



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

Form Revised 7/1/2022

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. For questions, please contact your local county 4-H Office. In the enrollment application packet, fields with an asterisk (*), require a response. Submitting an incomplete packet will delay the enrollment process.

4-H Adult Volunteer Initial Appointment Process – Paper

1. **Fill out the 4-H Adult Volunteer Interest Survey online** at: _____
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 securely to County 4-H Office.** County 4-H approved staff will create the 4-H Online record. Volunteer will provide a copy of the following forms to their primary Club/Unit Leader: Enrollment Application Form and Health History Form)
4. **Complete required “2022-23 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. **Provide fee payment.** Confirm with county as established options and payment process varies.
 - a. If payment made directly to 4-H Club/Unit, Leader will confirm to 4-H Office payment received.
 - b. If online or direct payments made to County 4-H Office, 4-H Office will coordinate with 4-H Unit.
7. **Complete live-scan clearance with the State Department of Justice.** Forms available at: _____
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 securely to County 4-H Office.** County staff will create the 4-H Online record. Volunteer will provide a copy of the following forms to their primary Club/Unit Leader: Enrollment Application Form and Health History Form) Complete the required “2022-23 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.
2. **Complete any additional trainings required by your county.**
3. **Submit fee payment.** Confirm with county as established options and payment process varies.
 - a. If payment made directly to 4-H Club/Unit, Leader will confirm to 4-H Office payment received.
 - b. If online or direct payments made to County 4-H Office, 4-H Office will coordinate with 4-H Unit.
4. **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. The base full enrollment fee for adult volunteers is \$28 (\$10 goes to State fee costs). Each county will establish their county fee and any additional club or VMO fees, which may be greater than base fee. *Partial enrollment fees are half the full rate (base of \$14, and \$5 to State). See 4-H Delivery Mode matrix, <https://ucanr.edu/sites/UC4-H/files/120593.pdf> for details.*

	Full Fee	Partial Fee	4-H Club/Unit Leader	County 4-H Office University of California Cooperative Extension
State 4-H Accident/Sickness Insurance and Program Fees*	\$ 10.00	\$5.00		
County 4-H Program Fees*	\$	\$		
Council/VMO Fees*	\$	\$		
4-H Club/Unit Program Fees*	\$	\$		
Total	\$	\$		

*Refunds not applicable to all fees.



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 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. Ethnicity information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and gender 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, gender, race, ethnicity, 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.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the University of California, Division of Agriculture and Natural Resources (UC ANR) is prohibited from discriminating 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, status as a U.S. veteran and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) contact the ADA Coordinator, UC ANR Building, 2801 Second Street, Davis, CA 95618. (Phone: 530-750-1317, email: daritz@ucanr.edu or USDA's TARGET Center at (202) 720- 2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint with the USDA, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling (866) 632- 9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250- 9410; or (2) Fax: (833) 256-1665 or (202) 690-7442; or (3) Email: program.intake@usda.gov. The University of California, Division of Agriculture and Natural Resources (UC ANR) is an equal opportunity provider.

Alternatively, a program discrimination complaint may be filed with the UC Harassment & Discrimination Assistance and Prevention Program (HDAPP) by email hdapp@ucdavis.edu or phone: 530-304-3864; or contact the UC ANR Title IX Coordinator at (530) 752-9466.

University policy is intended to be consistent with the provisions of applicable State and Federal laws.

Inquiries regarding the University's nondiscrimination policies may be directed to: UC ANR, Interim Affirmative Action Compliance Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1280. Email: tjordan@ucanr.edu.

Website: http://ucanr.edu/sites/anrstaff/Diversity/Affirmative_Action/.



Adult Volunteer Application Form - Print all information clearly.

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

*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? _____

Family

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

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

*First Name	_____	Middle Name	_____
Preferred Name (e.g., nickname)	_____	*Last Name	_____
*Birth Date	_____	Years in 4-H as adult	_____
Email:	_____		
*Phone	_____	Work Phone, ext	_____

***Gender:**

Woman Man Nonbinary Gender Identity Not Listed Prefer Not to Respond

***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	

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 or Latino ethnicity? Yes No Prefer Not to State

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

Race (If 'No' or 'Prefer Not to State' is selected for Ethnicity, at least one option below must be selected.)

