



Adult Information

First and Last Name _____
Date of Birth ____ / ____ / ____ Gender _____
Mailing Address _____ City _____
State _____ Zip _____ Cell Phone _____
Primary Email _____
Years in 4-H (*if applicable*) _____ T-Shirt Size _____

Emergency Contacts

First and Last Name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____

First and Last Name _____ Relationship _____
Cell Phone _____ Work Phone _____
Email _____

Demographics

Race (*check all that apply*)

____ Asian ____ White ____ American Indian or Alaskan Native ____ Black or African American
____ Native Hawaiian or Pacific Islander ____ Prefer Not to State

Ethnicity (*check one*)

____ Hispanic ____ Non-Hispanic ____ Prefer Not to State

Residence Type (*check one*)

____ Farm ____ Town under 10K or Rural Non-Farm ____ Town, City or Suburbs 10K – 50K
____ City or Suburb More than 50K ____ City – Central, More than 50K

Military Service *(leave blank if not applicable)*

Currently Serving Retired from Military Have a Family Member Serving

Branch of Service

Air Force Army Coast Guard DOD Civilian Marines
 Navy Space Force

Branch Component

Active Duty National Guard Reserves

Health Form

Reporting medical history is voluntary, will not prevent a person from attending events and will be kept confidential.

Allergies

Do any environmental allergies cause serious or life-threatening reactions? (Insect stings, poison ivy/oak, etc.) If so, please explain.

Do any food allergies or health conditions require special dietary needs? If so, please explain.

Authorized Medications

Is the participant taking any medications for which special arrangements are needed for them to be self-administered? If yes, please explain.

Care

Name of Family Doctor _____ Doctor's Phone _____

Conditions

Do any health conditions require activity restrictions for the participant? If yes, please explain.

Devices

Does the participant utilize any medical care devices? (EPI pen, insulin pump, rescue inhaler, etc.) If yes, please explain.

Does the participant use any accessible devices during educational programming? (Crutches, hearing aid, prothesis, screen reader, wheel chair, etc.) If yes, please explain.

Vaccinations

Last Tetanus shot completed _____

Health Insurance

If the participant has medical insurance, please provide the following information in case of emergency.

Health Insurance Company _____

Policy Number _____ Group Number _____

Name of Insured _____ Relationship to Insured _____

Accommodations Acknowledgement

K-State Research and Extension and Kansas 4-H strive to make its programs and events accessible to all Kansans who are otherwise eligible to participate in the activities. This applies to local and state events/programs. Reasonable accommodations are often possible for persons with disabilities who wish to participate, so long as granting the accommodations does not fundamentally alter the nature of the program, cause undue hardship or otherwise cause a direct threat to the health or safety of the participant or others.

K-State Research and Extension and Department of 4-H Youth Development will work with the participant to identify a reasonable accommodation which provides access to the desired program. Please note that the accommodation may not be the one proposed by the participant.

K-State Research and Extension recognizes that accommodations may be requested orally and in person, up to the date of the event. In collaboration with your local Extension professional, it is essential for an **Accommodation Request Form** at https://kstate.qualtrics.com/jfe/form/SV_6ysgNQjck9pzg7r to be completed to launch a formal accommodations process.

Because it can take time to plan for some accommodations, KSRE requests that the form be submitted no later than two weeks prior to the event or activity. Submitting a request for accommodation on shorter notice may reduce or limit our ability to implement the accommodations.

Upon receipt of the Accommodation Request Form, you will be invited to an in-person, virtual or phone intake process and be asked to complete a Verification of Disability Form. An eligibility team will review the request and determine accommodations. The team may consist of KSRE and K-State Human Capital Services personnel as well as people knowledgeable about the day-to-day activities of the participant. Following the eligibility meeting, persons requesting accommodations will be notified via email of the results.

If the participant requires special accommodations, please visit https://www.ksre.k-state.edu/employee_resources/civil_rights/accommodations.html or visit with your local extension agent to become familiar with the process for requesting and providing accommodations.

Medical Release

The purpose of this form is to help the 4-H program provide participants any assistance needed during participation in this program. This disclosure is voluntary. Any information provided only be shared with the appropriate personnel or volunteers on a need-to-know basis. Based on your answers to previous questions, you may be contacted by program leaders or other personnel to provide more information that will help us evaluate the needs/requests.

Signature Required

I understand.

Adult Signature _____

Kansas 4-H Volunteer Code of Conduct

Kansas 4-H Volunteer Code of Conduct

Kansas 4-H Volunteers serve at the discretion of Kansas State Research and Extension (KSRE) and the local Extension unit and there is no ongoing expectation to be engaged in that role. All volunteers are required to review and abide by the Kansas 4-H Code of Conduct prior to and during any volunteer engagement with Kansas 4-H.

As a Kansas 4-H Volunteer:

I understand that the Kansas 4-H Youth Development program is a non-formal, experiential education program in which I have a choice to volunteer. I will engage in program activities and may excuse myself from this volunteer assignment.

I will strive to be a positive role model. I will treat youth, parents, volunteers, KSRE staff, judges and others with respect, courtesy and consideration during my volunteer assignment.

