science        |
| <input type="checkbox"/> 901 - Cloverbuds - Rabbits                                       | <input type="checkbox"/> 821 - Entomology                           |
| <input type="checkbox"/> 902 - Cloverbuds - Poultry                                       | <input type="checkbox"/> 861 - Industrial Arts - Welding            |
| <input type="checkbox"/> 903 - Cloverbuds - Cavy  | <input type="checkbox"/> 721 - Beef - Cattle                        |
| <input type="checkbox"/> 231 - Arts (i.e., painting, drawing, sculpting, rubber stamping) | <input type="checkbox"/> 722 - Beef - Dairy Cattle                  |
| <input type="checkbox"/> 234 - Wood crafts  | <input type="checkbox"/> 791 - Goats - Dairy                        |
| <input type="checkbox"/> 235 - Cast Ceramics & Pottery                                    | <input type="checkbox"/> 792 - Goats - Fiber                        |
| <input type="checkbox"/> 261 - Fiber Arts (Quilting, Embroidery, Cross Stitch)            | <input type="checkbox"/> 795 - Goats - Meat                         |
| <input type="checkbox"/> 251 - Leathercraft   | <input type="checkbox"/> 793 - Goats - Pygmy                        |
| <input type="checkbox"/> 241 - Photography  | <input type="checkbox"/> 799 - Llamas & Alpacas                     |
| <input type="checkbox"/> 511 - Food and Nutrition   | <input type="checkbox"/> 771 - Sheep                                |
| <input type="checkbox"/> 512 - Food Preservation  | <input type="checkbox"/> 781 - Swine                                |
| <input type="checkbox"/> 320 - Sewing & Textiles  | <input type="checkbox"/> 762 - Small Animals - Cavies               |
| <input type="checkbox"/> 370 - Crochet  | <input type="checkbox"/> 732 - Small Animals - Pigeons & Doves      |
| <input type="checkbox"/> 360 - Knitting   | <input type="checkbox"/> 731 - Small Animals - Poultry              |
| <input type="checkbox"/> 340 - Designing Spaces   | <input type="checkbox"/> 761 - Small Animals - Rabbits              |
|   | <input type="checkbox"/> 713 - Gardening, Flowers and Ornamentals   |
|   | <input type="checkbox"/> 712 - Gardening, Fruits, Vegetables, Herbs |

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**Members - indicate any project that you think you will be pursuing and keeping required 4-H records. Please do NOT check every project.**

REASONING: For county fair purposes, you may enter an exhibit in a specific project area if you are enrolled in the project and keeping project records. Otherwise, you must enter the project in the county only class.

For example:

- If you are learning to bake and are keeping the required 4-H records that your leader will sign off, such as the *Oregon 4-H Food and Nutrition Advancement Guide*, your baked good may be entered in a Food and Nutrition state fair class.
- If you are learning to bake but are not keeping 4-H records, your baked good would be entered in the county only Foods for All class.

**OFFICIAL 4-H HEALTH FORM**

Rev. 1-2015

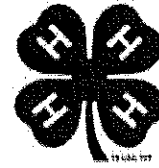
County \_\_\_\_\_

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

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

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



## 4-H Adult Agreement

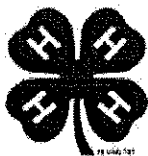
### Working in Programs and Activities with Minors

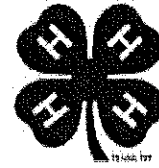
OSU Extension 4-H Youth Development Programs are committed to serving all youth (within age requirements) who are interested in learning and growing in 4-H. Adults are role models and guides. Adults support positive youth development when they provide safe environments as an important part of 4-H programming.

As a condition of involvement in the OSU 4-H Youth Development Program, as defined in University Policy 07-040 (Safety of Minors), all employees and volunteers must review the *Standards of Behavior* prior to working in a youth program, and annually. The statements below reflect that policy, as of the date of this document. To view the most current policies any time, go to: <http://blogs.oregonstate.edu/youthsafety/appendix/c/>

