

***NORTH CAROLINA 4-H VOLUNTEER APPLICATION***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: | | Middle Name: | Last Name: | | Preferred Name: | Birth Date: |
| Number of Previous Adult Years In Program: | Gender: Female  Male  Gender Identity Not Listed  Prefer Not To Respond | | | Residence:  Farm  Town under 10,000 or Rural - Non-Farm  Town, City or Suburbs 10,000-50,000  City or Suburb more than 50,000 City – Central, More than 50,000 | | |
| Are you of Hispanic or Latino ethnicity?  Yes No  Prefer Not To State | | Race:  White  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Asian  Balance (other combinations) Prefer Not To State | | | | |

**Emergency Contact:**

**Email Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Relationship to member: | Contact Phone: | Contact Email (Optional): |

**How would you like to participate?**

|  |
| --- |
| I want to join as a new or Returning 4-H Adult Volunteer ***continue to page 2***  I want to participate in 4-H but not as a 4-H Adult Volunteer at this time |

# VOLUNTEER TYPE

North Carolina 4-H had three types of certified volunteers: Club Volunteers, Project Volunteers and Program Volunteers.

Club Leaders

* Roles
  + Leader: Is the individual that provides leadership for the club or group volunteer who leads / supports a program and who provides overall leadership.
  + Co-Leader: Individual who provides leadership or assistance with an activity or variety of activities in the club / group program but is not the primary leader.
  + Supporter: An individual who serves in a variety of roles within the club / group program.

Project Leader:

* Roles
  + Assistant / Coach: This volunteer provides support in specific project area for the 4-H program in general. This individual is not associated with a specific club and or a group.
  + Club Assistant / Coach: This volunteer provides support to club and or a group in specific project area.

Program Volunteers

* Roles
  + 4-H Advisory Council Member: An individual who serves as a member of their local 4-H Advisory Council.
  + Program Volunteer: An Individual who serves in a variety of roles in their county, district and/or state program.

**Select Volunteer Types** (select all that apply):

Program Volunteer 4-H Advisory Council Member

Program Volunteer

Club Volunteer Assistant/Coach

Club Co-Leader

Club Leader

Club Supporter

Project Leader Assistant/Coach: A project volunteer NOT associated with a club

Project Leader CLUB Assistant/Coach

**About You:**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title (Optional): | Employer (Optional): | Work Phone (Optional): | Work Extension (Optional): |

**Emergency Contact 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (Optional): | Relationship to member (Optional): | Contact Phone (Optional): | Contact Email(Optional): |

**Military:**

Family Member Military Service:

I am serving in the Military

No one in my family is serving in the Military.

I have a family member serving in the Military.

Branch of Service:

Airforce

Army

Coastguard

D O D Civilian

Marines

Navy

Not Applicable

Branch Component:

Active Duty

National Guard

Not Applicable

Reserves

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a sworn Law Enforcement Officer? \*This information is used only for the background screening process.  Yes No | How are you interested in volunteering? | Are you a 4-H Alumnus?  Yes No  If you selected yes, what state were you a 4-H’er in? | Please select your t-shirt size: Small Medium  Large XL  2XL 3XL  4XL  Youth Small Youth Medium  Youth Large Youth XL |

# Health

The following information should be completed by the parent/guardian, or adult.  The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency.  Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

***Note:****Youth who register to attend a “Residential 4-H Camp” must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed “Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."*

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| --- |
| **Allergies (Please list all known allergies here):**  Aspirin  Yes  No  Insect Stings  Yes  No    Dairy  Yes  No  Eggs  Yes  No  Gluten  Yes  No  Nuts  Yes  No  Peanuts  Yes  No  Penicillin  Yes  No  Shellfish  Yes  No  Sulfa  Yes  No  Tetanus Vaccine  Yes  No  Wheat:  Yes  No  List any additional allergies here:  Yes  No  List any other dietary considerations here:  Yes  No  **Authorized Medications:**  List any prescription medications:  Yes  No  **Care:**  Please complete this section with the participant's medical and dental physician information. \*This information will only be utilized if there is a medical / dental emergency.  Primary Physician Name:  Primary Physician Phone:  Clinic Name:  Dentist Name:  Dentist Phone:  **Conditions: Has or does the participant have:**  Arthritis  Yes  No    Have Asthma  Yes  No    Bleeding/Clotting  Yes  No  Ever had Convulsions or Seizures  Yes  No  Have Diabetes  Yes  No    Emotional difficulties involving professional treatment  Yes  No  Epilepsy  Yes  No  Ever been dizzy / passed out during exercise  Yes  No  Ever had a head injury  Yes  No  Heart problems  Yes  No  Had Hepatitis A, B, or C  Yes  No  Have Hypertension.  Yes  No  Ever had Tuberculosis  Yes  No    Gall Bladder Problems  Yes  No    Kidney Problems  Yes  No  Liver Problems  Yes  No    Respiratory Problems  Yes  No    Stroke  Yes  No  Had Mononucleosis in the past 12 months?  Yes  No  List any program activity restrictions or limitations (e.g. what cannot be done, what adaptations or limitations are necessary):  Yes  No  **Devices:**  Wear contact lenses  Yes  No    Epi-Pen (provide details)  Yes  No    Wear glasses or protective eye-wear  Yes  No    Hearing aid  Yes  No  Inhaler (provide details)  Yes  No    List any other devices (provide details)  Yes  No    **Vaccinations:**  Date of last flu shot:  Date of last tetanus shot:  **Health Insurance:**  The 4-H program purchases accident insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:  Company Name:  Policy / Group Number:  **Remarks:**  List any adaptations needed due to disability (explain “yes” answers).  Yes  No  **Adult Health History and Authorization Form**  This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.  I hereby give permission to the NC 4-H to administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.  I give permission to NC 4-H to arrange necessary related transportation for me/my child.   ­­­­­­­­­  I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county and state.  Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, I consent No, I do NOT consent. |