I will take part in volunteer screening as per my role description. I will conduct myself professionally while working in partnership with KSRE professionals and other Kansas 4-H volunteers. I agree to adhere to directives from KSRE staff. I will actively participate in meetings, self-study, or other training programs, as recommended by the KSRE staff, which will help me work more effectively with young people and adults.

I will not use the volunteer position for private, personal, or commercial financial gain. I recognize the organization has the responsibility and authority to remove individuals who are serving as volunteers who are disruptive to the 4-H Youth Development program, violate the Kansas 4-H Code of Conduct, the standards of the 4-H Pledge and Motto or federal, state or local laws, or any other reason the 4-H Youth Development program deems appropriate.

I will not use alcohol or any illegal substances (or be under its influences) while working with, or being responsible for youth, or attending a 4-H event. Additionally, I will not allow youth to do so while under my supervision as a 4-H volunteer.

I will operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I acknowledge I must have a valid driver's license and the legally required insurance coverage.

I acknowledge that the 4-H program utilizes competition related to project work as a tool for learning. I will demonstrate good sportsmanship and encourage this behavior in program participants and other volunteers. I will not engage in behavior that detracts 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. I understand that a judge's decision is final.

I accept my personal responsibility to be informed and follow the policies, rules and deadlines established by Kansas 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 Kansas 4-H participation.

I will promote and practice the responsible and ethical stewardship of livestock and/or companion animal projects.

I will promote a safe environment. I will not engage in conduct that harms participants or adults, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or any other harmful behavior through direct interactions or through use of social media or other communication methods. I will comply with the Kansas State University Policy Prohibiting Discrimination, Harassment, Sexual Violence, Domestic and Dating Violence, and Stalking ("PPM 3010," which can be found at <https://www.k-state.edu/policies/ppm/3000/3010.html>).

I will promote through my conduct a spirit of inclusion and belonging by welcoming and engaging participation of individuals from all backgrounds. I will encourage youth involvement in decision making.

I will follow requirements for keeping financial records and handling 4-H funds.

I will keep reliable and accurate records, distribute materials and provide support to the 4-H system as directed in furtherance of my volunteer responsibilities.

4-H Volunteers who do not abide with the above code of conduct are subject to responsive action, up to and including removal as a volunteer, being prohibited from volunteering in the future, and being prohibited from attending or being present at University and KSRE events and property. I understand that upon any such action, I will not receive reimbursement for any resulting expenses.

Signature Required

I acknowledge and agree that:

- a. I have read and agree to abide by the Kansas 4-H Volunteer Code of Conduct. I agree to comply with the policies, rules, and regulations of Kansas 4-H Youth Development and local Extension Unit.
- b. My status in the program will be that of an uncompensated volunteer.
- c. I will serve under the direction of the designated administrator or employee responsible for the program at all times while acting within the scope of my volunteer duties in the program.
- d. I will comply with all applicable safety procedures and regulations.
- e. I am bound by Kansas State University's standards of appropriate conduct found in the University Handbook and the Policy and Procedures Manual, including but not limited to the Policy Prohibiting Discrimination, Harassment, Sexual Violence, Domestic and Dating Violence, and Stalking (PPM 3010) and the Threat Management Policy (PPM 3015).
- f. I am not authorized to act on behalf of Kansas State University or the local extension unit in business matters, including purchasing property, signing contracts, leases or other agreements, hiring or supervising employees or otherwise attempting to bind the University to any agreement.
- g. I agree to participate in available 4-H volunteer orientation and ongoing training as appropriate and directed by local unit and state program standards.

h. As a 4-H Volunteer I serve at the request of the local Extension Unit and KSRE and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion; provided however, if 4-H youth are in my care, I shall ensure they are transferred to the care of KSRE staff in a reasonable manner.

i. In signing this application, I apply for continued registration as a 4-H Volunteer with the local Extension Unit and the Kansas 4-H Youth Development Program.

j. Misrepresentation of the individual providing signature (electronic or in-person) or falsification of provided personal information will result in termination of program participation.

Signature Required

I agree.

Adult Signature _____

Publicity Release

I waive any rights to and consent to the recording and use of my or my child’s image and likeness by releasees during my participation in activities, meetings and organized events related to the Kansas 4-H Youth Development Program. I understand and voluntarily authorize the releasees to: (1) record my or my child’s participation and appearance on videotape, audio tape, film, photograph, electronic data or image, and/or any other medium (collectively referred to as “Photographs”); (2) use and/or publish my or my child’s name, likeness, voice, biographical material, and/or other facts or opinions (collectively, “Likeness”) in connection with or separate from these Photographs; (3) exhibit and distribute such Photographs and/or Likeness in whole or in part, without restrictions or limitation, for any communications, educational, marketing, advertising, publicizing or promotional purposes.