#### As a volunteer, parent or support adult in OSU Extension 4-H programs/activities:

- I will abide by the OSU, Extension and 4-H Code of Ethics, including:
  - I will use resources wisely, ethically, and prudently to achieve the 4-H educational mission.
  - I will accept responsibility for personal choices and actions; not assign or shift blame or credit.
  - I will treat others courteously. Be a positive role model. Exhibit good sportsmanship.
  - I will demonstrate honesty and make decisions based upon the greater good.
- I understand that I am responsible for reading and following rules and guidelines set by the program, as well applicable university policies, local, state, federal laws.
- I will accept support and/or guidance from Extension program staff, supervisors or designees.
- I will focus on the educational mission of the land grant university, making 4-H programming available to all youth under the equal opportunity policies. (4-H programs are accessible without regard to race, color, religion, gender, gender identity, national origin, age, marital status, disability, and veteran status.) I will demonstrate respect toward the rights and dignity of others; show concern for the welfare of others; expect equality and impartiality; refrain from discriminating against, harassing, or threatening others.
- I will ensure that there are adequate levels of supervision for youth during programming.
- I will establish and maintain safe environments for all participants. I understand that I will not be alone with a single, unrelated youth in the context of a university program or activity. If one-on-one time is necessary, we will meet in an open area within sight or sound of another adult in the program.
- I will limit communication with minors to topics related to educational and program purposes. I will include a second adult when conducting virtual interactions and online communications ( i.e., text messaging, email, phone, social media, etc.) with minors in a manner that is consistent with the general youth safety and supervision guidelines.
- I will act responsibly to protect participants and keep information confidential (e.g., health forms) and limited to those who need-to-know.





- I will provide for physical and emotional needs of participants during programs. Communicate and model that verbal, emotional, or physical mistreatment is unacceptable. I will not administer corporal punishment.
- I will act quickly to report known or suspected child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will only release minors to authorized parents, guardians or others as requested in writing by the parent/guardian.
- I will not use alcohol, marijuana, or other mind-altering drugs, or be under those influences, while responsible for youth or OSU Extension 4-H programs.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff to ensure appropriate use of the 4-H Name & Emblem. Handle fundraising and funds in accordance with OSU university and national 4-H regulations. *(As public assets, 4-H funds must be used for educational purposes and never deposited into an individual's bank account.)*
- I will handle equipment and machinery in a safe and responsible manner, including having a valid operator's license and required insurance coverage.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- I will promptly report to my supervisor, any violation of law or university policy about which I become aware, including harassment, sexual misconduct, illegal or fraudulent activity, conflicts of interest or other unethical conduct in the 4-H Youth Development Program.
- As a volunteer, I will notify the Office of Human Resources or Dept of Public Safety within 3 days if I plead guilty or am being convicted of a felony, sex offense or crime (e.g., involving youth, funds, weapons, drugs).

***The purpose of this '4-H Adult Agreement' is to clarify responsibilities of adults regarding safety and well-being of youth. It is a privilege, not a right, to work in 4-H Youth Development Programs. Individual actions contrary to the statements above may be grounds for non-acceptance, suspension or dismissal from an OSU 4-H volunteer role, and/or participation in OSU 4-H activity(s).***

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**CHECK ALL THAT APPLY**

I am a: \_\_\_ 4-H Volunteer \_\_\_ 4-H Parent/Guardian \_\_\_ Person Responsible for a 4-H Youth

Oct. 2020

Sources: OSU Code of Ethics (July 2014 00475607;1) and OSU Extension 4-H Code of Ethics (July 2017)

OSU Extension 4-H Volunteer Development, 4-H Program Leader, OSU Extension Regional Directors, County 4-H Professionals



Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

**TORT LIABILITY**

OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You work on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

**MOTOR VEHICLE LIABILITY**

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You **MUST** possess a valid driver's license.

**WORKERS' COMPENSATION INSURANCE**

Workers' compensation coverage is not provided for volunteers of OSU.

**UNIVERSITY STANDARDS AND POLICIES**

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Standards and Policies (including Code of Student Conduct, when applicable) and with any federal, state, city and other applicable laws or rules where the ACTIVITY is occurring.

**RECORDED MEDIA**

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

**REPORTING RESPONSIBILITY**

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you **MUST** inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Professional in Insurance and Risk Management Services at (541) 737-7350 within 24 hours.

**ASSIGNED DUTIES** (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

TOTAL VOLUNTEER HOURS: \_\_\_\_\_ Estimate total hours for the duration of this activity, up to 12 months.

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Volunteer Name (Please print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSU Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

OSU Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.



Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Please read carefully:**

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. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

**I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.**

Volunteer Name (Please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:  
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, \_\_\_\_\_, as a parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.**

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

**COMPLETE BOTH SIDES OF THIS FORM**