



Adult Volunteer Appointment Process (PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

Thank you for your interest in becoming and/or continuing as a 4-H adult volunteer. As a volunteer, you will play an important role in the development of young people, helping them to identify their spark and develop the skills and positive outcomes that lead to thriving. Below are the steps to becoming a volunteer. We look forward to working with you as a valuable asset to the 4-H Youth Development Program. Please contact your local county 4-H Office for questions.

4-H Adult Volunteer Initial Appointment Process – Paper

1. Fill out the 4-H Adult Volunteer Interest Survey online at: <insert county link> _____
2. One-on-one interview may be required (will be notified by county-based staff or volunteer).
3. Submit 4-H adult volunteer application packet to Club Leader. Confidential Self-Disclosure Form must be submitted directly to county staff in sealed envelope. Club Leader or county staff will create the 4hOnline profile, enter all required information, and submit. 4hOnline adult enrollment status is pending.
4. Complete required “2020-21 California New Volunteer Training” in eXtension
 - a. Information on how to create an eXtension account, access the training, and contact information can be found at http://4h.ucanr.edu/4Hvolunteer/New_Volunteers/ under the New Volunteer Training section.
 - b. Please note: You will need an enrollment key to access this course. If you provided an email address in your enrollment packet, the enrollment key will be sent to the email address you provided, or you can request it from the Cooperative Extension County 4-H Office.
5. Complete any additional trainings required by your county.
6. Submit fee payment to the Club Leader/Organizational Unit Volunteer.
7. Complete live-scan clearance with the State Department of Justice. Forms can be obtained online at: <insert county link> _____
8. The application is reviewed by the county director
 - a. If approved notification of your 4-H adult volunteer appointment will be sent in a letter, electronically or by mail, from the county director.
 - b. If there are any limitations on the appointment, they will be included in the letter sent from the county director.
 - c. If not approved a letter will be sent to the applicant from the county director.

4-H Adult Volunteer Re-Appointment Process - Paper

1. Submit 4-H adult volunteer application packet to Club Leader. Confidential Self-Disclosure Form must be submitted directly to county staff in sealed envelope. Club Leader or county staff will create the 4hOnline profile, enter all required information, and submit. 4hOnline adult enrollment status is pending.
2. Complete the required “2020-21 California Returning Volunteers Training” in eXtension
 - a. Information on how to create an eXtension account, access the training, and contact information can be found at http://4h.ucanr.edu/4Hvolunteer/Returning_Volunteers/ under the “Re-application process” section.
 - b. Please note: You will need an enrollment key to access this course. If you provided an email address in your enrollment packet, the enrollment key will be sent to the email address you provided, or you can request it from the Cooperative Extension County 4-H Office.
3. Complete any additional trainings required by your county.
4. Submit fee payment to the Club Leader/Organizational Unit Volunteer.
5. The application is reviewed by the county director
 - a. If approved notification of your 4-H adult volunteer appointment will be sent in a letter, electronically or by mail, from the county director.
 - b. If there are any limitations on the appointment, they will be included in the letter sent from the county director.
 - c. If not approved a letter will be sent to the applicant from the county director.

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

| | |
|---|-----------|
| State 4-H Accident/Sickness Insurance and Program Fees* | \$ 6.00 |
| County 4-H Program Fees* | \$ |
| 4-H Club/Unit Program Fees* | \$ |
| Total | \$ |
| *Refunds are not applicable to all fees. | |

| 4-H Club/Unit Leader | County 4-H Office |
|----------------------|---|
| | University of California Cooperative Extension |



Adult Volunteer Application Form Information

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, titleixdiscrimination@ucanr.edu, (530) 750-1343.



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

We appreciate your volunteer service to the University of California Agriculture and Natural Resources (UC ANR) and the valuable link you provide to local communities. When in the course and scope of your duties, you are considered an agent of the University of California (UC) and have the following rights and responsibilities.

Your Responsibilities:

1. Maintain a professional presence and dress when acting as a volunteer (see [California 4-H Dress Guidelines](#)).
2. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
3. Be committed to the core values, educational goals, and quality standards of the statewide program.
4. Respect and safeguard the individual rights, talents, safety, and property of program participants.
5. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with fellow volunteers, program participants, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved.
6. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity (see [UC ANR Nondiscrimination and Affirmative Action Policy](#)).
7. Understand and acknowledge that UC policy requires anyone who is driving on University business to maintain insurance coverage in at least the following amounts: \$50,000 for personal injury to, or death of, one person; \$100,000 for injury to, or death of, two or more persons in one accident; and \$50,000 for property damage. These limits are commonly referred to as: "50/100/50". These University minimums are higher than the State minimum insurance requirements of 15/30/5. If approved to drive on UC 4-H business, possess a valid California driver's license, ensure that all passengers use seat belts, and carry proof of the minimum automobile liability insurance required by UC.
8. Understand and agree that 4-H members and their families are liable for any injuries or damages caused by their animals and should carry insurance on their animals. Some fairs require insurance. UC does not own or insure 4-H members' or volunteers' animals or personal property.
9. Report volunteer hours on a regular basis as required by the statewide program (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
10. Follow UC guidance for all program financial matters and provide receipts for any money collected in the name of UC.
11. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
12. Be recognized as an agent of the UC when working in the course and scope of your volunteer duties by wearing your program name badge (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

Your Rights:

1. To be respected by program staff.
2. To have access to current program materials, training, and curriculum to support program delivery.
3. To be informed of any infraction that may or does result in corrective action or dismissal from the program.
4. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).



