THE UNIVERSITY OF MAINE
Cooperative Extension

2016-2017 MAINE 4-H VOLUNTEER ENROLLMENT

First Name: ........................................ MI: ____ Last: _____________________________

Family Email: ________________________________________________________________

Personal Email (if different): ___________________________________________________

Mailing Address: ______________________________________________________________

City: ____________________________ State: __________ Zip: ________________________

County of 4-H Participation: __________________________ Birth Date: ________________

Primary Phone: __________________________ Mobile Phone: ________________________

Mobile Carrier: __________________________ Work Phone: _________________________

Years in 4-H: ____ □ Email Newsletter □ Wants 4-H Mailings

Gender: □ Male □ Female

Please provide us with this optional data so that we may report to our federal partners.

Hispanic Ethnicity: (check one):
□ Yes – Hispanic or Latino Ethnicity OR □ No -- Not Hispanic or Latino Ethnicity OR □ Prefer not to state

Racial Groups: (check all that apply):
□ White □ Black or African American □ American Indian or Alaskan Native
□ Native Hawaiian or Other Pacific Islander □ Asian □ Prefer not to state

Residence (Check one):
□ Farm □ Rural non-farm or town less than 10,000 □ Town/City 10,000 to 50,000
□ Suburb □ City over 50,000

Military Family (optional):
Branch: □ Air Force □ Army □ Coast Guard □ Marines
□ Navy □ DOD Civilian

Branch Component □ Active Duty □ National Guard □ Reserves

Volunteer Role:
□ Club Leader □ Primary Leader □ Secondary Leader □ School-Based Leader
□ Spin Club Leader

Health Considerations (optional): ________________________________________________

Mark 4-H Projects you are involved in on the back of this form.

Name of Primary 4-H Club 1: ____________________________________________________

Club 2: ____________________________ Club 3: ____________________________

_____________________________ __________________________
4-H Volunteer/Leader Signature Date
Mark ✓ only those project areas in which you will do substantial work this year. Circle projects about which you would like to be kept informed.

