



## Adult Staff Application

Date: \_\_\_\_\_ Club: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you currently an enrolled leader? \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have youth in 4-H? \_\_\_\_\_ Names & Ages: \_\_\_\_\_

Hobbies/Leisure Activities: \_\_\_\_\_

I would describe myself as:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Responsible                    | <input type="checkbox"/> Motivating           | <input type="checkbox"/> Nurturing        |
| <input type="checkbox"/> Organized                      | <input type="checkbox"/> Good Communicator    | <input type="checkbox"/> Open-minded      |
| <input type="checkbox"/> Able to Empower Youth          | <input type="checkbox"/> Motivating           | <input type="checkbox"/> Good Listener    |
| <input type="checkbox"/> Patience                       | <input type="checkbox"/> Diligent             | <input type="checkbox"/> Detail Oriented  |
| <input type="checkbox"/> Work well with adults          | <input type="checkbox"/> Fun                  | <input type="checkbox"/> Able to Delegate |
| <input type="checkbox"/> Able to follow as well as lead | <input type="checkbox"/> Work well with youth | <input type="checkbox"/> Positive         |
| <input type="checkbox"/> Love to walk                   | <input type="checkbox"/> Other _____          |   |

Skills:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Outdoor Education                                     | <input type="checkbox"/> Management skills  | <input type="checkbox"/> Teaching      |
| <input type="checkbox"/> Sponsor Solicitation                                  | <input type="checkbox"/> Crafts             | <input type="checkbox"/> Newsletter    |
| <input type="checkbox"/> Event Planning  | <input type="checkbox"/> First Aid Training | <input type="checkbox"/> Promotion     |
| <input type="checkbox"/> Background- Psychology                                | <input type="checkbox"/> Secretarial Work   | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Public Relations                                      | <input type="checkbox"/> Bookkeeping        | <input type="checkbox"/> Recreation    |
| <input type="checkbox"/> Conflict Management                                   | <input type="checkbox"/> Grant Writing      | <input type="checkbox"/> Photography   |
| <input type="checkbox"/> Able to Delegate                                      | <input type="checkbox"/> Purchasing         | <input type="checkbox"/> Data Entry    |
| <input type="checkbox"/> Challenge Adventure                                   | <input type="checkbox"/> Campfires          | <input type="checkbox"/> Drama/Singing |
| <input type="checkbox"/> Special training, licenses, certifications or other - |   |  |

I am interested in the position/s of:

- |  |  |
|--|--|
| <input type="checkbox"/> Camp Director   | <input type="checkbox"/> Camp Care       |
| <input type="checkbox"/> Camp Activities | <input type="checkbox"/> Camp Logistics  |
| <input type="checkbox"/> Registrar       | <input type="checkbox"/> Camp Cook       |
| <input type="checkbox"/> Camp Nurse      | <input type="checkbox"/> Camp Crafts     |
| <input type="checkbox"/> Nature/Beach    | <input type="checkbox"/> Risk Management |

Availability: ☐ Monthly Sunday Afternoon Trainings  
☐ Full Week of Camp

What experiences have you had with youth 9-19 years old? \_\_\_\_\_

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What experience would you bring to Camp Wahoo!? \_\_\_\_\_

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My knowledge of the Camp Wahoo program is....\_\_\_\_\_

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Knowing that everyone has special memories or ideas about camp, please describe why you would like to help with this 4-H Camp: \_\_\_\_\_

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

Office use only

Date received

**Adult Volunteer Treatment Authorization Form**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2015** to **December 31, 2016**

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**EMERGENCY CONTACT INFORMATION**

Name

Relationship to Adult Identified Above

( )  
Emergency Day Phone (with area code)

( )  
Emergency Night Phone (with area code)

Mailing Address

City

State

Zip

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that I am in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature

Date

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

Signature

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.



### Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

|            |           |        |               |
|------------|-----------|--------|---------------|
|            |           |        |               |
| First Name | Last Name | County | Date of Birth |

| Subject to:             | YES | No | Now Have or Have Had       | Yes | No |
|-------------------------|-----|----|----------------------------|-----|----|
| Colds                   |     |    | Heart Trouble              |     |    |
| Sore Throat             |     |    | Asthma                     |     |    |
| Fainting Spells         |     |    | Lung Trouble               |     |    |
| Bronchitis              |     |    | Sinus Trouble              |     |    |
| Convulsions             |     |    | Hernia (rupture)           |     |    |
| Cramps                  |     |    | Appendicitis               |     |    |
| Allergies               |     |    | Has appendix been removed? |     |    |
| Wear corrective lenses? |     |    | Do you walk in your sleep? |     |    |
| Is hearing good?        |     |    |                            |     |    |

Date of last Tetanus Vaccination:

Please check over-the-counter medications that may be administered:

☐ Tylenol  
 ☐ Ibuprofen  
 ☐ Cough Syrup  
 ☐ Decongestant  
 ☐ Dramamine  
 ☐ Antacid  
 ☐ Polysporin  
 ☐ Hydrocortisone  
 ☐ Other:

Please identify allergies including allergies to food, medications, and drug reactions:

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Please include any additional remarks and special instructions to better assist emergency service personnel.

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Please list all current medications:

| Name of Medication | Dosage | Times Taken |
|--------------------|--------|-------------|
|                    |        |             |
|                    |        |             |
|                    |        |             |
|                    |        |             |



### Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

All 4-H adult volunteers are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H adult volunteers are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Adult Volunteer Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.
7. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H adult volunteers when engaged in any 4-H activity. The UCCE County Director\* may, if necessary in their sole judgment, immediately limit, suspend, or terminate the services of any 4-H adult volunteer that does not comply. In such instances, the decision of the UCCE County Director\* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs and/or any other inappropriate materials. Participation while impaired in a manner that impedes the ability to perform the assigned volunteer duties.
2. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
3. Use of abusive, obscene, and/or discriminatory language.
4. Attack or harassment; whether verbal, physical, written, or by the use of social media.
5. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
6. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
7. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
8. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
9. Engage in a romantic relationship with a youth member at any time.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director\* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

I acknowledge that I have received, read, and will abide by the 4-H Adult Volunteer Code of Conduct. I understand that my appointment as a 4-H adult volunteer is contingent upon my compliance and that failure to comply may result in limitation, suspension, or termination of my service as a 4-H adult volunteer. I also understand that when functioning in the role as a parent, guardian, or adult participant I will abide by the Parent, Guardian, or Adult Participant Code of Conduct. (To obtain a copy go to <http://4h.ucanr.edu/files/4717.pdf> or contact your County 4-H Office.)

By my signature on the 4-H Adult Volunteer Application Form, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H Adult Volunteer is contingent upon my agreement to this document. Failure to comply with these guidelines may result in termination as a 4-H Adult Volunteer.

\*When referring to multi-county (outside the authority of a single County Director), sectional, or state level this authority extends to the State 4-H YDP Director.

**Photograph and Information Release**

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.