I understand and consent that my or my child’s Likeness and any Photographs may be posted on and/or accessible to the public via the Internet and other media. I waive any right that I or my child may have to inspect and/or approve any finished Photographs or Likeness products or the use to which it may be applied, and I understand and consent that neither I nor my child will receive financial compensation in exchange for use of the Photographs and/or Likeness. Without limiting the foregoing releases, waivers, and discharges, I (and on behalf of the successors) specifically hold the releasees harmless from any and

all types of liability related to the Photographs and/or Likeness, including without limitation, for negligence or invasion of privacy of any and all types, and for damages to my person, property, and/or reputation, including without limitation damages related to any blurring, distortion, alteration, or optical illusion that may occur and/or be produced in any manner whatsoever.

____ I Agree. ____ I Do Not Agree.

Adult Signature _____

Adult Evaluation Release

1. I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) to complete evaluations that will be used to determine program effectiveness or to promote the program.
2. I understand that participation in program evaluations is voluntary and that I may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.
3. I understand that I may be asked for consent before completing an evaluation.

____ I Agree. ____ I Do Not Agree.

Adult Signature _____

Kansas 4-H Volunteer Application

Can you provide your own transportation? _____

Has your driver's license ever been suspended or revoked? If yes, please explain.

Do you use illegal drugs or misuse legal/controlled substances? If yes, please explain.

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please explain.

Have you ever been convicted of child neglect, abuse or assault? If yes, please explain.

Do you have a record of mishandling finances/money books? If yes, please explain.

Other than above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? If yes, please explain.

Employment History

Current Occupation _____

Employer _____

Number of Years with Current Employer _____ Employer's Phone _____

Supervisor's Name _____ Supervisor's Email _____

Employer's Address _____

City _____ State _____ Zip _____

Residential History

Number of Years at Current Address _____

If you have not lived at your current address for more than 5 years, please list the address of each residence where you lived over the past 5 years. Do not include your current address already listed on this application.

Address #1 _____ City _____

State _____ Zip _____

Address #2 _____ City _____
State _____ Zip _____

4-H History

Are you 4-H Alumni or past 4-H Volunteer? If yes, please indicate 4-H membership and history.

Role #1 _____ Years _____
County _____ State _____

Role #2 _____ Years _____
County _____ State _____

Role #3 _____ Years _____
County _____ State _____

Other Volunteer Experience

Please briefly describe experiences working with youth and adults in other organizations.

Volunteer Experience #1 _____

Volunteer Experience #2 _____

Volunteer Experience #3 _____

References

Please list three references (not related/relatives) who are familiar with your character as it relates to working with youth and adult volunteers.

Reference #1 Legal Name _____ Relationship _____

Phone _____ Email _____

Address _____ City _____

State _____ Zip _____

Reference #2 Legal Name _____ Relationship _____

Phone _____ Email _____

Address _____ City _____

State _____ Zip _____

Reference #3 Legal Name _____ Relationship _____

Phone _____ Email _____

Address _____ City _____

State _____ Zip _____

Subject Matter Interest

What subject matter areas interest you? Check all that apply. (Specialized training may be required for some project areas).

- | | | |
|------------------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Family Studies | <input type="checkbox"/> Plant Science |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Fiber Arts | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Clothing & Textiles | <input type="checkbox"/> Foods & Nutrition | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Geology | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Geology |
| <input type="checkbox"/> Dairy Goats | <input type="checkbox"/> Home Environment | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Dog Care & Training | <input type="checkbox"/> Horse | <input type="checkbox"/> Shooting Sports |
| <input type="checkbox"/> Energy Management | <input type="checkbox"/> Leadership | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Meat Goats | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Exploring 4-H | <input type="checkbox"/> Pets | <input type="checkbox"/> Wildlife |
| | <input type="checkbox"/> Photography | <input type="checkbox"/> Woodworking |

Activity Interest

What types of activities do you enjoy? Check all interests that apply. (Some areas may require specialized training).

- Recruit and work with activity and project leaders
- Serve as a liaison between your club and the Local Extension office
- Recruit members by visiting families
- Plan and coordinate meetings

- Promote 4-H within the community
- Help members with record keeping
- Participate in project workshops
- Attend 4-H meetings
- Arrange transportation to activities
- Evaluate activities with members and note suggestions
- Secure sponsors for activities and community service projects
- Help with club finances
- Conduct project contests or tours
- Help plan project work meetings
- Help chaperone youth at camp or other events
- Help train members to perform special roles
- Judging projects and contests at fair

Club Interest

Do you wish to serve as a volunteer for an existing club? If yes, list name of club.

Authorization

I understand that the information I have provided is true and may be verified by contacting persons or organizations named in this application, or by contacting any persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information about me. I also agree to hold harmless the chartered organization, Kansas 4-H Program, K-State Research and Extension, Kansas State University, and the officers, employees and volunteers thereof.

Misrepresentation of the individual providing signature (electronic or in-person) or falsification of provided personal information will result in termination of program application.

Adult Signature _____

Data Management Acknowledgement

To keep 4-H volunteer enrollment and participation information secure and to improve data management and reporting requirements, KSRE will maintain your information in an online database. This system is managed on a certified secure server.

Please indicate you understand this requirement by signing your name below.

Signature _____