

Fulton County 4-H Volunteer Leader Enrollment Form, 2021-2022

You may enroll online at v2.4honline.com or use this paper enrollment form instead.

Please return this form to:
University of Illinois Extension
Fulton County Office
15411 N IL 100 Hwy
Lewistown IL 61542
OR email as a pdf to
kristakg@illinois.edu

Club _____

Family Last Name: _____

Family Phone: _____

Family Email: _____

Volunteer Information ** indicates required fields*

* First Name	Middle Name
* Last Name	Email
* Mailing Address	* City
* State	* Zip Code
* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not listed <input type="checkbox"/> Prefer not to state	Birth Date (optional)
* Primary Phone	Volunteer Cell Phone

Emergency Contact Information ** indicates required fields*

* Name
* Primary phone number:
* Relationship to volunteer:

Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. 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
Military	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military <input type="checkbox"/> I have a son/daughter serving in the military <input type="checkbox"/> Myself and/or spouse is serving in the military <input type="checkbox"/> No one in my family is serving in the military
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves
Languages Spoken at Home	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other
Hispanic Origin, if applies	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guatemalan <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spanish <input type="checkbox"/> Other
* Mailings	<input type="checkbox"/> I would NOT like information on the County Level Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information on the Illinois 4-H Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information about events at the University of Illinois

Approximately how many hours per month do you volunteer to the 4-H Program? _____

Illinois 4-H Code of Conduct

The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in or attend any activity or event sponsored by the University of Illinois Extension 4-H Youth Development Program are expected to uphold the values of the Illinois 4-H program and conduct themselves according to the following standards. These standards also apply to online 4-H activity, including social media and internet presence.

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens, or other electronic nicotine delivery systems. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. Do not attend 4-H activities under the influence of alcohol or illegal substances.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons who participate in 4-H programs.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not engage in romantic displays or sexual activities in either public or private situations. Be kind and compassionate toward others. Do not insult, harass, or bully others or engage in other hostile behaviors. Be considerate and courteous of all persons and their property.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and teach 4-H youth to provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!
9. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, or anything showing undergarments.
10. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the University of Illinois Extension 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

CONSEQUENCES

Any of the following may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may be barred from future events.
3. Participant may be asked to leave the event/activity. If the participant is a youth, the parent(s) will be called and the youth will be sent home at family’s expense.
- 4.

My signature indicates I have read, understand, and agree to the above University of Illinois Extension 4-H Youth Development Code of Conduct.

Signature of 4-H Volunteer

Date

Photo/Video/Audio Release

☐ Yes ☐ No I grant the University of Illinois Extension 4-H Youth Program, irrevocable permission to record and/or disclose my identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensations to me and without any right for me to inspect or approve of the finished photograph, video, or audio recordings or other recordings.

Volunteer Signature _____ Date _____

Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit to: Department of Children and Family Services

Scan/Email to: DCFS.689Background@illinois.gov

While not preferred, if you do not have scanning capabilities they will accept a picture of the document

Signed - *must be a handwritten signature; not typed* Date

Please type, use bold letters or label:

dbalagna@illinois.edu

(Submitting Agency Fax Number)
(Submitting Email Address)

University of Illinois Extension

(Agency Name)

Deb Balagna

(Contact Person)

15411 N IL 100 Hwy

(Address)

Lewistown, IL 61542

(City/State/Zip)

Print Form



Illinois Extension

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Photo and Video Release

I grant University of Illinois Extension permission to use my (my child's) likeness in videotapes, films, photographs, and transparencies, and sound recordings arising out of:

Program and/or Activity

Date

This content may be used in Extension publications, posters, audio/video presentations or other displays. The content may be released to local news media in connection with reporting on, promoting, or otherwise publicizing University of Illinois Extension and/or its programs.

Name of Subject

Parent or Guardian's Name (if applicable)

Address

Address

City State Zip

City State Zip

Subject's Signature

Parent or Guardian Signature
(If subject is a minor)

Date

Date

ILLINOIS 4-H EMERGENCY MEDICAL FORM

PARTICIPANT NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: F M Birth Date: _____ / _____ / _____

PARENT / GUARDIAN / OTHER EMERGENCY CONTACT

Name: _____ Relationship _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Place a "✓" in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well being of the delegate/chaperon. At the end of the list, please give specific information on any items that you placed a "✓" in the space. Please be specific. In case of emergency, this form may be the only immediate source of accurate important information.

- | | |
|--|--|
| <input type="checkbox"/> 1. Nervous or Mental (<i>epilepsy, emotional stress, convulsions</i>) | <input type="checkbox"/> 10. Recent Surgical Operations, Accidents or Injuries |
| <input type="checkbox"/> 2. Lung Disease (<i>asthma, persistent cough, tuberculosis</i>) | <input type="checkbox"/> 11. Any Infectious Disease |
| <input type="checkbox"/> 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure | <input type="checkbox"/> 12. Skin Disease |
| <input type="checkbox"/> 4. Pain in Chest or Shortness of Breath (<i>heart murmur, rheumatic fever</i>) | <input type="checkbox"/> 13. Allergy to Foods |
| <input type="checkbox"/> 5. Stomach or Intestinal Trouble (<i>ulcers, gall bladder or liver disorder, jaundice, hernia, colitis</i>) | <input type="checkbox"/> 14. Significant Orthopedic and/or Neuromuscular Impairment (<i>e.g. loss of limb, spinal cord injury</i>) |
| <input type="checkbox"/> 6. Arthritis, Diabetes, Kidney or Bladder Disease | <input type="checkbox"/> 15. Under on-going care of a Physician (<i>give name & phone number below</i>) for chronic or recurring problem |
| <input type="checkbox"/> 7. Hay Fever or Allergies | <input type="checkbox"/> 16. Do you wear glasses OR contact lenses? (<i>circle</i>) |
| <input type="checkbox"/> 8. Allergy to Medicines (<i>including penicillin, tetanus</i>) | <input type="checkbox"/> 17. Currently taking medication (<i>list names & doses below</i>) |
| <input type="checkbox"/> 9. Impaired Sight or Hearing, Chronic Ear Infections | <input type="checkbox"/> 18. Currently taking medication that needs refrigeration |
| | <input type="checkbox"/> 19. Date of last TETANUS BOOSTER _____ |

Please provide any detailed information for any items above marked above. Be specific.

Family Doctor: _____

Clinic/Hospital Affiliation: _____

City: _____ Phone: (_____) _____ - _____

Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to University staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are re-sponsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian. As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.

SIGNED: _____ DATE: _____

Parent or Guardian



COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES

University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating
University of Illinois Extension provides equal opportunities in programs and employment.
If you need reasonable accommodations to participate, please contact the registration office.

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