

## Adult Member Information

Email: \_\_\_\_\_  
 Prefix: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Birth Date (MM/DD/YYYY): \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Work Extension: \_\_\_\_\_

4-H County: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Suffix: \_\_\_\_\_  
 Organization Title: \_\_\_\_\_  
 Mailing Address 2: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Gender:  Male  Female  
 Correspondence Preference:  Mail  Email  
 If you wish to receive notices via text message (list provider): \_\_\_\_\_  
 Years in 4-H (if any): \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

## Emergency Contact

Name	Phone
Cell Phone	Relationship

## Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H. Examples for adult: Chaperone, Community Club Leader, Project Leader, etc.

**Are you a Volunteer?**  No  Yes

## Enrollment Demographics (Required to meet 4-H Federal program and funding requirements)

**Ethnicity** Are you of Hispanic ethnicity?  No  Yes

**Race** (check all that apply)

White  Hawaiian or Pacific Islander  
 Black  Asian  
 American Indian or Alaskan Native  Prefer Not to State

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**Residence**

Farm (rural area where agricultural products are sold)  Suburb of city more than 50,000  
 Town under 10,000 and rural non-farm  Central city more than 50,000  
 Town / City 10,000 - 50,000 and its suburbs

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**Military**

No one in my family is serving in the military  I have a parent serving in the military  
 I have a sibling serving in the military  Myself or my spouse is serving

Branch  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy

Component  Active Duty  National Guard  Reserves

4-H and the University of Missouri does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran. For concerns about access or opportunity, contact your local county MU Extension center or call 573-882-9359. The University of Missouri complies with the Americans with Disabilities Act of 1990. If you have a disability and need accommodations in connection with this or any part of the enrollment process, contact your local county MU Extension center or call 573-882-9359. Reasonable efforts will be made to accommodate your needs.

## Authorizations

### 4-H Volunteer Confidentiality Statement

I do hereby acknowledge that in my volunteer service for the Missouri 4-H Center for Youth Development, I will have access to confidential information contained in the volunteer applications and/or records of volunteers serving the organization and/or youth member information. I agree that I shall not disclose any such confidential information maintained by the Missouri 4-H Center for Youth Development to any unauthorized person, and I will adhere to confidentiality guidelines of the Missouri 4-H Center for Youth Development. I acknowledge that a proven breach of confidence could be cause for termination from my volunteer position.

- I agree  
 I DO NOT agree

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4-H Youth Protection Policy (Code of Conduct for Staff/Volunteers)

#### CODE OF CONDUCT STAFF & VOLUNTEERS ARE EXPECTED TO OBSERVE

The mission of the Missouri 4-H Program is to engage youth as valued, contributing members of their communities in partnership with caring adults. The opportunity to participate in and/or volunteer with Missouri 4-H is a privilege and honor, not a right. All youth participants, parents/guardians supporting their child's participation in 4-H, and volunteers are expected to sign the Missouri Code of Conduct before becoming involved with Missouri 4-H. Continued participation in Missouri 4-H is based on individuals meeting the requirements of the program including the Missouri 4-H Youth Code of Conduct and Parent Code of Conduct. For those adults who opt to become a Missouri 4-H volunteer, there is also a 4-H Youth Protection Policy (Code of Ethics for Staff/Volunteers).

The code of conduct applies and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

All 4-H youth and 4-H parents and guardians who participate in or attend University of Missouri ("MU") Extension 4-H Youth Development programs and activities are expected to uphold the values of the MU Extension 4-H Youth Development program and conduct themselves according to the following standards.

These standards apply and will be enforced with 4-H youth and parents and guardians while participating in 4-H programs and activities and at all times when behavior outside of 4-H programs and activities puts 4-H youth at risk or interferes with their participation in 4-H programs and activities, including activities online and on social media.

