



NORTH CAROLINA 4-H VOLUNTEER APPLICATION

PERSONAL INFORMATION

| | | | | | | | | | |
|--|-------------------------|----------------|-------------------------|-------------------------|---------------------------------|--|-------------|-----------------|------|
| First Name: | | Middle Name: | | Last Name: | | Suffix: | | Preferred Name: | |
| Mailing Address: | | | Mailing Address 2: | | City: | | State: | | Zip: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Primary Phone: | | Cell Phone: | | Do you wish to receive text notifications? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Work Phone: | |
| Years in 4-H: | Emergency Contact Name: | | Emergency Contact Phone | Emergency Contact Cell: | Emergency Contact Relationship: | | 4-H County: | | |
| Date of Birth (MM/DD/YYYY): | | | | | | | | | |

DEMOGRAPHIC DATA

| | | | | | | | |
|--|--|--------------------------------|---|--|--|---|---|
| Ethnicity: Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No | Military Service of Family: Family Member Military Service Status: Branch of Service: Branch Component: | | | | | | |
| Race: If you selected "Not Hispanic", you must select at least one option. <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian or Alaskan Native</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Native Hawaiian or Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Balance (other combinations)</td> </tr> </table> | | <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> Balance (other combinations) |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native | | | | | | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander | | | | | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Balance (other combinations) | | | | | | |
| Residence: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Farm</td> <td><input type="checkbox"/> Town under 10,000 and rural non-farm</td> </tr> <tr> <td><input type="checkbox"/> Town/City 10,000-50,000 and its suburbs</td> <td><input type="checkbox"/> Suburb of city more than 50,000</td> </tr> <tr> <td><input type="checkbox"/> Central city more than 50,000)</td> <td></td> </tr> </table> | | <input type="checkbox"/> Farm | <input type="checkbox"/> Town under 10,000 and rural non-farm | <input type="checkbox"/> Town/City 10,000-50,000 and its suburbs | <input type="checkbox"/> Suburb of city more than 50,000 | <input type="checkbox"/> Central city more than 50,000) | |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Town under 10,000 and rural non-farm | | | | | | |
| <input type="checkbox"/> Town/City 10,000-50,000 and its suburbs | <input type="checkbox"/> Suburb of city more than 50,000 | | | | | | |
| <input type="checkbox"/> Central city more than 50,000) | | | | | | | |

ADDITIONAL INFORMATION

North Carolina 4-H Volunteer Standards Of Behavior

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. For these reasons, the following behavior guidelines are provided for volunteers working in the North Carolina Cooperative Extension 4-H program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model for youth.
2. Obey the laws of the locality, state and nation.
3. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regard to race, color, national origin, religion, sex, age, disability or political affiliation, and promote a spirit of positive .
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs, and report suspected abuse to 4-H officials or the proper authorities.
5. Do not participate in or condone neglect or abuse which happens outside the program to 4-H youth participants, and report suspected abuse to the proper authorities.
6. 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.
7. Inform county 4-H staff of any arrests or charges of criminal activity. (Temporary suspension pending resolution of the case may be required.)
8. Notify Extension staff promptly of any incident which may violate 4-H policies or personal rights.
9. Do not require 4-H participants to purchase materials, supplies, equipment, animals or services from any specific vendor.
10. Teach 4-H youth to provide appropriate animal care and treat animals humanely.
11. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.
12. Accept supervision and support from county, district, and state 4-H staff while involved in the 4-H 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:

- Complete New 4-H Leader Orientation & Training.
- Be supportive of Extension programs and staff members.
- Participate in County Leader Association meetings and training 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 Standard of Behavior.
- Participate in available training as appropriate to fulfill my duties.
- Watch Child Abuse and Reporting Video -https://www.youtube.com/watch?v=C9Jnqk0Yrgc&feature=em-upload_owner

Yes, I agree Signature: _____

T-Shirt Size: _____

HEALTH FORM

| | | | | |
|---|---|---|---|---|
| This person takes medications on a routine basis: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medication 1 – Name, Reason, Dosage, Time Taken | Medication 2 – Name, Reason, Dosage, Time Taken | Medication 3 – Name, Reason, Dosage, Time Taken | Medication 4 – Name, Reason, Dosage, Time Taken |
|---|---|---|---|---|

Known allergies to foods, drugs, insect stings or bites, etc.

Check box if yes to indicate whether any of the following medical conditions apply to you. If the answer is “yes” to any of these items, please enter details on the lines provided at the bottom of the section.

