



OSCEOLA COUNTY 4-H ADULT VOLUNTEER ENROLLMENT PACKET

Included in this package:

- ◆ What is 4-H?/Active 4-H Definition/Parental Role in 4-H (keep)
- ◆ Enrollment Form/Adult Code of Conduct Form (F/B) (1 copy)
- ◆ Background Screening Disclosure Form (F/B) (1 copy) (Required)
- ◆ Florida 4-H Participation Form (F/B) (2 notarized copies)
- ◆ Osceola County 4-H Activities and Opportunities (keep)

Instructions to complete enrollment process:

1. Read and Keep *What is 4-H?*, *Active 4-H Member Definition*, and *Osceola County 4-H Activities and Opportunities*.
2. Volunteer must read and sign *FL Participation Forms*.
3. Complete and notarize two Florida 4-H Participation forms.
4. Return Enrollment/Adult Code of Conduct forms, Florida Participation forms, and Background Screening Disclosure form to the 4-H office.
5. After enrollment packet is reviewed by 4-H office and background screening and interview are completed, you will be notified to register online.

It is very important that you complete and return your enrollment materials promptly. Until we receive them you will not be officially enrolled in 4-H, receive any information, judge events, or have contact with youth.

Return information to: Osceola County Extension/4-H
University of Florida - IFAS
1921 Kissimmee Valley Lane
Kissimmee, FL 34744

Rev. 10/09

The Foundation for The Gator Nation

An Equal Opportunity Institution

WHAT IS 4-H?

4-H is America's largest non-formal educational program for youth, annually reaching approximately 5 million young people. The 4-H mission is to help youth become self-directed, productive and contributing members of society. The educational program helps children develop inquiring minds, learn practical skills, strengthen decision-making abilities, improve communications and interpersonal relationships, and ultimately share their skills and experience in leadership roles. Through hands-on, learn by doing activities, children establish real-life goals and develop important life skills enabling them to become competent, productive citizens.

Today's 4-H program is for all youth - both rural and urban from all racial, cultural, economic and social backgrounds. It reaches children in a variety of ways: as members of organized community 4-H clubs, as participants in special interest groups, or through school enrichment programs. As members of the Florida 4-H program, youth are provided opportunities for a multitude of awards, trips and scholarships. They participate in these recognition programs through enrollment in 4-H projects which can range in subject matter from the environment to entomology or from bicycles to beef.

DEFINITION OF ACTIVE OSCEOLA COUNTY 4-H MEMBER

An active 4-H member is defined as: "a youth that has specified at least one project area and followed through by completing and turning in at least one 4-H project report, scoring at least 70 points, to the 4-H office by the determined due date. An active member also needs to attend club meetings regularly (*attend more meetings than you miss) throughout the 4-H year and attend at least one club meeting after the fair.

4-H Office Contacts: Phone: (321)697-3000
County Website: osceola.ifas.ufl.edu
Joy Borgman, Extension Faculty-FCS/4-H
Karen Henry, Extension Faculty/4-H
Loretta Hunt, 4-H Secretary

4-H Enrollment Form Adult Volunteer

Primary Club: _____

Other 4-H Affiliation: _____

For Office Use Only County Code: _____

Club Code: _____ Member Code _____

Category (Check One): _____ 4-H Volunteer

Types (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> General/Organizational | <input type="checkbox"/> Indirect |
| <input type="checkbox"/> Project Volunteer | <input type="checkbox"/> Direct |
| <input type="checkbox"/> Activity Volunteer | <input type="checkbox"/> Middle Manager |
| <input type="checkbox"/> Resource Volunteer | |

Status (Check One):

- New Enrollment Re-Enrollment

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Adult Volunteer Information	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Occupation (optional): _____ E-mail: _____
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Public List: Check here ___ If you do NOT want University Extension to reveal your name, or telephone number as part of a public record or list.