4-H youth and parents and guardians are expected to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring, and citizenship, including by:

- Contributing to a safe and welcoming environment for all participants
- Treating people and property with respect
- Participating fully in 4-H programs and activities
- Obeying the law and following the rules
- Refraining from possessing, offering, or using alcohol, tobacco, or illegal drugs, and from participating in 4-H programs or activities under the influence of alcohol or illegal drugs
- Not using or possessing weapons or firearms, except while participating in 4-H Shooting Sports
- Not engaging in romantic displays or contact of a sexual nature
- Dressing appropriately, including refraining from wearing clothing that is sexually suggestive or contains negative or hateful language or symbols
- Creating an inclusive environment free from discrimination on the basis of race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by state or federal law

4-H youth and parents and guardians who do not abide by the 4-H Code of Conduct may be subject to consequences, including but not limited to:

- Verbal warning
- Parental notification
- Dismissal from programs and activities at the participant's own expense

- Suspension from future programs and activities
- Ineligibility to participate in the MU Extension 4-H program

Concerns about violations of the Code of Conduct should be reported to the local MU Extension office.

**Select One:** I agree I DO NOT agree Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_**Adult Medical Release**

If necessary, I approve of officials taking me to the nearest health care provider for medical treatment.

- I approve medical treatment and my signature below authorizes such treatment
- I DO NOT approve medical treatment (please discuss this decision with 4-H faculty, staff so they fully understand your wishes)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Photo Authorization**

I authorize the University of Missouri to make pictures and sound recordings of me and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs.

 I agree I DO NOT agree

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Event Acceptance**

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs.

- All participants must observe the following guidelines for conduct:
- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Observe the established agenda.
- Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. is prohibited.
- No alcohol or illegal substances will be allowed.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

 I agree I DO NOT agree

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Service**

On average, how many hours did you volunteer each month for 4-H last year? Please consider prep time, meetings, follow up, etc.:

- |  |  |
|--|--|
| <input type="checkbox"/> 0 or I am a new volunteer | <input type="checkbox"/> 26-50 hours per month       |
| <input type="checkbox"/> 1-5 hours per month       | <input type="checkbox"/> 51-100 hours per month      |
| <input type="checkbox"/> 6-10 hours per month      | <input type="checkbox"/> 101 or more hours per month |
| <input type="checkbox"/> 11-25 hours per month     |  |
-

**Health Form**

1) Is this individual's Tetanus immunization current?

- Yes  
 No  
 Not Sure

Date of last Tetanus Shot Month/Year: \_\_\_\_\_ (Leave Blank if not current or unknown)

2) Does this individual have any health diagnosis that is important for staff to know in order to maximize participation and ensure safety and well-being?

- No, this individual does not have any relevant health diagnosis.  
 Yes, this individual has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

Health diagnosis details/explanations and suggested accommodations:

3) Does this individual have any specific dietary needs?

- No special food needs or requests for this individual.  
 Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian)

Describe all dietary needs details/explanations:

4) Does this individual have any conditions requiring medication?

- No medications are needed by this individual  
 Yes, and assistance is needed with medications  
 Yes, and assistance is *not* needed with medications

Medication details and explanation:

Does this individual have any allergies or reactions to drugs or things in nature?

- No allergies/reactions  
 Yes, please describe below:

5) Does this individual have any other health related conditions?

- No other known health related conditions  
 Yes, please describe below:

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Volunteer Screening**

### Understanding of Volunteer Application Process

*The Missouri 4-H volunteer application process has changed, please read this in its entirety.*

To become a "Recognized Missouri 4-H Volunteer," there are 4 steps. This starts with talking to your local 4-H staff or middle management volunteer (such as a club leader) about current volunteer needs to identify the best role for you within Missouri 4-H. The second step you are already doing; it is the creation or reenrollment of your 4HOnline profile! The third step is to complete the volunteer orientation either online or in person. Step four is to complete the Family Care Safety Registry form to initiate a background screening.

