Ohio 4-H Volunteer Enrollment Form

4-H Club ____________________________

E-mail Address ____________________________ Years as Volunteer (Including this year) ________

Name (please print) ____________________________

Mailing Address ____________________________ County of Residence ____________________________

Birth Date / / Gender ☐ Male ☐ Female Primary Phone - - - - - - Cell Phone - - - - - -

☐ Check here to receive text alerts to your mobile device. Mobile Service Provider ____________________________

(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

Correspondence Preference ☐ E-mail ☐ Mail T-Shirt Size ☐ Youth ☐ Adult

Occupation (optional) ____________________________ Level of Education (optional) ____________________________

Ethnicity (check one) ☐ Hispanic ☐ Not Hispanic

Race (check all that apply) ☐ White ☐ Black ☐ American Indian/Alaskan

Residence (check one) ☐ Farm ☐ Town (Less than 10,000) ☐ Hawaiian/Pacific Islander ☐ Asian

☐ Town (10,000 to 50,000) ☐ Suburb (More than 50,000) ☐ City (More than 50,000)

Active Military Service (check all that apply) ☐ I and/or my spouse/partner ☐ My parent(s) ☐ I have a sibling(s) ☐ I have a dependent(s)

Branch of Service ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Branch Component ☐ Active Duty ☐ National Guard ☐ Reserves

Health Considerations/Notes (i.e. food allergy, diabetes, etc.) ____________________________________________________________

☐ I GIVE ☐ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If this section is not completed, Ohio State University Extension will not use publicity about your participation)

Volunteer Type (check one) ☐ Organizational Club Leader ☐ Cloverbud Leader ☐ Project Leader ☐ Resource Leader

Projects/topics in which I provide leadership ____________________________________________________________

I also serve as a county volunteer for (list any other county clubs, committees, and/or organizations) ____________________________________________________________

I am a previous 4-H member ☐ Yes ☐ No – If yes, County and State ____________________________________________________________

☐ I have read, understand, and agree to be bound by the VOLUNTEER STANDARDS OF BEHAVIOR outlined on the back of this form.

Volunteer Signature ____________________________ Date ____________________________

Organizational Club Leader Signature ____________________________ Date ____________________________
VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension ("OSUE" or "Extension") program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:
• Uphold volunteerism as an effective way to meet the needs of youth and adults.
• Uphold each individual’s right to dignity, self-development, and self-direction.
• Accept supervision and support from professional Extension staff while involved in the program.
• Accept the responsibility to represent their individual county Extension program and The Ohio State University.
• Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
• Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and OSUE.
• Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
• Not engage in any act prohibited by law.
• Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti- discrimination laws, and program participant policy.
• Perform duties in a responsible and timely manner as outlined in the position description.
• Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
• Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
• Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

I understand and agree that as a volunteer:
• In accordance with Ohio State University policy, Self-Disclosure of Criminal Convictions Policy 4.17, I am required to self-disclose criminal convictions within three business days of the conviction.
• I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
• I will report any child abuse, sexual abuse, or neglect in accordance with university policy
• I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a one-on-one situation, including, but not limited to sleeping quarters with participants.
• I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
• I will endeavor to provide a safe and healthy program/camp experience for all participants.
• My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

I have read, understand, and agree to be bound by the VOLUNTEER STANDARDS OF BEHAVIOR outlined above.

Volunteer Signature __________________________ Date ________________

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: http://go.osu.edu/cfaesdiversity.