

DATE: _____



4-H VOLUNTEER ENROLLMENT



NAME: _____ Name of Club or Group _____
LAST FIRST MI

ADDRESS: _____
STREET CITY ZIP

PHONE: _____

I LIVE: (CHECK ONE)
____ ON A FARM
____ RURAL AREA OR TOWN UNDER 10,000
____ TOWN OR CITY OF 10,000 TO 50,000
____ SUBURB OF CITY OVER 50,000
____ CITY OVER 50,000

RACE*:
____ WHITE ____ HISPANIC
____ BLACK ____ ASIAN
____ AMER IND ____ OTHER(S)
____ HAWAIIAN

EMAIL: _____
PACIFIC

SEX*: FEMALE ____ MALE ____

FAMILY'S MILITARY AFFILIATION

(If Any- Please check all that apply)

	ACTIVE	RESERVE	GUARD
ARMY	_____	_____	_____
AIR FORCE	_____	_____	_____
NAVY	_____	_____	_____
MARINES	_____	_____	_____
COAST GUARD	_____	_____	_____

4-H VOLUNTEER ROLE (check one)

DIRECT ____ Unpaid support for the 4-H program through face-to face contact with youth, by a youth or adult.
e.g.: project leader, club leader, camp counselor, teacher.

INDIRECT ____ Unpaid support for the 4-H program by a youth or adult which does not include face-to- face contact with youth. e.g. boards, committees.

YEARS AS A 4-H LEADER COUNTING THIS YEAR _____

PROJECTS TO WHICH YOU GIVE LEADERSHIP (See code list on back).

CODE	NAME	CODE	NAME	CODE	NAME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4-H Volunteer Agreement

I am volunteering my time to further the educational purpose of 4-H and will actively work toward achieving racial and sexual balance. I will not discriminate on the base of race, color, creed, religion, sex, national origin, handicap or political affiliation.

Volunteer's Signature

*This information is needed for reporting purposes only.

UNIVERSITY OF HAWAI'I
Hawai'i 4-H Youth Development Program

Name of Adult Volunteer (Last Name, First Name, Middle Initial): _____

ASSUMPTION OF RISK AND RELEASE.

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the Hawai'i 4-H Youth Development Program from September _____ to August _____.

I understand that I should be covered during the Dates of Program above by a private medical and liability policy; and I further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program.

I understand that participation in the Program is voluntary. In giving this consent, I also understand that there are unavoidable and unforeseen risks in participating in the Program. I acknowledge and I have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my participation, I agree, individually, and on behalf of my heirs, successors, and personal representatives(s) to assume of all the risks and responsibilities associated with my participation in the Program.

Signature of Participant

Date

Print Name

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Signature of Participant

Date

Print Name

MEDIA RELEASE

I give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Signature of Participant

Date

DATE: _____

CITIZENSHIP AND CIVIC EDUCATION

AC Cultural Education (including heritage, diversity, exchanges)

AE Intergenerational Programming

AG Volunteerism

AH Service-Learning

COMMUNICATIONS AND EXPRESSIVE ARTS

BB Drama

BC Visual Arts

CONSUMER AND FAMILY SCIENCES

CB Clothing and Textiles

CC Consumer Education

CE Parenting and Family Life Education

ENVIRONMENTAL EDUCATION AND EARTH SCIENCE

DA Environmental Stewardship (general)

DB Earth, Water and Air

DC Energy (general, home, farm, transportation)

DD Forests, Rangeland and Wildlife

DF Waste management

HEALTHY LIFESTYLE EDUCATION

EA Chemical Health

EB Mental and Emotional Health

EC Foods and Nutrition

ED Physical Health

EE Safety

PERSONAL DEVELOPMENT AND LEADERSHIP

FA Career Exploration and Employability

FD Introductory 4-H Projects (for participants 5–8 years old)

FH Personal Development (general)

PLANTS AND ANIMALS

GB Animals

GC Plants

SCIENCE AND TECHNOLOGY

HB Biological Sciences

HC Technology and Engineering

HCA Aerospace

HD Physical Science