2023 – 2024 Allen County 4-H Volunteer Enrollment University of Kentucky College of Agriculture, Food and Environment Cooperative Extension Service





Name (Last, First): Birthdate:			
Address:			
Mailing Address:			
City, State: Zip:			
Home Phone:			
Wish To Receive Remind Text Messages: Yes No Subscribe To Newsletter: Yes No			
Email:			
Military: Yes No → If Yes Please List Active Branch:			
Race: (Check all that apply) Do You Live On A Farm: Yes No		No	
☐ White	What are some of your skills & hobbies you might be willing to teach?: (please list below)		
☐ American Indian	what are some of your skins & hobbies you might be willing to teach?: (piease list below)		
□ Black			
☐ Hawaiian & Pacific Islander			
☐ Asian			
☐ Other			
Ethnicity: (Check One)			
Non-Hispanic Hispanic			
In What Capacity Would You Like Volu	inteer:	What Clubs Would You Be Interested In	
(Check All That Apply)		Volunteering With: (Check All That Apply)	
☐ Club Leader (If Yes Please Circle	e Clubs)	☐ Helping Hands Club☐ Livestock Club☐	
☐ Assisting Club Leader		☐ Horsin' Around Club	
☐ School Enrichment (Dollars & Sense, Reality Store, Etc.)		□ Poultry Club	
☐ Camp Chaperone/Overnight-Trip Chaperone		☐ Shooting Sports Club	
☐ Workshop/Project Day Leader		☐ S.E.T. Club☐ Sewing Club	
☐ Assist with Workshop/Project Day		☐ Cloverbud Club	
☐ Event Judge (Communications, Fair, Etc.)		☐ CREATE Club	
☐ Transporting Youth To/From Events		☐ Art Club	
		☐ Cooking Club☐ Teen L.E.A.D Ambassadors	
		Other:	
Please List Any Medical Conditions:			
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MEDICAL TREATMENT All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event of an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.			
SIGNATURE OF VOLUNTEER:		DATE:	
PUBLICITY RELEASE			
I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself without compensation for use in promotion, advertising, educational publications or online content.			
SIGNATURE OF VOLUNTEER:		NO, I do not permit	





4-H Youth Development Code of Conduct Form

All 4-H members, volunteers and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H Volunteer may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H Volunteer and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H volunteer & participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between volunteers and/or participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All volunteers and/or participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member anytime he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the Agent and/or adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. Failure to comply with the Code of Conduct by 4-H Volunteer and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:

- Sent home from the activity or event at his/her own expense
- Barred from participation from future 4-H events Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

1		, have read the Code of Conduct and agree to abide by its rules.
(Print Name)		, have read the code of conduct and agree to abide by its rules.
I understand that infraction	n of this Code of Conduct will resu	It in any or all of the penalties listed above.
Volunteer		
County	Date	
Educational programs of Kentucky Coopera	tive Extension serve all people regardless of economic	or social status and will not discriminate on the basis of race, color, ethnic origin, national origin,

creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.