8/17/2016

<table>
<thead>
<tr>
<th>Adventure &amp; Challenge</th>
<th>Global Education</th>
</tr>
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<tbody>
<tr>
<td>Aerospace</td>
<td>Goat</td>
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<tr>
<td>Ag in the Classroom</td>
<td>Graphic Arts Displays Exhibits</td>
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<tr>
<td>Animals</td>
<td>Growth Development and Disease</td>
</tr>
<tr>
<td>Animal Sciences</td>
<td>Health &amp; Lifestyle Education</td>
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<tr>
<td>Aquaculture</td>
<td>Hobbies and Collectibles</td>
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<tr>
<td>Aquatic Sciences</td>
<td>Home Environment</td>
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<tr>
<td>Arts &amp; Crafts</td>
<td>Horse</td>
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<td>Astronomy</td>
<td>Household Hazardous Waste</td>
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<td>ATV Safety</td>
<td>Intergenerational Programming</td>
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<tr>
<td>Automotive</td>
<td>Introduction to 4-H Projects</td>
</tr>
<tr>
<td>Beef</td>
<td>Leadership Education</td>
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<tr>
<td>Bicycle</td>
<td>Leadership Skills Development</td>
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<tr>
<td>Bicycle Safety</td>
<td>Llama</td>
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<tr>
<td>Biological Sciences</td>
<td>Marine Science</td>
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<tr>
<td>Birds and Poultry</td>
<td>Meat Science</td>
</tr>
<tr>
<td>Career Exploration &amp; Employability</td>
<td>Mental and Emotional Health</td>
</tr>
<tr>
<td>Cats</td>
<td>Mini Society (Entrepreneurship)</td>
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<tr>
<td>Chemical Health</td>
<td>Music &amp; Sound</td>
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<tr>
<td>Chemistry</td>
<td>Ornamental Horticulture</td>
</tr>
<tr>
<td>Child Development, Child Care, Babysitting</td>
<td>Outdoor Education &amp; Recreation</td>
</tr>
<tr>
<td>Citizenship (Local, State, National)</td>
<td>Parenting and Family Education</td>
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<tr>
<td>Clothing and Textiles</td>
<td>Performing Arts</td>
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<tr>
<td>Clowning &amp; Mime</td>
<td>Personal Development</td>
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<tr>
<td>Communications &amp; Expressive Arts</td>
<td>Personal Development and Leadership</td>
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<tr>
<td>Communications for Child Safety</td>
<td>Photography</td>
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<tr>
<td>Community Service</td>
<td>Physical Health</td>
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<td>Composting</td>
<td>Physical Sciences</td>
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<tr>
<td>Computer Technology</td>
<td>Physics</td>
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<tr>
<td>Consumer and Family Sciences</td>
<td>Plants</td>
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<tr>
<td>Consumer Education</td>
<td>Plants and Animals</td>
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<td>Critical Thinking Skills</td>
<td>Plant Science</td>
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<tr>
<td>Crops &amp; Weeds</td>
<td>Poultry Science and Embryology</td>
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<td>Cultural Education</td>
<td>Rabbits &amp; Cavies</td>
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<tr>
<td>Dairy Cattle</td>
<td>Range Science</td>
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<td>Dance &amp; Movement</td>
<td>Reading Literacy</td>
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<td>Dogs</td>
<td>Recycling</td>
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<tr>
<td>Donkey &amp; Mule</td>
<td>Safety</td>
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<td>Drama &amp; Theater</td>
<td>Science and Technology</td>
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<tr>
<td>Drawing &amp; Painting &amp; Sculpture</td>
<td>Science &amp; Technology Literacy</td>
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<td>Earth, Water, and Air</td>
<td>Service Learning</td>
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<tr>
<td>Eat Well</td>
<td>Sexual Health</td>
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<tr>
<td>Economics, Business &amp; Marketing</td>
<td>Sheep</td>
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<tr>
<td>Electric</td>
<td>Shooting Sports</td>
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<tr>
<td>Electronics</td>
<td>Small Animal &amp; Pocket Pets &amp; Lab Animals</td>
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<tr>
<td>Emergency Preparedness</td>
<td>Social Recreation Skills</td>
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<tr>
<td>Energy</td>
<td>Soils and Soil Conservation</td>
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<tr>
<td>Engines, Tractors, Field Equipment</td>
<td>Speaking &amp; Radio &amp; TV</td>
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<tr>
<td>Entomology and Bees</td>
<td>Swine</td>
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<tr>
<td>Entrepreneurship (Other)</td>
<td>Technology and Engineering</td>
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<tr>
<td>Environmental Education &amp; Earth Sciences</td>
<td>Tractor and Machinery Safety</td>
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<tr>
<td>Environmental Stewardship &amp; General</td>
<td>Understanding Physical &amp; Mental Limitations</td>
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<tr>
<td>Fitness and Sports</td>
<td>Veterinary Sciences</td>
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<tr>
<td>Flower Gardening &amp; House Plants</td>
<td>Visual Arts</td>
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<tr>
<td>Food Preservation</td>
<td>Volunteerism</td>
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<td>Foods and Nutrition</td>
<td>Waste Management</td>
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<tr>
<td>Food Science</td>
<td>Water</td>
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<td>Foods Safety</td>
<td>Weather and Climate</td>
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<tr>
<td>Forestry</td>
<td>Wildlife and Fisheries</td>
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<tr>
<td>Forests, Rangeland and Wildlife</td>
<td>Wood Science &amp; Industrial Arts</td>
</tr>
<tr>
<td>Gardens-Fruits &amp; Vegetables</td>
<td>Working Steer</td>
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<tr>
<td>Geology and Minerals</td>
<td>Writing &amp; Print</td>
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<tr>
<td>GIS &amp; GPS</td>
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Maine 4-H Health Form

Name: Last ___________________ First ___________________ MI ______ Preferred ______________

Home Address: ____________________________________________________________

Birth Date ___________________ Gender ___________________

Custodial parent(s) or guardian(s) (if under 18):

Name ___________________ Phone: Home _______ Cell _______ Work _______

Name ___________________ Phone: Home _______ Cell _______ Work _______

Home address (if different from above) _______________________________________

If you are not available in an emergency whom should we notify?

Name ___________________ Relationship ___________________

Phone: Home _______ Cell _______ Work _______

Address ________________________________________________________________

Insurance Information

Is this person covered by family medical and hospital insurance? Yes ___ No ___

If so, provide carrier and plan name ____________________________ Group # __________

Health History

The information provided here by the parent, guardian, or adult participant is intended to provide
UMaine 4-H health care personnel with the background needed to provide appropriate care, and
the program personnel with the information needed to provide a safe, healthy, and appropriate 4-H
experience. Any changes to this information should be shared with 4-H staff. This information will
not be used to exclude a participant from participation unless the participant cannot perform
program requirements with or without a reasonable accommodation, or is determined to be a direct
threat to the health or safety of others.

Allergies

1. Is this person allergic to any food, medication, or other substance? Yes ___ No ___

If yes, please list all allergens and describe your child’s reaction to them:

_____________________________________________________________________

2. Has this person ever had any unusual reaction to an insect bite or bee sting? Yes ___ No ___

If yes, please explain:

_____________________________________________________________________

Medications

1. Does this person currently take a prescribed medication or treatment (including over-the-counter and
   homeopathic remedies)? Yes ___ No ___ If yes, please complete the Medications section of this form.

