

What positions would you like? (Check all that apply)

- Leaders' Assn. Committee Member School Club/Group Volunteer Project Leader
 Community/Club Volunteer Special Group Volunteer Activity Leader
 Middle Manager/Program Manager Other (list) _____

If you desire to be a 4-H club/youth group volunteer, is this a new or existing club/group? (Check one)

If existing, name of club/group: _____

Personal Information

Have you been convicted of a crime in the last seven years? _____

If yes, please give date, nature and disposition of offense. _____

(Please note: A criminal record will not necessarily prevent an applicant from being a 4-H/youth volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.)

References

List two persons not related to you who have knowledge of your qualifications. Please provide complete addresses and phone numbers.

1. Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Day () _____ Evening () _____

2. Name: _____ Relationship: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: Day () _____ Evening () _____

I authorize extension to contact listed references. I understand that the misrepresentation or omission of information requested is just cause for nonselection as a 4-H/youth program volunteer. I waive any right to review these references.

Applicant Signature

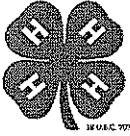
Date

Please return this form at your earliest convenience. Please contact us if you have any questions or wish further information. Thank you!

Return to: Your local extension office

***The information asked for in this form will be used solely to determine how you can best fit into West Virginia University Extension Service 4-H/Youth programs. It is understood that no discrimination is implied.*

West Virginia University Extension Service offers equal program and employment opportunities.



Adult Volunteer Behavioral Expectations & Code of Conduct

A goal of the West Virginia University Extension Service 4-H Youth Volunteer Development Program is to provide opportunities for youth and adults to develop character. The 4-H program supports the CHARACTER COUNTS!SM six pillars of character: **Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship**. To assure that the WVUES 4-H Youth Development Program provides positive environments for all individuals to learn and grow, participants agree to abide by the following behavior expectations.

I will be trustworthy. I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities. I will keep my commitments by attending all sessions of the planned event. If I am not feeling well or have a schedule conflict, I will inform the person in charge. I will be in the assigned area (e.g. club meeting room, building, dorm) at all times. The WVUES 4-H Youth & Adult Development Program does not permit dishonesty by lying, cheating, deception, or omission.

I will be respectful. I will show respect, courtesy, and consideration to everyone, including myself, other program participants, and those in authority. I will act and speak respectfully. I will treat program areas, lodging areas, and transportation vehicles with respect. I will not use vulgar or abusive language or cause physical harm. I will appreciate diversity in skill, gender, ethnicity, and ability. The WVUES 4-H Youth Development Program does not tolerate statements or acts of discrimination or prejudice.

I will be responsible. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I will be on time to all program events. I will be accountable by accepting responsibility for my choices and actions. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct in which I participate.

I will be fair. I will be just, fair, and open. I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special exceptions.

I will be caring. I will be caring in my relationships with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members in my group to have a good experience by striving to include all participants.

I will be a good citizen. I will be a contributing and law-abiding citizen. I will be respectful to the environment and contribute to the greater good. I will not use any illegal substances such as tobacco, alcohol, and drugs.

Jefferson County 4-H members and adult volunteers participating in or attending club, Tri County 4-H Camps, Jefferson County Fair, county, regional, state, and national 4-H programs, activities, events, shows, and contests sponsored or co-sponsored for youths or adult volunteers by the WVUES 4-H Youth Development Program are required to conduct themselves according to the WVUES 4-H Youth Development Program Behavioral Expectations and the rules and regulations of the specific activity.

Adults attending or participating in 4-H youth activities are expected to conduct themselves according to the WVUES 4-H Youth Development Program Code of Conduct and to assist and support youths in their efforts to adhere to the code.

The following are not permitted:

- ✦ Possession, consumption, or distribution of alcohol
- ✦ Possession, use, or distribution of illegal drugs
- ✦ Sexual activity
- ✦ Boys in girls' rooms and girls in boys' rooms or lodging areas
- ✦ Cheating or misrepresenting project work
- ✦ Theft, destruction, or abuse of property
- ✦ Violation of an established curfew
- ✦ Unauthorized absence from program site
- ✦ Physical, verbal, emotional, or mental abuse of others
- ✦ Possession or use of a weapon. (This does not refer to the equipment used in authorized shooting sports programs.)
- ✦ Possession or use of a harmful object with the intent to hurt or intimidate others
- ✦ Other conduct deemed inappropriate for the youth and adult development program by an event chair, a designated WVU Extension agent, faculty or staff member.

