

Morrow County 4-H Program

Becoming a 4-H Volunteer

1. Complete the enrollment packet and email to Julie Baker at julie.baker@oregonstate.edu. Enrollment is open **November 1, 2021 to Jan, 6, 2022**.
Packet includes:
 - Enrollment Form
 - Standard Health Form
 - Standards of Behavior for OSU Volunteer
 - Volunteer Conditions
 - OSU Acknowledgment of Risk
2. Complete the background check- after your paperwork is complete. You will receive email information from OSU.
3. Complete the online modules for being an OSU 4-H Volunteer at <https://canvas.oregonstate.edu/courses/1820802>. Save your certificate and email to Julie Baker at julie.baker@oregonstate.edu by January 6, 2022.
4. Set up a time with OSU Extension to work through annual calendar and plan. This will include record books, advancement guides and Club Activity form due annually each year.
5. Resources:
<https://extension.oregonstate.edu/4h/volunteer-resources>



Oregon State University



New Enrollment
 Re-enrollment.....

Oregon 4-H Adult Volunteer Enrollment Form

County _____

FAMILY INFORMATION

Family Email: _____

Family Last Name: _____ Family Mobile Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

APPLICANT INFORMATION

First Name: _____ Middle: ____ Last: _____

Preferred Name: _____ Birth Date: _____

Email: _____ Mobile Phone: _____

Number of previous adult years in 4-H: _____

Gender: Male Female Non-binary Gender identity not listed Prefer not to respond

Residence: Farm Rural (<10,000) Town (10,000 - 50,000) Suburb City (>50,000)

Ethnicity: (check one) Hispanic or Latino Not Hispanic or Latino Prefer not to state

Race: (check all that apply) Alaskan Native/American Indian Asian
 Black or African American Native Hawaiian/Pacific Islander
 Other (race not listed) White Prefer Not to State

EMERGENCY CONTACT Name: _____

Relationship: _____

Phone: _____ **Email:** _____

Volunteer type	Volunteer role	Select	Volunteer role	Select
Activity Volunteer	Activity Volunteer (Examples include Fair superintendent, chaperone, Ambassador advisor, fund raiser, community service organizer, in-school or after school instructor or assistant, conference instructor or supervisor)	<input type="checkbox"/> Yes		
Camp Volunteer	Camp Volunteer (Examples include retreat, day camp, overnight camp instructor or director, or counselor advisor)	<input type="checkbox"/> Yes		

Project Volunteer	Club Instructor (Assists with projects in a club)	<input type="checkbox"/> Yes	or	Resource Volunteer (Provides education, coaching, assistance in more than one club)	<input type="checkbox"/> Yes
Club Volunteer	Contact Volunteer (Main leader for a club, address used for club contact)	<input type="checkbox"/> Yes	or	Resource Volunteer (Assists with instruction or supports main leader)	<input type="checkbox"/> Yes

Club	Project	years in project	
Club (leave blank if the same club as above)	Project	years in project	
Club (leave blank if the same club as above)	Project	years in project	
Club (leave blank if the same club as above)	Project	years in project	

EMERGENCY CONTACT 2 Name: _____

Relationship: _____

Phone: _____ **Email:** _____

Family Member Military Service: Yes No

Who?: Self Family member

Status: Serving Retired

Branch: Air Force Army Coast Guard DOD Civilian Marines Navy Space Force

Branch Component: Active Duty National Guard Reserves

Verify your full legal name, as it is listed on your driver's license or other government-issued ID

Notes/additional information: _____

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4-H Volunteer Expectations for Programming during COVID

9/2021

Thank you for your continued support for positive youth development and the Oregon 4-H Program. The health and safety of 4-H participants is important. When using the 4-H Name and Emblem, there are guidelines that need to be followed. The 4-H program operates through Oregon State University (OSU) Extension services and follows required policies and guidelines. The best tools to protect individuals are vaccinations for those eligible, physical distancing, face coverings, ventilation and airflow, hand hygiene, and staying home if ill or exposed to someone with COVID-19. This document will support your efforts to plan and conduct successful 4-H programs. Thank you again for your partnership and commitment to the safety and educational goals of the Oregon 4-H Program.