2. Does this person self-administer any medication, such as an inhaler, or carry an epipen or anakit?
   Yes ___ No ___

continued on back of form
Please list ALL medications (including over-the-counter medications and homeopathic remedies) taken routinely. Bring enough medication to last the entire program. ALL items should be in their original packaging, bottle, or container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Attach additional pages if needed.

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Dosage</th>
<th>Specific times taken</th>
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**Reason for taking**

<table>
<thead>
<tr>
<th>Medication #2</th>
<th>Dosage</th>
<th>Specific times taken</th>
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</tbody>
</table>

**Reason for taking**

**Dietary Restrictions – Please check all that apply**

- [ ] Does not eat red meat
- [ ] Does not eat pork
- [ ] Does not eat eggs
- [ ] Does not eat poultry
- [ ] Does not eat seafood
- [ ] Does not eat dairy products
- [ ] Does not eat gluten
- [ ] Other (please describe): ________________________________

**Disabilities or Physical Restrictions:** Please describe any disabilities or physical restrictions for this person of which you want us to be aware, and any reasonable adaptations or accommodations requested.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Any person who needs accommodations for the program should contact the appropriate UMaine 4-H staff to discuss their needs, preferably at least 21 days in advance.

Please use this space to provide any additional information about this person's behavior and physical, emotional, or mental health (such as bedwetting, toilet issues and sleepwalking) that UMaine 4-H staff members should be aware of to provide a safe, healthy, and appropriate experience.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Parent or Guardian Authorization:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted in this Health History. I hereby give permission to UMaine 4-H to provide routine health care, administer prescribed or other medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to UMaine staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by UMaine staff to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips.

**Parent, Guardian or Adult Participant Signature** ____________________________

**Printed Name** ____________________________ **Date** ____________________________

I also understand and agree to abide by any restrictions placed on my participation in program activities by medical personnel.

**Minor or Adult Participant Signature** ____________________________ **Date** ____________________________

* If you cannot sign this for religious reasons, contact UMaine 4-H for a legal waiver that must be signed to allow attendance.
4-H Program Participation Permission, Agreements, and Photo Release Form

Name of 4-H Activity ________________________________ Date(s) ________________

Participant: Please read this form carefully, provide all requested information, and sign and date the bottom of this page.

Name: ____________________________________________

last, first, middle initial

Mailing Address: ______________________________________

Town, State, Zip: _____________________________________

Telephone: (_____) _______ County ______________________

Birth Date __________________________ Gender ____________

Roommate preference (if applicable to this event) ________________, ________________

As a participant in this program, I understand that I represent myself; my family; my county; Maine; and all Maine 4-H participants, volunteers and staff. By my actions, will 4-H be judged. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the Dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of 4-H privileges in the future, and/or immediate dismissal from this program as determined by county and/or state 4-H staff.

Signature: ________________________________________ Date: __________________

Parental Statement – Please sign and date

My daughter/son/ward has my permission to attend this program. I have read and understand the statements they have agreed to above and support this agreement. I realize that I am personally responsible for my daughter/son/ward while they are attending this program. I understand and expect that should my daughter/son/ward break this agreement and the adult coordinators find it necessary to dismiss them from this program, that I am responsible for their transportation home.

Signature: ________________________________________ Date: __________________

Rev June 2016
UNIVERSITY OF MAINE SYSTEM AND 4-H PHOTO RELEASE AGREEMENT

I, ___________________________ (name of person in photo) hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) and the 4-H Program (defined as 4-H Afterschool, National 4-H Council, 4-H Cooperative Extension System, USDA/NIFA, Maine 4-H Program, 4-H clubs and programs, etc.) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") obtained during the current 4-H year (October-September) at 4-H-sponsored events, and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.
NOTE: If under 18, must be signed by parent or guardian on last line below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE OF PERSON IN PHOTO</th>
<th>PLEASE PRINT NAME</th>
</tr>
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<th>ADDRESS</th>
<th>PHONE NUMBER</th>
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</table>

SIGNATURE OF PARENT OR GUARDIAN (if applicable)
University of Maine Cooperative Extension Volunteer 
Requirements and Standards of Behavior

