

Volunteer Re-Enrollment Form - for screened volunteers only

If you have not been screened, ask for a Volunteer Screening Packet so you can complete the 3 screening steps.

Adults cannot serve with youth until they have been screened. Learn more at: www.4-H.umn.edu/volunteer/.

COUNTY: _____ 4-H Year: 2016-2017

Family Last Name: _____

Family Phone: _____

Family Email: _____



Volunteer Information ** indicates required fields*

* First Name	* Middle Name
* Last Name	Email
Occupation	* Mailing Address
* City	* State
* Zip Code	* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
* Primary phone	Work Phone and ext. #
Cell Phone	I wish to receive notices via text message <input type="checkbox"/> Yes <input type="checkbox"/> No
Year of birth	Cell Phone Provider – (required to receive texts)

Emergency Contact Information

* First and Last Name	* Home/work/other Phone
Cell Phone	* Relationship

Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs
* Military	<input type="checkbox"/> Myself or my spouse is serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

(Optional) Please select the highest education level of any parent/guardian in the household:

- | | |
|--|---|
| <input type="checkbox"/> Not applicable or unknown | <input type="checkbox"/> Some college, including vocational/technical college or university graduation (two or four year degree completion) |
| <input type="checkbox"/> Partial high school | <input type="checkbox"/> Graduate/professional training |
| <input type="checkbox"/> High school graduate or GED certificate | <input type="checkbox"/> I prefer not to provide this information |



County: _____

Volunteer Name: _____

Health Information (required for individuals who will travel out of county as a Minnesota 4-H volunteer)

Please be accurate yet concise. In the event of an emergency, this may be the only immediate source of information.

Do you have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being?	<input type="checkbox"/> No relevant health diagnosis for this participant. <input type="checkbox"/> Yes, this participant has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis. ---> If YES, please provide details in the box directly below.
Health diagnosis details/ explanations including type of diagnosis and suggested accommodations. (e.g. wheelchair accessible facility).	
Do you have any specific dietary needs?	<input type="checkbox"/> No special food needs or requests for this participant. <input type="checkbox"/> Yes, this participants has special food needs or requests based on food allergies (e.g. peanuts), dietary restrictions (e.g. gluten-free), food preferences (e.g. vegetarian) or religious restrictions (no pork, gelatin, etc.). ---> If YES, please provide details in the box directly below.
Dietary needs details/explanation.	
Do you have any allergies or reactions to drugs or things in nature?	<input type="checkbox"/> No allergies or reactions for this participant <input type="checkbox"/> Yes, this participant does have allergies or reactions to drugs or things in nature. ---> If YES, please provide details in the box directly below.
Allergies or reactions details/explanation including type of allergy/reaction(s), symptoms and treatment.	
Do you have any conditions requiring medication (including use of an inhaler)?	<input type="checkbox"/> No medications are needed by this participant. <input type="checkbox"/> Yes, and assistance is needed with medications <input type="checkbox"/> Yes, and this member is capable of self-administering medications ---> If YES, please provide details in the box directly below.
Medication details/explanation including name of medication(s), purpose of medication(s), and frequency of use.	
Is your Tetanus Immunization current?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure ____/____/____ Date of immunization (if known)
Do you have any other health related conditions or require any other health related accommodations? (e.g. CPAP machine)	<input type="checkbox"/> No, this participant does not have any other health related conditions or require any additional health related accommodations. <input type="checkbox"/> Yes, this participant has a health related condition or health related accommodation needed that has not been previously described. ---> If YES, please provide details in the box directly below.
Additional health related condition or health related accommodation details.	

Leadership

Club Leadership	<input type="checkbox"/> 4-H Activity Volunteer <input type="checkbox"/> 4-H General Volunteer <input type="checkbox"/> 4-H Organizational/ Key Contact Volunteer
Project Leadership	Project: _____ Level: <input type="checkbox"/> Club <input type="checkbox"/> County <input type="checkbox"/> State Project: _____ Level: <input type="checkbox"/> Club <input type="checkbox"/> County <input type="checkbox"/> State Project: _____ Level: <input type="checkbox"/> Club <input type="checkbox"/> County <input type="checkbox"/> State



