

4-H VOLUNTEER QUESTIONS

Have you been in 4-H? Yes__ No_____ If yes, where? _____

Have you been an Extension youth program leader? Yes__ No_____ County/State____ Years as leader_____

Where? City_____County_____State_____

If you prefer to work directly with youth, what age level(s) do you prefer? _____

Why are you interested in this youth program volunteer position?

List skills, training and education:

Describe your present and previous work experience: (List current or most recent experience first.)

| EMPLOYER | JOB TITLE | YEARS |
|----------|-----------|-------|
| | | |
| | | |
| | | |

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

| ORGANIZATION | VOLUNTEER ROLE | YEARS |
|--------------|----------------|-------|
| | | |
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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 activities. 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.

My signature indicates I have read, understand and agree to U of I Extension Code of Conduct.

Signature_____Date_____

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have questions or need further information.

**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:** _____

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

List all addresses at which you have resided in the past five years:

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.

Signed - Must be handwritten signatures; not typed! Date

Please type, use bold letters or label:

dbalagna@illinois.edu

University of Illinois Extension

Deb Balagna

15411 N IL 100 Hwy

Lewistown, IL 61542

Submit by email
Submit to: Department of Children and Family Services
Scan/Email to: DCFS.689Background@illinois.gov
If you do not have scanning capabilities; they will accept a picture of the document.

(Submitting Agency Fax Number)
(Submitting Email Address)
(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)



4-H Volunteer Enrollment Form 2022-23

County: _____ Club: _____

Family Last Name: _____

(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Return to Extension Office

University of Illinois Extension
15411 N IL 100 Hwy
Lewistown, IL 61542
OR email as a pdf to
kristakg@illinois.edu

Volunteer Information ** indicates required fields*

| | |
|---|------------------------------|
| * First Name | Middle Name |
| * Last Name | Email |
| * Mailing Address | * City |
| * State | * Zip Code |
| * Gender | Birth Date (optional) |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not listed <input type="checkbox"/> Prefer not to state | |
| * Primary Phone | Volunteer Cell Phone |
| I wish to receive notices via text message | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please indicate if you are a horse project leader | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | |

| | |
|-------------------|---|
| * 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 |
|-------------------|---|

Illinois 4-H Code of Conduct

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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.** Obey the laws of the locality, state and nation and U of I and Extension policies and guidelines. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so. 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.
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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.

I have read and I understand and agree to comply with the above University of Illinois Extension 4-H Youth Development Code of Conduct.

Signature

Date

Photo/Video/Audio Release

Yes No I grant to the University of Illinois Extension 4-H Youth Development 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 compensation to me and without any right for me to inspect or approve the finished photograph, video, or audio recording or other recordings.

Signature

Date



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.