**Consents:**

To participate in 4-H members / participants are required to complete the following authorization forms.

**NC 4-H Photo and Media Release Form For Volunteers**

I do hereby agree to be photographed, audio or videotaped by the NC Cooperative Extension,

4-H Youth Development Program, and NC State / NCA&T State University.  I further agree that my image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC Cooperative Extension, 4-H Youth Development Program, and NC State / NC A&T State University, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AGREE to photo/media use for any use described herein.

I do NOT agree to photo/media use for any use described herein.

**NC 4-H Volunteer Standards of Behavior and Personal Boundaries Form**

***North Carolina 4-H Volunteer Standards Of Behavior & Personal Boundaries for Working with Minors***

Families and other youth-serving organizations place trust in North Carolina Cooperative Extension to provide quality leadership and care for participants in 4-H programs. The opportunity to work with youth is a privileged position of trust that should only be held by those who are willing to commit to upholding behavior that fulfills this trust. The Program has established standards of behavior for face-to-face and online Programs for all volunteers, guest speakers and third party entities. It is the responsibility of the individual engaging with minors in the Program to review the Program rules and standards of behavior. Violations will be handled according to University policies and regulations.  Our standards include:

1. I will not engage in private communications with minors including communications via text messaging, e-mail, phone, internet chat, on-line games, or other forms of social media unless there is an educational or programmatic purpose and the content of the communication is consistent with the mission of the program. Should communication be necessary, I will include a third program staff member.
2. Create an environment where everyone is welcomed and given the opportunity to participate and succeed.
3. Ensure that all participants are treated with dignity, fairness and respect.
4. I will maintain appropriate physical boundaries at all times.
5. Bullying, harassing or using derogatory language towards another person or group of people is prohibited.  Hazing of any kind is prohibited. Cyberbullying is prohibited.
6. Obey the laws of the locality, state and nation.
7. Keep conversations and interactions focused on the Program goals and objectives.
8. Not share personal information, email, or social media accounts with minor participants.
9. Not share links or passwords for Program meetings or content.
10. Not “friend,” “follow” or “like” minors from the Program on social media.
11. Not record, take screenshots or images, unless directed to do so for Program purposes.
12. Not use Program content, contacts, images or video for personal use outside the scope of the Program.
13. Not share links or passwords for Programs or content unless directed to do so for Program purposes.
14. Dress appropriately.
15. I will immediately report any reasonable suspicion or knowledge of abuse of a minor to the Division of Social Services, the NC State Office of Youth Programs and Compliance and if an immediate intervention is necessary, to the local police .
16. I will not touch or speak to a minor in a sexual or other inappropriate manner.
17. I will avoid one-on-one interaction with minors, but if unavoidable it will take place in an open, well- illuminated space with windows observable by other program staff, unless the one-on-one interaction is expressly authorized by the program administrator or is being undertaken by a health care provider.
18. I will not meet with minors outside of established program locations or outside of established times. Any exceptions require written parental authorization and must include more than one authorized adult or program staff.
19. I will not invite minors to my home or other private location or accept their invitations for the same. Any exceptions require authorization by the program administrator and written authorization by a parent/guardian.
20. I will not make sexual comments, tell sexual jokes, or allow minors to access sexually explicit materials.
21. I will not engage or allow minors to engage me in romantic or sexual conversations.
22. I will not accept or give gifts to minors without the knowledge of their parents or guardians.
23. I will not inflict any physical or emotional abuse on minors to include, but not limited to, striking, humiliating, ridiculing, or degrading minors.
24. I will not use, possess, or be under the influence of alcohol or illegal drugs at any time while working with minors nor allow youth under your supervision to do so.
25. I will not provide or knowingly allow minors to possess or consume alcohol, tobacco, or illegal drugs.
26. I will not use profanity, vulgarity, or harassing language in the presence of minors at any time.
27. I will not provide transportation to minors unless doing so is an acknowledged component of the program. When transporting minors, more than one volunteer or program staff must be present in the vehicle, except when multiple children/teens will be in the vehicle at all times during the transportation.
28. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regard to race, color, creed, national origin, religion, sex, age, sexual orientation, veteran status, disability or political affiliation.
29. Operate motor vehicles (including machines or equipment) in a safe and reliable manner and only with a valid operator’s license and the legally required insurance coverage.
30. Inform county 4-H staff of any arrests or charges of criminal activity. (Temporary suspension pending resolution of the case may be required.)
31. Not require 4-H participants to purchase materials, supplies, equipment, animals or services from any specific vendor.
32. Address problems that are brought to my attention and work with Program staff to resolve issues that may arise.
33. Accept supervision and support from county, district, and state 4-H staff while involved in the 4-H program.
34. Violation of Program or university code, policy, or regulation may result in being dismissed from the program.