If the code is violated, the following steps may be taken:

- ✦ The designated Extension agent will be made aware of the situation.
- ✦ The 4-H Adult Volunteer may be barred from participating in 4-H activities.
- ✦ When a violation occurs at a competitive event, 4-H adult volunteers may be disqualified from the contest and be ineligible for an award(s). Competition in later contests may also be barred. This will be determined by the event chair, a designated WVU Extension agent, faculty or staff member.
- ✦ If any laws are violated, the case may be referred to the police.

All chaperones are responsible for all youths at an event.

Use of the WVUES 4-H Youth Volunteer Development Program Code of Conduct:

- ✦ To be used for all 4-H program activities and events conducted at the club, county, regional, state, or national level of 4-H programming or are co-sponsored by WVU Extension Service for 4-H youth & adult participants.
- ✦ To be used in conjunction with the rules or guidelines for a specific program, county, or area. It should not be used alone, since it is designed to strengthen local or event specific rules.
- ✦ To be used in those instances when you usually use a set of rules or guidelines. The length of a program or event is not a determining factor. It may be used for day camps, fairs, day trips, and any 4-H meeting or contest.
- ✦ To be used in conjunction with other operative codes or rules.

4-H Adult Volunteer: I have read the 4-H Adult Volunteer Behavioral Expectations & Code of Conduct.

I am aware that my actions and decisions affect me and others and may result in the loss of privileges during 4-H programs and activities and future programs and activities. We agree that I will conduct myself in accordance with the Behavioral Expectations and the Code of Conduct. I agree to accept the appropriate and logical consequences of my actions.

Name of adult volunteer (Please Print) _____

Signature of adult volunteer _____

Date

CHARACTER COUNTS!SM is a service mark of the CHARACTER COUNTS Coalition,
a project of the Josephson Institute of Ethics.

Programs and activities offered by the West Virginia University Extension Service are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Director, Cooperative Extension Service, West Virginia University.



Health History Form: 4-H Camps, Events, and Activities

Please return this form with event registration and provide any changes to this form to event health personnel upon participant's arrival. Provide complete information so that the staff can be aware of your needs.

Name _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female Birth date ____/____/____ Age at event _____

Custodial parent/guardian _____ Phone _____
Name

Home address (if different from above) _____
Street address City State Zip

Home phone () _____ Work phone () _____ Other () _____

Second parent or guardian or emergency contact _____
Name

Address _____ Phone _____
Street address City State Zip

If not available in an emergency, notify _____
Name

Relationship _____ Phone _____ Address _____
Street address City State Zip

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Insurance carrier address _____ Phone number _____

Allergies: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____ Food allergies (list) _____ Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (describe) _____

Important – This section must be completed for child to attend.

Permissions: My child has my permission does not have my permission to attend
 has my permission does not have my permission to participate in swimming
 should not participate in the following activities _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to

provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper/staffer _____ Date _____

Medications Being Taken:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes **NO** medications on a routine basis. *OR* This person takes **medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer. _____

General Questions: (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to the event?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should know.

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Which of the following has the participant had? <input type="checkbox"/> Measles <input type="checkbox"/> Chickenpox <input type="checkbox"/> German measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C	Please give all dates of immunization							
	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Diptheria		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pertussis		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Tetanus		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Polio		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Typhoid		_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> TB Mantoux Test	Date of last test	_____					<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

<p>Screening Record (For staff use only) Screened by _____</p> <p>Date screened _____ Time _____ AM / PM Updates/additions to health history noted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required</p> <p>Meds received _____</p> <p>Current health needs identified _____</p> <p>Observational notes _____</p>

To request disability accommodations for state WVU Extension events, contact the Event Coordinator, 618 Knapp Hall, PO Box 6031, Morgantown, WV 26506-6031, phone (304) 293-2694, or fax (304) 293-7599. For local events, contact your county WVU Extension Office.