



## **4-H Adult Enrollment Form**

Every volunteer needs to enroll annually. However, it can be completed via a paper version, or you create a free, 4-H Online (<https://il.4honline.com>) account and self-manage it. 4-H Online is a self-managed database for our 4-H members, families, and volunteers. The Extension office will enter the paper version, if you choose to provide the information that way.

## **Extension Volunteer Application**

State-wide required form.

Volunteers complete once.

Extension office uses for Reference information and placement into volunteer role.

## **CANTS (Child Abuse and Neglect Tracking System)**

Updated every 5 years

## **Conviction Information Name Check**

State-wide required form

Updated every 5 years

## **Extension Volunteer Agreement to Assume Risks Form**

State-wide required form.

Volunteers complete once

## **Volunteer Orientation**

New volunteers need to complete online Volunteer Orientation at:

[https://web.extension.illinois.edu/4hc/?orientation\\_art](https://web.extension.illinois.edu/4hc/?orientation_art)

*You will need to create a registration for this system. Once you are registered, you can use the information for any of the courses (includes Overnight Chaperones).*

## **Child Protection Training**

New volunteers need to complete online University of Illinois Extension Child Protection Training.

<https://extension.illinois.edu/extensionprotection/>

After completing the training, print the certificate and mail to Extension office.

## **Overnight Chaperones**

All volunteers who will be chaperoning overnight 4-H events, must also complete this online training.

[https://web.extension.illinois.edu/4hc/?4hchaperone\\_art](https://web.extension.illinois.edu/4hc/?4hchaperone_art)

You will need to create a registration for this system. Once you are registered, you can use the information for any of the courses (includes Volunteer Orientation). After completing the training, print the certificate and mail to Extension office.

## **Shooting Sports Volunteers**

An additional form, Adult Medical Emergency Information, is required for all Shooting Sports volunteers. Completed yearly, or when information changes.

## **Other Volunteer Training Opportunities and Resources can be found at:**

<https://4h.extension.illinois.edu/volunteers/training>



Office use Only
Int _____
Ref _____
DCFS _____
Convictions _____
RSO _____
Driver _____
Approve _____

**CONFIDENTIAL INFORMATION**  
**U of I EXTENSION VOLUNTEER APPLICATION**  
(To be completed by volunteers in University of Illinois Extension)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
                    Last                                      First                                      Middle

Address \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip

Date of birth: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Best time to call \_\_\_\_\_  
                    Month/Day/Year

Race (select 1 or more): \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
                                    \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ 2 or more races \_\_\_\_\_ Other race \_\_\_\_\_

Ethnicity (select 1): \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Residence: \_\_\_\_\_ Town under 10,000 or rural non-farm \_\_\_\_\_ Town/City of 10,000-50,000 \_\_\_\_\_ Farm \_\_\_\_\_ Suburbs of a city of  
over 50,000 \_\_\_\_\_ City with population over 50,000

**REFERENCES:** List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment, or volunteer-related work and family relationships. Include complete addresses. **Make sure to indicate if the letter should be in Spanish.**

**Personal/Character Reference:**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
                    Street, R.R. #, Box #, Apt #      City                                      State                                      Zip

**Work or Volunteer Reference:**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
                    Street, R.R. #, Box #, Apt #      City                                      State                                      Zip

**Family Member Reference:**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Spanish Letter? \_\_\_\_\_ YES  
                    Street, R.R. #, Box #, Apt #      City                                      State                                      Zip

Will you be driving a motor vehicle as part of your volunteer agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, you must show a valid driver's license and proof of liability insurance to the University of Illinois Extension Unit Office.

**BACKGROUND SCREENING INFORMATION:**  
Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a sheet to explain. A conviction will not necessarily disqualify an application. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Have you lived in another state other than Illinois in the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a separate sheet indicating state where you have lived during the last seven years including dates.