NEW for 2018-2019 ALL VOLUNTEER APPLICANTS: Due to the adoption of a new background screening system, Missouri 4-H requires **ALL** volunteer applicants to complete a Background Check. The form needs to be printed and turned in to the county Extension office where the applicant is interested in being considered as a volunteer. More information about volunteer processes and downloadable forms can be found at: <http://4h.missouri.edu/volunteer.aspx>

New Volunteer applicants must also complete the one-time 4-H volunteer orientation. The orientation helps new applicants learn basic terms, organizational structure and safety practices. For guidance in completing the orientation in 4HOnline, please visit the following link: <http://4h.missouri.edu/documents/4HOnline/4HHowSignUpForTrainings.pdf>

PARENTS/GUARDIANS NON-VOLUNTEERS: Your contact information is in your youth member profile and a separate adult profile is not needed. If you choose at any time during the year to become a volunteer, you will need contact your county office, follow the directions found on the website above, and in 4HOnline change your answer to "YES" to the volunteer question in your personal information page (1st page) of your profile. This will enable the fields you do not see below. This profile may be deleted by yourself (now) or your county (later).

IF YOU DO NOT COMPLETE ALL STEPS OF THE VOLUNTEER APPLICANT PROCESS, you will not be considered a "Recognized 4-H Volunteer."

### **Acknowledgement of the Volunteer Screening Background Process**

I have read and understand the volunteer background screening requirement.

### 4-H Youth Protection Policy (Code of Ethics for Staff/Volunteers)

**CODE OF ETHICS STAFF & VOLUNTEERS ARE EXPECTED TO OBSERVE**

Work within the University of Missouri Extension 4-H system

- Seek training for my volunteer role which will help me work more effectively with youth and adults.
- Contact the county youth specialist if my legal status changes.
- Be accountable for my actions to the county 4-H Council [or similar policy-setting body], county University of Missouri Extension Council, Missouri 4-H Youth Development Programs, and University of Missouri Extension. If my personal conduct is deemed by these bodies to violate this agreement or if I fail to meet any of the stated policy statements, I know I may be relieved of my 4-H duties.

Provide a Safe Environment

- Treat all youth and adults equally, without discrimination. This includes providing equal access to participation for all youth and adults, regardless of race, creed, color, sex, national origin or disability.
- Avoid harming youth or adults, whether through sexual harassment, physical force, verbal or mental abuse or neglect.
- Obey the laws of the locality, state and nation. This includes abstaining from alcohol or any illegal substance use while working with, or responsible for youth; neither will I allow youth to do so while under my supervision.
- As an Extension representative, fulfill my obligation as a mandated reporter if I believe there is or has been child abuse or neglect or I take a report of child abuse or neglect. I know I should contact the Missouri Child Abuse/Neglect Hotline at 1-800-392-3738 (TDD 1-800-669-8689), the MU Extension staff person who directly supervises my 4-H volunteer service and, if I believe it is warranted, local law enforcement.

Provide a Supportive Environment

- Treat all youth with respect, caring and acceptance.
- Honor my volunteer commitment. I will live up to my volunteer commitment by working the hours necessary to fulfill my role.
- Keep records, distribute materials and support the 4-H system. I will share 4-H materials to youth and adults. I will keep and submit required records on time. I will help youth and adults with enrollment, active participation and recognition.

## Provide an Interactive and Engaging Environment

- Work as a "team player" for the good of all persons. I will work cooperatively with others for the good of all in the program.
- Strive to be a positive role model at all times by consistently demonstrating respect, cooperation, honesty and fair play.
- Use a democratic approach when working with youth, as they are valuable and capable of helping others and their community.

- I agree  
 I DO NOT agree

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Add a Club**

Club Name: \_\_\_\_\_

Volunteer Type:

- Assistant Club Leader  
 Club Leader  
 Resource/Activity/Parent Volunteer

**Add a Project(s)**

Project(s):  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Type:

- Project leader  
 County Middle Manager

OFFICE USE ONLY

County Review By: \_\_\_\_\_ Date \_\_\_\_\_

State Office Review Date: \_\_\_\_\_