Adult Volunteer Code of Conduct – page 2
(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

The following are prohibited when acting on behalf of a UC ANR statewide program:

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support [UC ANR's Principles of Community](#).
2. Violation of the UC ANR Volunteer Agreement or Adult Volunteer Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in a statewide program activity.
4. Use of abusive, obscene and discriminatory language at any program activity.
5. Attack or harassment of another person; whether visual, verbal, physical and/or by the use of social media.
6. Private, one-on-one interactions with youth members at *any time*, both during program activities and outside of program activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
7. A romantic relationship with any youth member at *any time*.
8. Behavior that is illegal, unsafe, or contrary to the highest standard of ethics (see [Regents Policy 1111](#)).

Consequences:

All UC ANR volunteers and trainees shall act in ways that promote and support statewide program goals and do not conflict with statewide program policies and procedures. Infractions of this Adult Volunteer Code of Conduct should be reported promptly by anyone observing them to program staff. The UCCE County Director may, if necessary and with guidance from the Statewide Volunteer Coordinator, immediately limit, suspend or terminate the services of any statewide program volunteer.

Further, the UCCE County Director may, if necessary in their sole judgment, waive the formal review process and immediately suspend or terminate a volunteer if in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the volunteer is the subject of a criminal investigation, and/or other conditions that cannot be remedied with corrective action). In such instances, the decision of the UCCE County Director* is final. The [Conflict Resolution Manual](#) is intended to serve as a process guide for working through infractions.

*When referring to regional (outside the authority of a single County Director) or state level infractions this is authority extends to the Statewide 4-H Director.

I understand that my appointment as a UC ANR statewide program volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a volunteer.



Photograph and Information Release

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

“Releasees” in this agreement means The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), and Cooperative Extension, and their respective employees and volunteers.

I hereby grant Releasees permission to use photographs of me in any of their publications, including websites, without payment or other consideration. I agree that these photographs will become the property of the Releasees. I agree that Releasees may edit, alter, copy, exhibit, publish or distribute these photos for purposes of publicizing the Releasee’s programs or for any other lawful purpose, and that I do not have a right to review or approve the finished photographs. I understand that I will not receive royalties or other compensation from the use of the photographs. I agree to hold harmless and release the Releasees from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I understand and agree that my permission and agreement cannot be cancelled or revoked.



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name
(Please Print)

Date of Birth
(If Minor)

County

Club/Unit

Waiver: In return for being permitted to participate in *California 4-H Youth Development Activities and Projects*, including associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, my heirs, personal representatives and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in *California 4-H Youth Development Activities and Projects*.

Assumption of Risks: Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions; to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

Severability: The further agree that this Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Date

(If the Participant is a minor) I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print)

Signature of Parent/Guardian

Date

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.



Adult Volunteer Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

| | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Last Name | Club/Unit Name |
| <input type="text"/> | | From: July 1, 2020 to December 31, 2021 |
| County and State | | |

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION:

| | | | |
|--------------------|----------------------|---------------------------|----------------------|
| First & Last Name: | <input type="text"/> | Home/work/other Phone: | <input type="text"/> |
| Relationship: | <input type="text"/> | Cell Phone: | <input type="text"/> |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Date |

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Date |

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

 / /

Date of Birth

Date of last Tetanus Vaccination: _____

Not Sure

None

Please check which over-the-counter medications that may be administered: (if available)

Pain/fever reliever (ex. Tylenol)

Ibuprofen (ex. Advil)

Cough Suppressant

Motion sickness/nausea medication

Allergy medication (Benadryl)

Decongestant

Antacid

Antibiotic ointment

Anti-Itch Cream

Other: _____

Please identify if you have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
| | | |
| | | |
| | | |
| | | |

Please identify allergies, including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.



Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in? _____

What is the name of the last club you were in enrolled in? _____

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

| | | |
|-----------|-------|---|
| Last Name | _____ | *Family email must be used for 4hOnline login and 4-H |
| Email* | _____ | State Newsletter will be sent here also (unless adult |
| Phone | _____ | email is different, then both will receive). |

Adult Volunteer Information (legal name provided must match what is used for DOJ fingerprinting)

| | | | |
|------------------|-------|--------------|---|
| First Name | _____ | Email* | _____ |
| Last Name | _____ | Years in 4-H | _____ |
| Address | _____ | City, State, | _____ |
| | | Zip | _____ |
| Birth Date | _____ | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Phone | _____ | Cell Phone | _____ |
| Work Phone, ext. | _____ | Fax | _____ |

Emergency Contact Information:

| | | | |
|---------------|-------|-----------------|-------|
| First & Last | _____ | Home/Work/Other | _____ |
| Name: | _____ | Phone: | _____ |
| Relationship: | _____ | Cell Phone: | _____ |

Ethnicity *Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.*

Are you of Hispanic ethnicity? Yes No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (If No is selected for Ethnicity, at least one option below must be selected.)