County: _____

Club: _____

Volunteer Name: _____

Project Leadership

- | | | |
|---|---|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Plant & Soil Sciences |
| <input type="checkbox"/> Aquatic Robotics | <input type="checkbox"/> Forest Resources | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Fruit | <input type="checkbox"/> Poultry (& pigeons) |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Geology | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Goat – Dairy | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Child & Family Development | <input type="checkbox"/> Goat – Meat | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Global Connections | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Clothing & Textiles | <input type="checkbox"/> Health | <input type="checkbox"/> Self-determined |
| <input type="checkbox"/> Cloverbuds | <input type="checkbox"/> Home Environment | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Horse (includes Horse Science) | <input type="checkbox"/> Shooting Sports/Wildlife Management |
| <input type="checkbox"/> Consumer Education | <input type="checkbox"/> Horse Training | <input type="checkbox"/> Shop (wood &/or metal) |
| <input type="checkbox"/> Crafts & Fine Arts | <input type="checkbox"/> Horseless Horse | <input type="checkbox"/> Small Engines |
| <input type="checkbox"/> Crop Sciences | <input type="checkbox"/> Indoor Gardening | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Lawn & Landscape | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Lama (llamas & alpacas) | <input type="checkbox"/> Vegetable Gardening |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Needle Arts | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Engineering Design | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Video |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Pets | <input type="checkbox"/> Water & Wetlands |
| <input type="checkbox"/> Exploring Animals | <input type="checkbox"/> Photography | <input type="checkbox"/> Wildlife Biology |
| <input type="checkbox"/> Exploring the Environment | | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> Fishing Sports | | |
| <input type="checkbox"/> Flower Gardening | | |

Code of Conduct

Introduction to the Code of Conduct

The University of Minnesota Extension 4-H Youth Development program (Minnesota 4-H) builds engaged young people who are able to learn and lead in a global society, educates adults to work effectively with youth, and partners with communities to create supportive social environments that help youth thrive. A standard of behavior for all individuals involved in our program is one of the key components for creating a welcoming learning environment that is physically and emotionally safe. Any individual participating and/or volunteering with the Minnesota 4-H program at any level (individual, club, county, regional, state, national and international) is subject to the behavior standards and rules governing participation and involvement as outlined in the Minnesota 4-H Code of Conduct. In addition to the Minnesota 4-H Code of Conduct there may be additional policies, rules, and procedures relating to specific 4-H events and activities that will also apply to those events/activities.

The Minnesota 4-H Code of Conduct (adopted August 2013) applies and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

- While participating in or attending a 4-H sponsored program (e.g. club meeting, project meeting, activity, event, learning opportunity).
- At the county fair while participating in or attending a 4-H event or while on premises used for 4-H purposes (e.g. show ring, exhibit building, barn, food stand).
- At the state fair, during their (or their child's) assigned encampment or assigned volunteer responsibility.

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In addition, the Minnesota 4-H Code of Conduct applies and will be enforced as follows:

- At all times during the year of service for 4-H members who agree to represent Minnesota 4-H to the public by accepting a statewide 4-H leadership role (e.g. state 4-H ambassador, state 4-H PDC member).
- At all times throughout a volunteer's service when behavior outside of the Minnesota 4-H puts youth at risk or has the potential to put youth at risk.

The opportunity to participate in and/or volunteer with Minnesota 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 Minnesota 4-H Code of Conduct before becoming involved with Minnesota 4-H. Continued participation in Minnesota 4-H is based on individuals meeting the requirements of the program including the Minnesota 4-H Code of Conduct.

Infractions to the Minnesota 4-H Code of Conduct will be addressed and may result in consequences. Because Minnesota 4-H is a safe place for youth and adults to learn from their mistakes, minor disruptive or inappropriate behavior will first be addressed through redirection and coaching. When the nature of the offense is more severe or there is a pattern of minor disruptive or inappropriate behavior, violations of the Minnesota 4-H Code of Conduct will result in consequences. The consequences may range from a verbal warning to the loss of privileges (e.g. participation at the event or future events, forfeiture of awards or other forms of recognition, forfeiture of positions of leadership, limitation on volunteer responsibilities) to full removal from Minnesota 4-H. Consequences may be applied to entire 4-H entities, when applicable.