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

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American	A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Race Not Listed	A race not listed in options provided.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Prefer Not to State	

Emergency Contact Information:

*First & Last Name: _____ *Phone: _____
 *Relationship: _____ Email: _____



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***Club/Unit *Contact the County Office for a list of clubs and projects offered for enrollment.**

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
	<input type="checkbox"/> Co-Community Leader	<input type="checkbox"/> Other Volunteer:	Advisor

***Project (if more than 2 club and project leader roles to select, attach paper with details)**

Club/Unit Name	Project Name	Years in Project	Leadership
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Asst. Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Asst. Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:

Camp

Name	Leadership Role			
	<input type="checkbox"/> Adult Chaperone	<input type="checkbox"/> Camp Manager	<input type="checkbox"/> Camp Staff	<input type="checkbox"/> Camp Director

***Military**

No one in my family is serving in the military
 I am serving in the military

I have a family member serving in the military
 I have retired from the military

***Branch:** Air Force Army Coast Guard DoD Civilian Marines Navy Space Force None

***Component:** Active Duty National Guard Reserves Not Applicable

***Education**

<input type="checkbox"/> Decline to State	<input type="checkbox"/> Some college (no degree)	<input type="checkbox"/> Master Degree
<input type="checkbox"/> Less than 9 th grade	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Professional Degree
<input type="checkbox"/> 9 th to 12 th grade, no completion	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High school completion		

Alumni

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

***County Newsletter Preference**

Postal Email

Enrollment Acknowledgement

By signing and dating this document, I certify that the information on my application is true and correct. 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 volunteer appointments are for a period of one year and I must re-apply for a 4-H Adult Volunteer appointment annually. I will also provide an updated Treatment Authorization/Medical Release and Health History Form, 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.

*Adult Signature							*Date

County Use Only

Volunteer ID#	Waiver of Liability	Finger-printing	Self-Disclosure	Orientation	Date Received	Treatment Authorization/Medical Release and Health History	CASH/CHECK#/CARD Fees Paid \$



Adult Volunteer Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

Questions without an asterisk on this page are OPTIONAL for adult volunteer applicants to answer. This decision to provide responses to any or all questions will not affect the review of the adult volunteer enrollment application.

*Legal Last Name

*Legal First Name

*County

*Date of Birth

Allergies

Does the participant have any allergies, including allergies to food, medications, and drug reactions? Yes No
(If Yes, provide details below):

Authorized Medications

Would you like to share any medications you are currently taking? Yes No

Provide details below and list all medications with the name, dosage, and times taken. This is optional and will not affect the approval process if no information is provided.

Name of Medication	Dosage	Times Taken

Conditions

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being? No Yes (If yes, provide details below)

Vaccinations

Notice: California 4-H YDP encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention. CA 4-H YDP does not ask for or collect information about youth member's or adult volunteers' vaccination history or status. As such, there is a potential that unvaccinated youth or adults may participate in 4-H programs. If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician.

For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

Remarks

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes No (If Yes, Please provide details below):

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



Adult Volunteer Treatment Authorization/Medical Release Form - Print all information clearly.
(COPY IS SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND PAGE RETAINED BY THE COUNTY 4-H OFFICE,
SHRED AFTER THE PROGRAM YEAR)

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. You have the right to review University records containing personal information about you, with the 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.

I've read, understand and agree to this statement.

***Adult Name (Print)**

***Signature of Adult**

Date



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

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

*Participant's
Name

(Please Print)

Date of Birth
(If Minor)

*County

*Club/Unit

Waiver: In return for being permitted to participate in in-person and virtual (online) **California 4-H Youth Development Activities and Projects**, including associated use of the premises, facilities, staff, equipment, transportation, websites, online applications, digital resources, 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 emotional injury or death), accidents or illnesses, and property loss, in connection with my participation in **California 4-H Youth Development Activities and Projects**.

Identification and Acknowledgment of Risks

Participation in in-person **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.

I am of aware of and understand the risks and potential hazards connection with participating in virtual (online) **California 4-H Youth Development Activities and Projects**, including, but not limited to, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, victimization, cyberstalking, online grooming, cyber predators, image replication, and/or exposure to disturbing sounds or visuals, and I hereby elect to voluntarily participate in virtual **California 4-H Youth Development Activities and Projects**, and engage in the activities knowing that they may be hazardous to me and my property.

