

2024-2025 Barren County 4-H

Volunteer Form



CLUB/PROJECT INTERESTED IN VOLUNTEERING WITH: _____

NAME: _____ COUNTY/AREA: _____ BIRTH DATE: _____

PREFERRED NAME: _____ T-Shirt Size: _____ Employer: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SEX: M F RACE: AMERICAN INDIAN ASIAN BLACK NATIVE HAWAIIAN OR PACIFIC ISLANDER
WHITE PREFER NOT TO SAY NOT LISTED: HISPANIC/LATINO: Y N

RESIDENCE: FARM TOWN <10,000 OR RURAL NON-FARM TOWN/CITY/SURBURB 10,000-50,000
City/Suburb >50,000 City-Central >50,000

EMERGENCY CONTACT #1: _____ PHONE: _____

EMERGENCY CONTACT #2: _____ PHONE: _____

HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

- 1.Serious Allergy to Insects Yes No
- 2.Serious Allergy to Dairy Yes No
- 3.Serious Allergy to Gluten Yes No
- 4.Serious Allergy to Nuts Yes No
- 5.Other Allergy(Please explain) Yes No

Please explain any "yes" responses, including medications for any allergies:

Conditions

- 1.Asthma Yes No
- 2.Bronchitis Yes No
- 3.Convulsions Yes No
- 4.Diabetes Yes No
- 5.Ear Infection Yes No
- 6.Fainting Yes No
- 7.Headaches Yes No
- 8.Heart Condition Yes No
- 9.Hypoglycemia Yes No
- 10.Other Conditions Yes No
- 11.Wear Glasses/Contacts? Yes No

Please explain any "yes" responses, including medications taken for any conditions:

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

IS ANY MEMBER OF YOUR FAMILY A CURRENT OR FORMER MEMBER OF THE UNITED STATES MILITARY OR NATIONAL GUARD? YES, BRANCH: _____ NO



X. REVIEW CONFIRMATION SIGNATURE

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

SIGNATURE: _____

DATE: _____

XI. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

SIGNATURE: _____

DATE: _____

XII. PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content

SIGNATURE: _____

NO, I DO NOT PERMIT.

Kentucky CES Expectations for Volunteers

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I will ensure that educational programs of KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer: _____

Date: _____