



# Wisconsin 4-H Youth Development Enrollment Form - Adult

**Name of Club/Camp/Experience:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Preferred E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Gender:**  Male  Female  Other: \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race (Check All That Apply):**  American Indian or Alaskan Native  Asian

Black or African American  Native Hawaiian or Other Pacific Islander

White  Prefer Not to Say

**Residence:**  Farm  Rural Non-Farm or Town Less than 10,000  Town/City 10,000 – 50,000

Suburb of City Over 50,000  City Over 50,000

**Is Parent/Guardian/Sibling/Spouse a Member of the Military?**  Yes  No

**If Yes, What Branch?** \_\_\_\_\_

Were you in 4-H as a youth?  Yes  No

Do you require an accommodation for a disability to participate in this program:  Yes  No

If Yes, Please Provide Additional Information:

**Volunteer type:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Activity/Event Volunteer</b>    | <input type="checkbox"/> <b>Club Leader (Organizational)</b> |
| <input type="checkbox"/> <b>Adult Advisor/Chaperone</b>     | <input type="checkbox"/> <b>Committee</b> _____              |
| <input type="checkbox"/> <b>Club Enrollment Coordinator</b> | <input type="checkbox"/> <b>Project</b> _____                |

<b>(Year in Project)</b>	<b>Project</b>	<b>Need Literature?</b>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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# VOLUNTEER BEHAVIOR EXPECTATIONS

Families, individuals, and organizations trust the University of Wisconsin-Madison Division of Extension to provide quality leadership and care for those who are involved in Extension-sponsored programs. The opportunity to work as a volunteer with the Division of Extension is a privileged position that should be held only by those who are willing to demonstrate behaviors that fulfill this trust.

Division of Extension volunteers are expected to abide by the following behavior standards established by the Division of Extension and to conduct themselves as positive role models. All Division of Extension volunteers are ultimately accountable to the Division for Extension-related activities.

### As a Division of Extension volunteer, I agree to:

- Collaborate in a cooperative environment with, and in, support of Division of Extension staff and programs to jointly further the mission of Extension.
- Accept supervision and guidance from Division of Extension staff or designated management volunteers.
- Conduct myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, treating others with respect, and demonstrating reasonable conflict resolution skills.
- Participate in orientation and training programs to help me deliver programs more effectively.
- Conduct myself in a manner that is in the best interest of the program and the Division of Extension and not use the volunteer position or title for purposes of private or personal gain.
- Complete tasks, reports, and evaluations in a timely manner.
- Use appropriate subject matter expertise, including university research-based resources/information, in program delivery.
- Make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, sex, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, and marital or parental status.
- Abide by all local, state, and federal laws and Division of Extension and USDA rules, policies, and guidelines.
- Not consume or be under the influence of alcohol or illegal substances while in the role of a Division of Extension volunteer, nor allow youth participants under my supervision to do so.
- Not advocate/lobby for particular causes or engage in political activity when serving as an Extension volunteer.
- When transporting youth or adults, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license and the legally required insurance. I will comply with all motor vehicle-related state regulations and laws.
- Treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- Report suspected verbal, sexual, and physical abuse, as well as neglect of minors, to local authorities.
- Not conceal carry firearms and/or weapons while acting in a volunteer role. I understand that if I am a 4-H Youth Development shooting sports volunteer as part of this specific program, I am expected to openly carry/transport 4-H shooting sports equipment in designated areas.
- Immediately notify my Division of Extension point of contact about any changes in my status (e.g. contact information, criminal arrest, charge or conviction history, driving privileges, etc.)

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position as a volunteer will result if I do not meet these expectations.

\_\_\_\_\_

Volunteer Printed Name

\_\_\_\_\_

County

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

\* Maintained at the Statewide Coordinator level and the volunteer receives one signed copy for their files.

August 12, 2019



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## CONDITIONS OF VOLUNTEER SERVICE

Thank you for your interest in volunteering with the Division of Extension! This document outlines the conditions of your volunteer service, assumption of risk, and details about liability coverage. Please read carefully and sign this document to acknowledge that you read and understand these terms and conditions. If you have questions, do not hesitate to ask your Division of Extension supervisor or other staff involved in the volunteer recruiting process.

### TORT LIABILITY

Liability protection is provided to all officers, employees, and agents of the Division of Extension under Wisconsin Statute, Sections 893.82 and 895.46. Volunteers acting under the direction and control of the Division of Extension and for its benefit are considered agents and thus covered. These statutes authorize the State to pay claims based on the negligent acts of employees or agents or to defend employees or agents against allegations of negligence, which may have caused injury or property damage to others provided the employee or agent was acting within the scope of his/her responsibilities to the University. It is important to understand that for liability coverage to exist one must be acting within scope of agency, performing their assigned tasks, and not acting in a manner that is reckless or with the intent to unlawfully inflict harm to others. It is important that volunteers acknowledge mistakes that could lead to potential liability claims and report such incidents promptly to their immediate supervisor.

### AUTOMOBILE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Wisconsin law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. There is no property coverage provided by the State or University for personal automobiles. Division of Extension-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You **MUST** possess a valid driver's license and be driver authorized through the University.

### WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of the Division of Extension. Volunteers are advised to have personal health, accident, and related insurances in place at the time of volunteering and no such coverage is provided by Division of Extension or the State.

### ASSUMPTION OF RISKS

**I understand that not all risks can be foreseen and there are some risks that are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of volunteer participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in a Division of Extension program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for by the Division of Extension or the Board of Regents of the University of Wisconsin System. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Please note: if injured during the course of their volunteer work, volunteers would have the same legal rights as other citizens to seek compensation if the injury resulted from University negligence.



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**CONSENT FOR EMERGENCY TREATMENT**

I authorize the Division of Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**UNIVERSITY of WISCONSIN MADISON RULES AND REGULATIONS**

I will conduct myself in a manner that is considerate of other participants and in accordance with [University of Wisconsin-Madison](#) and [Division of Extension](#) rules and regulations and with any state, city, or other laws or rules that are applicable to the location where the activity is occurring.

**RECORDED MEDIA**

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

If you would like to opt out of this section, please request the Photo Opt-Out Release from your Division of Extension supervisor.

**REPORTING RESPONSIBILITY**

Any time I am involved in any accident or exposed to a potential liability situation while performing assigned duties, I WILL inform my Division of Extension supervisor as soon as possible. The supervisor MUST contact the UW-Madison and Division of Extension Claims Representative in Risk Management at 608.262.0375 within 24 hours.

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
County

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\* Maintained at the Statewide Coordinator level and the volunteer receives a copy for their files.