4-H Club/Group Name & COUNTY: _____

Date: _____ **Time:** _____ **Location:** _____

Instructions: Please identify the individual responsible (first and last name) for each item.

NAME:	TASK:
	1. I have read and will adhere to the current OSU requirements .
	2. Eliminate county/club attendance requirements and help individuals participate virtually whenever possible to respect the needs and personal choices/preferences of individuals and families.
	3. Notify all participants of the following: Practice safe health etiquette when coughing and/or sneezing; stay home if you meet any or all of the following: a. If you are sick (cough, shortness of breath, chills, sore throat, loss of taste or smell, muscle pain, fever) b. If you reside with anyone who is sick, c. If you have been in contact with anyone who may have been sick, d. Or, if you have a temperature or any symptoms.
	4. Record attendance and contact information of all participants (youth, adults, family members, guests) for every meeting to use if Contact Tracing is needed.
	5. Follow the most current OHA Mask Guidelines: (August 24, Masking requirements for Indoor and Outdoor environments September 3 Mask Mandate .) Remind participants of this requirement. Have a small supply of extra face coverings available for use.
	6. Identify and/or create a handwashing station to accommodate the requirement for frequent hand washing with paper towels, and/or use of hand sanitizer.
	7. Plan for physical distancing (3 ft. or more). Have a plan to reduce congregation spots (i.e. entry ways, parking lots, getting supplies)
	8. Reduce the density of people. Work in small (24 or less), stable (designated) groups during entire meeting/activity. Note: The adult(s) supervising the youth are not included in the numbers for stable groups. Identify safety precautions to maintain reduced density if switching between groups.
	9. Meetings/activities should be outdoors whenever possible, using 3 ft. physical distancing. Use virtual meetings options when indoor environments are too small to be safe.
	10. Prior to the meeting/activity, develop an agenda and safety plan to include the following: a. Focus meetings on educational activity(s) which is consistent with the 4-H mission. b. Consistently use safety measures/precautions. c. Designate a physical space to isolate a symptomatic individual and/or plan for prompt relocation of symptomatic individual. d. Organize equipment/supplies to limit sharing; promote physical distancing. e. Identify environmental cleaners, and the high touch surfaces where cleaners should be used, before and during meetings (i.e. door knobs, bathroom fixtures, tables).
	11. Report health or safety issues to the county Extension office/4-H staff to _____.
	12. Snacks/food must be pre-packaged. Please refrain from group food preparation and distribution of food samples.

As an adult 4-H volunteer, I have read and agree to follow the COVID-19 safety guidelines and expectations outlined in this document. Extension 4-H youth programs, clubs, and groups are required to follow these expectations during COVID. I understand that failure to adhere to these expectations places youth, the community, the Oregon 4-H Program, and my continued service as a 4-H volunteer, at risk.

Adult Volunteer Signature: _____

Printed Name: _____

Today's Date: _____

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.

VOLUNTEER ASSUMPTION OF RISK

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: _____

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**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.



This document is subject to change.

Standards of Behavior for Adults Working in Programs and Activities with Minors

As a condition of involvement in a university youth program, as defined in University Policy 07-040 (Safety of Minors), all employees and volunteers must review the OSU Standards of Behavior prior to working in a youth program, and annually thereafter.

I AGREE TO THE FOLLOWING

Conduct

- I understand that I am responsible for reading and abiding by any rules and guidelines set by the program, as well as all applicable laws and university policies.
- I will abide by the University Code of Ethics and will promptly report 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.
- I will treat all youth equitably, with regard to their actions or behavior, sex, gender, sexual orientation, race, color, religion, culture, place of birth, age, class, ability, health, citizenship, language or other identities.
- I will not consume alcohol while on duty or responsible for the care of minors.
- I will not sell, use, possess or distribute drugs or related items that would violate the law or university policies.
- I will refrain from using vulgar language or making comments of a sexual nature in the presence of a minor, or making sexually explicit materials available to a minor.
- I will not, under any circumstances, administer corporal punishment, engage in abusive conduct, or fail to provide the basic necessities of care, such as food, water or shelter to minors.
- I will promptly respond to incidents concerning the health and safety of minors and other program participants, and will act swiftly to report known or suspected instances of child abuse or neglect in accordance with Oregon State Statute and OSU reporting requirements.
- I will notify the Office of Human Resources or Department of Public Safety within three days of pleading guilty or being convicted of a felony, sex offense or other crime relevant to my security-sensitive position.