I, authorize the University of Illinois to contact listed references, to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a University of Illinois Extension employee of the unit for which I am volunteering (e.g., County Director).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 \_\_\_\_\_

**Why are you interested in this youth program volunteer position?** \_\_\_\_\_

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

**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

**List skills, training and education:**

**Volunteer Behavior Guidelines:**

Families and other youth-serving programs place trust in U of I Extension to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. For these reasons, the following behavior guidelines are expected of volunteers working in U of I Extension 4-H youth development programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Obey the laws of the locality, state and nation and U of I and Extension policies and guidelines.
3. Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard 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.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to the authorities.
5. Do not participate in or condone neglect or abuse, which happens outside the program to 4-H youth participants and report suspected abuse to authorities.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid operator's license and the legally required insurance coverage.
8. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.
9. Use of technology and social media in safe and appropriate ways. See How to Volunteer - Screening Process: "Illinois 4-H Guidelines for Use of Social Media" Click the link to read the Guidelines: <https://4h.extension.illinois.edu/volunteers/application>

I have read, understand and agree to U of I Extension Volunteer Behavior Guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 4-H Volunteer Enrollment Form for 2019-2020

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 - Peoria  
4810 North Sheridan Road  
Peoria, Illinois 61614

### Volunteer Information *\* indicates required fields*

<b>* First Name</b>	<b>Middle Name</b>
<b>* Last Name</b>	<b>Email</b>
<b>* Mailing Address</b>	<b>* City</b>
<b>* State</b>	<b>* Zip Code</b>
<b>* Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date (optional)</b>
<b>* Primary Phone</b>	<b>Volunteer Cell Phone</b>
<b>I wish to receive notices via text message</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Provider</b>
<b>Please indicate if you are a horse project leader</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Emergency Contact Information

*\* indicates required fields*

<b>* Name</b>	_____
<b>* Primary phone number:</b>	_____
<b>* Relationship to volunteer:</b>	_____

### Enrollment *\* indicates required fields*

<b>* Ethnicity</b>	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
<b>* Residence</b>	<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	
<b>Military</b>	<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	

<b>Languages Spoken at Home</b>	<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
Check all that apply	

<b>Hispanic Origin</b>	<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
Check all that apply	

<b>* Mailings</b>	<input type="checkbox"/> I would <b>NOT</b> like information on the County Level Foundation and how it supports the 4-H Program <input type="checkbox"/> I would <b>NOT</b> like information on the Illinois 4-H Foundation and how it supports the 4-H Program <input type="checkbox"/> I would <b>NOT</b> like information about events at the University of Illinois
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## 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.

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.

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.
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. 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. **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!
8. **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.
9. **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.

**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

**I** ILLINOIS  
Extension



**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.



County:	Peoria
Requestor's Name:	Cathy Ludolph, 4-H program coordinator
Requestor's Email:	ludolph@illinois.edu
County Director:	Earl Allen
Volunteer Program:	Peoria 4-H

## CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Date of Birth:     
                    Month           Day           Year

Sex:  "M" for Male  
           "F" for Female  
           "U" for Unknown

Race:  "W" for White (includes Mexicans and Latinos)  
           "B" for Black  
           "A" for Asian/Pacific Islander  
           "I" for Indian/Alaskan Native  
           "U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed \_\_\_\_\_ 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.

<b>Submit by mail OR fax OR email.</b>
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please type, use bold letters or label:**

\_\_\_\_\_  
ludolph@illinois.edu  
\_\_\_\_\_  
University of Illinois Extension, Peoria  
\_\_\_\_\_  
Cathy Ludolph  
\_\_\_\_\_  
4810 N Sheridan RD  
\_\_\_\_\_  
Peoria, IL 61614

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

Print Form



## 4-H Shooting Sports EMERGENCY MEDICAL FORM

### YOUTH'S / CHAPERONE'S 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/chaperone. 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 &amp; 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 &amp; 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: \_\_\_\_\_