As a trained UMaine Extension volunteer, while I am representing the University of Maine Cooperative Extension, I am required to:
1. seek diverse audiences and provide equal access to all Extension programs including working with staff to provide accommodations.
2. comply with state, federal and University equal opportunity and non-discrimination laws and guidelines; I will not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin, citizenship status, age, disability, genetic information or veteran’s status.
3. not violate the sexual harassment policy of the University of Maine System.
4. report all incidents of sexual misconduct and report all known or suspected child abuse/neglect. (Note: a refresher training via video is available at: http://extension.umaine.edu/volunteer/orientation/required-training/)
5. treat all program participants, volunteers, Extension staff, others and myself with courtesy and respect.
6. work cooperatively with other volunteers, families and Extension staff/colleagues.
7. not share confidential information except as authorized or required by policy or law.
8. not use alcohol, tobacco or illegal drugs at any UMaine Extension event.
9. not commit an illegal or abusive act; immediately report potentially illegal acts to both Extension staff and the authorities.
10. participate in required volunteer training programs and follow the stated policies and procedures.
11. treat program areas, lodging areas and transportation vehicles with respect.
12. handle any money, animals, machinery, equipment, or other UMaine Extension property that has been entrusted to me in a safe and responsible manner.
13. report all unsafe conditions and accidents to Extension staff/colleagues as soon as possible.
14. notify my county Extension staff/colleagues if I am unable to complete an assignment, uncomfortable with an assignment, or if I need to resign.
15. not use my status as an Extension volunteer for personal or business financial gain.

Requirements and Standards of Behavior Agreement
I have read and understand the University of Maine Cooperative Extension Volunteer Requirements and Behavior Standards. I understand and agree that my actions and decisions affect me as well as others. Any action on my part that contradicts any portion of these standards may result in the loss of privileges as a volunteer or could be grounds for suspension and/or termination of my status with the UMaine Extension Program as a volunteer. I will conduct myself in accordance with the intent of the Requirements and Standards of Behavior. I will accept the appropriate and logical consequences of any actions if I fail to do so.

Signature of UMaine Extension Volunteer __________________________ Date __________

Printed Name of UMaine Extension Volunteer __________________________

THIS FORM IS TO BE SIGNED ANNUALLY

Rev 9-15-16 Please review the "And Justice for All" poster on the back of this form.
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial/parental status, income derived from a public assistance program, political beliefs, reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at \( (202) 720-2600 \) (voice and TTY) or contact USDA through the Federal Relay Service at \( (800) 877-8339 \). Additionally, this information is available in languages other than English.

To file a complaint alleging discrimination, please complete the USDA Program Discrimination Complaint Form, AD-3027, found online at \( \text{http://www.ascr.usda.gov/complaint_filing_cust.html} \), or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call \( (866) \ 632-9992 \).

Submit your completed form or letter to USDA by mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: \( (202) 690-7442 \); or email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

El Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA) prohíbe la discriminación en todos sus programas y actividades por motivo de raza, color, nacionalidad, religión, sexo, identidad de género (incluyendo expresión de género), orientación sexual, discapacidad, edad, estado civil, situación familiar/parental, ingreso derivado de un programa de asistencia pública, convicciones políticas y reprisal o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas con discapacidades que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia responsable o el TARGET Center del USDA al \( (202) 720-2600 \) (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al \( (800) 877-8339 \). Esta información también estará disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de queja por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en \( \text{http://www.ascr.usda.gov/sites/default/files/docs/2012/Spanish Form 568, Compliant 6 8 12 0.pdf} \) o en cualquier oficina del USDA o escriba una carta dirigida al USDA e incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al \( (866) \ 632-9992 \). Envíe su formulario completo o carta completa al USDA por:

correo:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax:
\( (202) 690-7442 \) ; o

correo electrónico:
program.intake@usda.gov.

El USDA es un proveedor, empleador y préstamo que ofrece igualdad de oportunidades.
FRANKLIN COUNTY 4-H VOLUNTEER FORM

Name ________________________________

4-Her’s name (if applicable) ________________________________

4-H Club name (if applicable) ________________________________

Phone __________________ email ____________________________

VOLUNTEER OPPORTUNITIES - COUNTY WIDE ACTIVITIES

Please check any activities you would be willing to help with or organize.

___ Recognition Event (Nov.)
___ Safety Meeting
___ Public Speaking
___ Officer’s Training (Jan.)
___ 4-H Fair (June)

___ Conservation Meeting and Poster Contest (Feb.)
___ Health Meeting
___ Career Workshop (Mar)
___ Fashion Revue
___ Talent Show

VOLUNTEER OPPORTUNITIES - AT HOME

___ make refreshments
___ make posters
___ make phone calls
___ engage locations

___ collate papers
___ computer work
___ contact speakers
___ host meeting

VOLUNTEER OPPORTUNITIES - PRESENTING OR UTILIZING CONTACTS

___ art
___ cooking
___ travel
___ sewing
___ animals
___ health
___ dance
___ crafts
___ environmental
___ forestry
___ sports
___ citizenship
___ hair and/or makeup

___ foreign language
___ music
___ photography
___ technology
___ food preservation
___ science
___ fitness
___ robotics
___ conservation
___ small engines
___ leadership
___ fashion design
___

For questions regarding 4-H volunteer opportunities, contact the Franklin County Extension Office at 778-4650. The office is located at 138 Pleasant St. Suite #1, Farmington ME 04938-5828.