Communication

- I will limit communication with minors to topics related to sanctioned activities and will include a second adult in any in-person meetings or direct electronic communications (i.e., text messaging, email, phone, social media, etc.).
- I will conduct all virtual interactions and online communications with minors in a manner that is consistent with the program's general safety and supervision guidelines, and only when there is a clear educational or programmatic purpose.



- I understand that parent or guardian permission is needed in advance of capturing and using any media (i.e., photos, videos, recordings, etc.) containing minors, and that such media may only be used for its intended programmatic purpose.

Supervision

- I will carry out program activities in a way that ensures adequate levels of supervision and avoids one-on-one interactions with minors.
- I understand that at no time should I be alone privately with a single, unrelated youth in the context of a university program or activity. If one-on-one interaction is necessary, I will meet in an open, well-illuminated area within sight or sound of another adult.
- I will promptly notify a program supervisor if I become aware of any unauthorized contact that occurs outside of the program between a youth program participant and an employee or volunteer who is not the minor's parent or guardian.
- I will only release minors to their parent or guardian or a documented emergency contact, unless an alternative method of transportation or release is authorized in writing by the parent or guardian.
- I will handle vehicles, equipment and machinery in a safe and responsible manner, complete required trainings, and have applicable licenses and insurance.
- In my role, I will provide appropriate care and treat animals humanely. I will help others do the same.
- While planning fundraising, I will help ensure that the promotion and activities are approved through Extension staff for appropriate use of the 4-H Name and Emblem. Handle fundraising and funds in accordance with OSU 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 understand and agree to abide by the OSU Standards of Behavior. I acknowledge that any violation of these standards could lead to disciplinary action, up to and including termination.

Signature _____ Date _____



Standard Health Form

Name _____

	Yes	No	If yes, please explain :
Does this person have allergies or sensitivities?			
Does this person have any dietary needs or restrictions?			
Does this person require medication?			please list any medications and instructions for administering:
Primary Physician name:		Primary Physician phone:	
Are there any restrictions or modifications to the activity or program environment that 4-H staff need to consider in order to ensure this person's successful participation?			
To support their needs, does this person use or rely on any devices?			
Medical Insurance	Company name: Policy Number:		
Is there any other information or any modifications needed to enhance this person's participation?			
Is there any recent history of medical procedures, illness or injuries to consider that may effect this person's participation?			

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 as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature _____ Date _____



PHOTO OPT OUT RELEASE

Activity: _____ Date(s): _____

Please complete and return this form **ONLY** if you do **NOT** wish for the University to record your participation and appearance on any recorded medium.

This Photo Opt Out Release must accompany the appropriate form (i.e. the Conditions of Volunteer Service or Acknowledgement of Risk and Waiver of Liability) for your ACTIVITY. This Photo Opt Out Release is applicable and valid for this ACTIVITY, up to 12 months from the date of signature for on-going ACTIVITY. It is suggested that a current photo accompany this form, so that it may be compared to the recorded media taken at the ACTIVITY for the purpose of excluding your likeness from the recorded medium.

I, the undersigned, do not wish the University to 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). I understand the University will make reasonable efforts to comply with my request. If I become aware of a recording with my likeness, I will notify the University contact for the ACTIVITY. I understand that the University will then make reasonable efforts to remove my likeness from recordings.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above Photo Opt Out Release, and am familiar with its contents.

Name (Please Print): _____ Telephone Number: _____
Address: _____ City: _____ State: _____
Signature: _____ Date: _____

Please sign and return this completed form to _____
(INSERT Department contact name, address and phone number)

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE

I hereby confirm that I am the parent or legal guardian of the above-named participant. 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 Photo Opt Out Release, and am familiar with its contents.

Parent or Guardian Signature: _____ Date: _____

Note: Complete a new form every 12 months for on-going ACTIVITY, when participating in a different ACTIVITY, or when the ACTIVITY changes. This form needs to remain in the department where the ACTIVITY are being performed and be kept in accordance with OSU retention requirements.