- Yes**
- Nervous or Mental – includes epilepsy, emotional stress, convulsion, loss of consciousness, dizziness, paralysis, frequent anxiety, excessive crying?
 - Lung Disease – asthma, persistent cough, tuberculosis?
 - Heart Disease – increased or abnormal blood pressure, history of heart ailment?
 - Chest Pain or Shortness of Breath – heart murmur, rheumatic fever?
 - Stomach or Intestinal Conditions – ulcers, gall bladder or liver disorder, hernia, colitis?
 - Arthritis, Diabetes, Kidney or Bladder Disease?
 - Hay Fever or Seasonal Allergies?
 - Impaired Hearing ?
 - Wear glasses or contact lenses?
 - Allergies to bee stings, insect bites?
 - Allergies to foods?
 - Allergies to medications?

If you answered “yes” to any of the previous health questions, please explain:

Do you have any medical conditions not listed above that we should be award of – if so, please explain:

Date of last flu shot: _____

Date of last tetanus shot: _____

Name and phone number of Physician: _____

VOLUNTEER SCREENING

| | | | | |
|--|---|--|--|---|
| I understand that my participation as a volunteer is dependent on the results of my background check: <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been a 4-H volunteer before? <input type="checkbox"/> Yes, I have been a volunteer <input type="checkbox"/> No, I have not been a volunteer. | Why are you interested in being a 4-H volunteer? | Have you worked with youth before, please explain briefly: | What time commitment are you considering? |
| Are you a 4-H alumnus? <input type="checkbox"/> Yes, I am a 4-H Alumnus <input type="checkbox"/> Yes, I am a current 4-H Member <input type="checkbox"/> No, I am not a 4-H Alumnus or current 4-H Member | | If yes, where were you a 4-H member (city/state)? | | |
| Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No | Drivers Licenses #, State and Expiration Date. If none, type "none". | | Have you ever received a traffic violation, if so, please explain. If none, type "none". | |
| Employment History: Current Occupation, Employer, City & State | | Employment History (Previous 7 years) : Previous Occupation, Employer, City & State | | |
| Name of last school attended or currently attending, city & state: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I received a GED | | Education beyond High School: Colleges, technical, trade-school attended, City & State, Degree | | |
| 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. | | | | |
| Social Security Numbers Social Security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those volunteer positions that require a criminal background check (4-H club leader, volunteers who transport youth, chaperoning overnight events, managers of 4-H club / group accounts, etc.) this information is necessary for program participation. <input type="checkbox"/> None <input type="checkbox"/> At this time I agree to provide my Social Security number <input type="checkbox"/> At this time I do NOT agree to provide my Social Security number. I understand that my volunteer participation may be limited. Social Security Number: | | | | |
| 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 and traffic violation background check. I give my consent to a criminal and traffic violation background check. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith <input type="checkbox"/> Yes, I agree Signature: _____ | | | | |
| If volunteer is a minor (under the age of 18): Parent/Guardian Signature: | | | | |

For Office Use Only

The reference check was: Satisfactory Unsatisfactory

Date of reference check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

The background check was: Satisfactory Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS, INDEMNIFICATION, AND MEDIA RELEASE AGREEMENT

I have agreed to serve as a volunteer for the NC Cooperative Extension, 4-H Program, and NC State, and I recognize that my volunteer participation is a privilege afforded to me by the NC Cooperative Extension, 4-H Program, and NC State. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with my volunteering, including property damage, falls, contact with other participants, motor vehicle accidents, stings, bites, scratches, exposure to wildlife and nature, and other personal injuries. I accept and assume all risks, known and unknown, involved to me and my property in the volunteer activity, and I am voluntarily participating in reliance upon my own judgment and knowledge of my experience and capabilities, and medical or other conditions. In consideration for being allowed to participate, I hereby agree to the following:

I voluntarily waive, release and hold harmless NC Cooperative Extension, 4-H Program, and NC State, its trustees, officials, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner, directly or indirectly, connected with or proximately caused by, my participation as a volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing volunteer duties or activities. I understand that first aid may be available on site, and if injury occurs, medical and/or hospital care will be sought. I hereby grant my permission for medical providers to conduct such diagnostic, therapeutic, and operative procedures as deemed necessary for me. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical care provided is my responsibility and will be paid by me and/or covered by my insurance.

I shall defend, hold harmless and indemnify NC Cooperative Extension, 4-H Program, and NC State, its trustees, officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my acts or omissions in performing volunteer duties for NC Cooperative Extension, 4-H Program, or NC State.

I do hereby agree to be photographed, audio or videotaped by the NC Cooperative Extension, 4-H Program, and NC State. 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 Program, and NC State, 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 agree** to photo/media use for any public release by NC State
- I do not agree** to photo/media use for any public release by NC State

I understand this is a legal document which is binding upon me, my heirs and assigns and on those who may claim by or through me. I am eighteen (18) years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

If volunteer is a minor (under the age of 18): Parent/Guardian Signature: _____

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.