Video and Audio Recordings: I understand that virtual **California 4-H Youth Development Activities and Projects** may be recorded for use by the instructor and other participants (particularly those who are not able to attend live). I agree that if I participate with a computer or mobile device camera engaged (or utilize a profile image), I hereby consent to have my video or image recorded. If I am unwilling to have my profile or video image recorded, I will ensure that my camera is disabled and that no profile image is used. Likewise, if I un-mute my computer or mobile device during The Activity and participate orally, I hereby consent to have my voice recorded. If I am unwilling to have my voice recorded, I will ensure that my computer or mobile device is muted and I will communicate exclusively using the "chat" feature.

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 it for any such expenses incurred.

Severability: I 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.



Waiver of Liability, Assumption of Risk, and Indemnity Agreement, page 2

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

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 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.



Volunteer Confidential Self-Disclosure/Screening Form

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE)

Personal Information:

<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

***Transportation:**

3. Do you have a valid driver's license? Yes No
4. Driver's license State: _____
5. 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
- 5a. If no, what is your coverage Per Accident? _____
- 5b. If no, what is your coverage in Aggregate? _____
- 5c. If no, what is your coverage for Property Damage? _____
6. Has your driver's license been suspended or revoked in the last ten years? Yes No

***Legal Involvement:**

7. Have you been convicted of a felony in the last ten years? Yes No
8. Have you ever been convicted of child abuse, neglect, or any sex offense? Yes No
9. Has anyone living with you been convicted of a felony in the last ten years? Yes No
10. Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? Yes No

11. If you answered Yes to the above questions 6 – 10, please explain:

12. 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

***Legal Involvement 1:**

12a. If you answered "Yes" to 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, please explain:

***Legal Involvement 2:**

13. If you answered "No" to questions 3 & 5 above (that you do not have a valid driver's license or that you do not have automobile liability coverage that meets UC minimums), please explain:

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.



Volunteer Confidential Self-Disclosure/Screening Form, page 2

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE)

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

Applicant Full Name

By signing below, I certify that the information on the Volunteer Confidential Self-Disclosure/Screening Form is true and correct.

*Applicant Signature

* Date



(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

Photograph and Information Release

“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.

Animal Liability Release

“Releasees” in this agreement means The Regents of the University of California, California 4-H Youth Development Program (4-H YDP), Cooperative Extension, and their respective employees and volunteers.

I understand and agree that the University of California (UC) and the 4-H Youth Development Program (4-H YDP) does not own animals and is not liable for any damages, injuries, or claims that may be caused by or related to 4-H youth member’s animals during the course of 4-H programs, events, or activities. UC and 4-H does not insure 4-H youth members’ animals or personal property. 4-H youth members and their families may be liable for any injuries, damages, or claims caused by their animals and it is recommended they carry liability insurance on their animals. Some fairs or other organizations may require animal insurance to allow participation in their event and it is the 4-H youth member’s and their family’s responsibility to obtain insurance when required. 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.



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. Recognize, honor and uphold the responsibility and authority of the statewide and local program personnel in setting program priorities, standards and direction.
2. Be committed to the mission, program trajectory, core values, educational goals, and quality standards of the statewide program.
3. Follow all health and safety requirements and guidelines related to statewide program activities, gatherings, projects, etc.
4. Respect people (including oneself, fellow volunteers, program personnel, and community members) and property of program participants and community members.
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. Report instances of harassment or discrimination on the basis of a protected class such as race, religion, sex, gender, and disability to UC ANR personnel.
7. When driving on UC business, possess a valid California driver's license and carry proof of the minimum automobile liability insurance required by UC; and ensure that all passengers use seat belts.
8. Follow UC personnel guidance, directives and timelines for all financial matters, including banking, reporting and providing receipts for all income and expenses.
9. Volunteers may be held liable for property damage or personal injuries that are caused by their property and should carry insurance. This may include incidents involving tools, equipment, vehicles, animals, etc.
10. 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](#)).
 - a. Report volunteer hours on a regular basis if required by the statewide program.
 - b. 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 and/or dress when acting as a volunteer.

Your Rights:

1. To be respected by program personnel.
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. 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, discriminatory or racist language at any program activity including intentionally or unintentionally derogatory comments, slights, questions, jokes, memes, and shame that target individuals or groups on the basis of race, religion, gender, disability or other [protected categories](#).
5. Attack or harassment of another person; whether visual, verbal, physical and/or by the use of social media; includes actions or comments that target individuals or groups, including those who are members or [protected categories](#).
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 UC commitment to the [highest standard of ethics](#)

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, contributing to a hostile environment for staff or volunteers, 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.