What is your race? **Please select all categories that apply.**

American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Prefer Not to State

Residence

| | |
|---|--|
| <input type="checkbox"/> Farm (Rural area where agricultural products are sold) | <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 | |



Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Military

- No one in my family is serving in the military
- I have a parent serving in the military
- Myself, and/or my spouse is currently serving in the military
- I have a sibling serving in the military
- I have a son/daughter serving in the military

Branch

- Air Force
- Army
- Coast Guard
- DoD Civilian
- Marines
- Navy

Component

- Active Duty
- National Guard
- Reserves

Education

- Decline to State
- Less than 9th grade
- 9th to 12th grade, no completion
- High school completion
- Some college (no degree)
- Associate Degree
- Bachelor Degree
- Master Degree
- Professional Degree
- Doctorate Degree

Alumni

Last year you were enrolled in 4-H: _____ County: _____ State: _____

County Newsletter Preference

- Postal
- Email
- Sign-Up for State Electronic Newsletter

Club *Contact the County Office for a list of clubs and projects being offered this year to enroll in.

| Club/Unit Name | Leadership Role | | |
|----------------|---|--|--|
| | <input type="checkbox"/> Primary Community Leader | <input type="checkbox"/> Treasurer Advisor | <input type="checkbox"/> Enrollment Coordinator |
| | <input type="checkbox"/> Assistant Community Leader | <input type="checkbox"/> Record Book Coordinator | <input type="checkbox"/> Executive Board/Officer Advisor |
| | <input type="checkbox"/> Co-Community Leader | <input type="checkbox"/> Other Volunteer: | |

Project

| Club/Unit Name | Project Name | Years in Project | Leadership |
|----------------|--------------|------------------|---|
| | | | <input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer: |
| | | | <input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer: |

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability and Volunteer Confidential Self-Disclosure Form.

| | |
|------------------------|-------------|
| | |
| Adult Signature | Date |

| County Use Only | | | | | Club Use Only | | |
|-----------------|---------------------|-----------------|-----------------|-------------|---------------|--|----------------|
| | | | | | | | CASH OR CHECK# |
| Volunteer ID# | Waiver of Liability | Finger-printing | Self-Disclosure | Orientation | Date Received | Treatment Authorization and Health History | Fees Paid \$ |



Volunteer Confidential Self-Disclosure Form

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE (IN A SEALED ENVELOPE WITH ADULT VOLUNTEER'S SIGNATURE ALONG THE ENVELOPE SEAL.)

| | | | |
|-----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | | <input type="text"/> | |
| Name of 4-H Club/Unit | | First Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | City | State | Zip |

The purpose for requesting the information on this form is to provide a safe environment for young people involved with 4-H activities. **Furnishing all information requested on this form is mandatory. Failure to provide this information will delay or prevent appointment as a 4-H Adult Volunteer.** Local programs may also require additional information before appointing 4-H Adult Volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with the Division of Agriculture and Natural Resources Administrative Handbook, Section 402. Information on these policies may be obtained from the Controller and Business Services Director, Agriculture and Natural Resources, University of California, 1111 Franklin Street, 6th Floor, Oakland, CA 94607-5200, or via the Internet at: <http://ucanr.edu>. The official responsible for maintaining the information contained on this form is the Cooperative Extension County Director.

- Have you been convicted of a felony in the last ten years? Yes No
- Has anyone living with you been convicted of a felony in the last ten years? Yes No
- Have you ever been convicted of child abuse, neglect, or any sex offense? Yes No
- Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? Yes No
- Has your driver's license been suspended or revoked in the last ten years? Yes No
- Are there any other facts or circumstances involving your background or background of others in your household that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No
- Do you have a valid driver's license? State: _____ Yes No
- University of California (UC) requires volunteers to maintain minimum automobile liability coverage of at least \$50,000 per accident claim/\$100,000 in aggregate/ \$50,000 for property damage. Do you have this level of coverage? Yes No
If no, what is your coverage? _____ per accident, _____ in aggregate, _____ property damage?
- I understand that UC provides secondary liability coverage in the event of an accident during 4-H business and if my coverage is below the UC minimums, I am liable for the difference between my policy limits and UC's secondary coverage. _____ initial
- If you answered "Yes" to questions 1-6, or "No" to 7 or 8, please explain: _____

By signing below, I certify that the information above and on my application is true and correct. In addition, I have read, understand and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability, and Volunteer Confidential Self-Disclosure Form. I also understand that this application must be approved and my fingerprints cleared through the Department of Justice before my service as a volunteer begins. Volunteer appointments are for a period of one year.

| | |
|---------------------|----------------------|
| <hr/> | <input type="text"/> |
| Applicant Signature | Date |