***North Carolina 4-H Volunteer Agreement***

Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these by signing where indicated. In addition, adults serving as volunteers can expect the following from the North Carolina Cooperative Extension (NCCE).

***NCCE AGREES TO:***

* Provide orientation training for the position.
* Set educational tone and directions.
* Provide job descriptions.
* Provide assistance, support and encouragement.
* Give recognition for time and energy devoted to the job.
* Inform of coming events and activities.
* Make annual evaluations.
* Provide training opportunities and material to develop understanding and management of the volunteer assignments.
* Provide educational materials to be used for project and club organizations.
* Provide timely information on events, programs, and opportunities for youth at the county, state, and national levels.

***VOLUNTEER AGREES TO:***

* Register and maintain an Active Status in 4-HOnline.
* Complete New 4-H Leader Orientation & Training.
* Be supportive of Extension programs and staff members.
* Participate in County Volunteer meetings and trainings as appropriate.
* Inform enrolled youth of Extension program opportunities.
* Supply County Extension Office with application updates annually.
* Abide by the North Carolina 4-H Volunteer Standards of Behavior & Personal Boundaries for Working with Minors Form
* Participate in available training as appropriate to fulfill my duties.
* Watch Minors Regulation Training - https://[www.youtube.com/watch?v=B5hbO7WD8Mo&feature=youtu.be](https://www.youtube.com/watch?v=B5hbO7WD8Mo&feature=youtu.be)

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, I agree to the NC 4-H Standards of Behavior & Personal Boundaries

**NC 4-H Youth Development Program Liability Waiver, Assumption of Risk & Indemnification Volunteer Agreement**

In consideration of NC State University and/or NC A&T State University allowing me to participate in the North Carolina 4-H Program, (hereinafter “Program”), I, for myself, agree as follows:

I affirm and acknowledge that I am participating in the Program for my own personal benefit. I understand that I will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving my participation in the aforementioned activities, and I voluntarily authorize my participation in reliance upon my own judgment and knowledge of my experience and capabilities.

Additionally, I understand that the coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina.  COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program’s facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program’s reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my own behalf and I have authority to enter this Agreement. I also represent that I am in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with a physician for appropriate guidance.

On behalf of myself, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the “Released Parties”) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from, resulting from, or relating in any way to my participation in the Program. I further agree that if, despite this Agreement, I or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that I am required to be familiar with and abide by the Program’s rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for my  conduct and actions while participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this agreement, I understand it, and I agree to be bound by it.

# VOLUNTEER SCREENING

|  |  |  |
| --- | --- | --- |
| Current Day Phone: | Current Evening Phone: | Reason For Wanting To Be a 4-H Volunteer: |
| **Volunteer Experience:** (Optional)  Organization:  Volunteer Role and Duties:  City / State:  Years: | | |
| **Most Recent Employment:**  Employer:  Position Title and Duties: | | |
| Do you currently hold a valid Drivers License?  Yes No | | |
| **References**  Please list three persons, not related to you, who have knowledge and have known you for at least two years. Please provide complete addresses, phone numbers, email addresses and their relationship to you.  Reference 1  Name:  Address:  City:  State:  Zip  Phone Number:  Email Address:  Relationship:  Reference 2  Name:  Address:  City:  State:  Zip  Phone Number:  Email Address:  Relationship:  Reference 3  Name:  Address:  City:  State:  Zip  Phone Number:  Email Address:  Relationship: | | |
| I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested is just cause for non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of the North Carolina Cooperative Extension and the North Carolina 4-H Program and to fulfill my volunteer responsibilities to the best of my ability. I hereby authorize the 4-H agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal, financial and traffic violation background check. I give my consent to a criminal, financial and traffic violation background check. \*Financial checks are only processed for volunteers who will manage club or project finances.  I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.  Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, I agree | | |