Code of Conduct for Volunteers

1. I understand that the Minnesota 4-H Youth Development program is a non-formal education program in which I have an option to volunteer. I will complete the expectations of my volunteer assignment, working with staff and volunteers to create quality learning environments for youth. I accept my responsibility to engage in program activities and to excuse myself from this volunteer assignment if it does not meet my volunteer objectives. I recognize the organization has the responsibility and authority to remove individuals who are serving as volunteers that are disruptive to the 4-H Youth Development program or for any other reason the 4-H Youth Development program deems appropriate.
2. I accept my responsibility to represent the University of Minnesota Extension 4-H Youth Development program by holding myself to the standards of the 4-H pledge and motto. I will refrain from behavior that negatively represents myself, my family, my community, 4-H or the University of Minnesota.
3. I acknowledge that the 4-H program utilizes competition related to project work as a tool for learning. I will demonstrate good sportsmanship, encourage this behavior in program participants and other volunteers, and not allow this behavior to detract from the learning experience. I will not let my personal desire to win overshadow the needs of the group or violate positive youth development principles.
4. I accept my personal responsibility to be informed and follow the policies, rules and deadlines established by Minnesota 4-H. I will not cheat, lie, knowingly furnish false information, deceive, or otherwise engage in dishonest, unethical or illegal behaviors. I will not encourage others to disregard or intentionally violate conditions of Minnesota 4-H participation.
5. I will act in a respectful and responsible manner during all 4-H programs. I will comply with directions of 4-H officials acting in the performance of their duties. I will not obstruct or disrupt any 4-H program or encourage others to engage in such conduct. I understand that a judge's decision is final.
6. I will promote a spirit of inclusion and welcome participation of individuals from all backgrounds. I will encourage youth involvement in decision making. I will practice fair-mindedness by being open to ideas and opinions of others. I will comply with equal opportunity and anti-discrimination laws. I will not participate in behaviors that discriminate against other people.
7. I will communicate (oral, written and electronic) in an open, honest, respectful manner in all situations involving the 4-H program. I will refrain from communication that is negative, offensive, destructive or hurtful to others. I will refrain from sharing private matters in a public group setting. I will not engage in or tolerate slander, put-downs, insults, taunting, name-calling, yelling, profane language, sexual innuendos and other comments or hostile behaviors likely to offend, hurt or set a bad example. If I witness this type of behavior, I will contact the staff member. If the situation is escalating to where I feel unsafe, I will contact the authorities.
8. I will ensure a safe environment for myself and others involved in 4-H programs that I am leading. I will not act in an irresponsible or potentially hazardous manner. I will access and operate machinery, vehicles and other equipment in compliance with laws, rules of the 4-H program, and general safety practices.
9. I will model healthy choices. I will not offer alcohol, tobacco products or illegal substances to youth. I will not possess or use illegal substances. I will not use alcohol or tobacco products during a 4-H program. I will not attend 4-H programs under the influence of alcohol or any illegal substance.
10. I will be courteous and respectful of other individuals and their property. I will dress in a manner that is appropriate, tasteful and respectful for youth. I will not use, abuse or take another individual's personal belongings. I will not damage facilities.
11. I will not have sexual contact or a sexual relationship with a member. I will not use physical punishment for discipline. If I have reason to believe that a member is being neglected or physically or sexually abused, I will make an immediate report of the neglect or abuse to a law enforcement or social service agency. I will abide by the University of Minnesota policy on the safety of minors.

12. I will use appropriate channels within the University of Minnesota Extension to address concerns and conflicts, working towards resolution. I will accept the decision of the individual and/or group that has the leadership and authority to make the decision, even if the decision is not the one I personally desire.
13. I will demonstrate behaviors appropriate as a positive role model. If I have a guest or guests in attendance at a 4-H program, I will encourage them to abide by the Minnesota 4-H Code of Conduct and ask them to leave if they are unable to abide by the code. I recognize that if the guest's behavior interferes with the learning, my guests may be asked to leave the 4-H program.
14. I will expect youth and adults participating in the programs I lead as a 4-H volunteer to follow the Minnesota 4-H Code of Conduct. If behaviors contrary to the Minnesota 4-H Code of Conduct are demonstrated during a 4-H program, I will address the situation appropriately and consult with my staff supervisor when needed.

Volunteer Acknowledgements

Volunteer Acknowledgement of the Minnesota 4-H Code of Conduct

I have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) Code of Conduct for Volunteers including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct WILL result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development.

Volunteer Medical Authorization

I authorize each of the following: (a) the health history and medical information I have provided is correct. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which I intend to participate; (b) if an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

Media Release

I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of me and/or ,my property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

NOTE: For information about opting out of the photo release, please contact your local Extension staff:
www.4-H.umn.edu/county

By signing below, the volunteer agrees to the each of the above statements on his or her own behalf.

VOLUNTEER SIGNATURE

DATE