Birthdate: ___ / ___ / ___ **Years in 4-H:** _____ **Gender:** Female Male

Residence (Check one): Farm Rural/10,000 Town/10-15,000
 Suburb/50,000 City/50,000

Military Family: Yes A member of my family is in the Military or Reserve (Air Force, Army, Coast Guard, Navy, or National Guard).
 No

Disability: Yes Do you require an accommodation for a disability to participate in this program?
 No
 Please Specify: _____

Ethnicity (Check one): Hispanic Not Hispanic

Race (Check all that apply):
 White Black Am. Indian/Native Indian Hawaiian/Pacific Islander Other

ADULT AGREEMENT OF CONDUCT

University of Florida - Youth Development Programs

The purpose of the Adult Agreement of Conduct is to promote the safety and well-being of all program participants in Extension youth programs. All adult and teen volunteers who work directly with youth in University of Florida IFAS Extension programs are expected to function within the following guidelines.

In my role, I, _____ will:

1. Be courteous and respect the individual rights of all participants.
2. Be a positive role model at all times and exhibit good sportsmanship.
3. Not disrespect the 4-H program through verbal abuse, actions or inappropriate language.
4. Represent the educational mission of the University of Florida Extension Service.
5. Accept support and supervision from Extension program representatives.
6. Only use the 4-H name/emblem and 4-H group funds when a 4-H group is chartered, and as defined through the Florida 4-H Handbook.
7. Establish and maintain safe environments for youth and adult participants.
8. Not leave youth under my supervision without notifying an adult in charge of the event or delegation.
9. Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse or safety issues will report it as outlined by the UF/IFAS Extension Youth Protection Policy.
10. Comply with equal opportunity and anti-discrimination laws.
11. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
12. Operate machinery and equipment in a safe and responsible manner.
13. Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws and ensuring that every passenger wears a seat belt.
14. Obey local, state and federal laws. Follow policies set for county, district, state and national youth programs. Not commit any criminal act involving youth or activities with Extension youth programs.
15. Not use or be under the influence of alcohol or illegal drugs while present at youth programs or while having responsibilities at Extension programs.

I have read and understand the Adult Agreement of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations is grounds for the suspension or termination of my role with University of Florida IFAS Extension youth program or my removal from the Extension youth program. I understand that being a volunteer working with youth participants is a privilege, not a right. (Appointments are renewed on an annual basis.)

Signature of Adult

Date

Signature of authorized University of Florida IFAS Extension Representative

Date

Effective January 1, 2005 a signed copy of the Adult Agreement will be kept on file (with adult's immediate supervisor) for each adult working with Extension youth programs.

"4-H is a community of young people...across America...who are learning leadership, citizenship and life skills"



IFAS is Equal Opportunity - Affirmative Action Employer authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex, sexual orientation, age, religion, handicap, or national origin.
4-H name and emblem are protected under 18 U.S.C. 707.



Florida 4-H Participation Form



Club/Group Name: _____

Note: This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).** This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name _____ Birth Date ____/____/____ 4-H Age _____ Youth Adult
 Last First Month / Day / Year Female Male
 Home Address _____ Home Phone () _____
 City ST Zip _____ FL _____ County/District __Osceola__ / ____VIII____
 Primary Emergency Contact _____ Work Phone () _____

Name of Family Doctor _____ Phone () _____
 Health Insurance Company _____ Policy # _____
 Name of Insured _____ Relationship to Participant _____

HEALTH HISTORY

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential

Please explain “Yes” answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

	Yes	No	
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
10) Serious Insect Stings.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
11) Wear Glasses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
12) Wear Contact Lenses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
13) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
14) Penicillin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
15) Aspirin Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
16) Tetanus Allergy.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
17) Other Drug Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
18) Food Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
19) Serious Ivy, Oak, or Sumac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
20) Other Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
21) Other Health Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date of Last Tetanus Shot ____/____/____

The following over-the-counter medications may be administered to my child, without contacting me:

- Antihistamine Antacid Ibuprofen (Advil) Acetaminophen (Tylenol)
- Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)
- Other _____

Please contact me for permission to administer ANY over-the- counter medications.

PUBLICITY RELEASE

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation.

No, I do not authorize use of my – or my child’s – individual image or voice.

SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.


No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:


- 1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
- 2) Speak and act in a responsible, courteous, and respectful way.
- 3) Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
- 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
- 5) Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
- 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
- 7) Help others have a pleasant experience by making every attempt to include all participants in activities.
- 8) Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
- 9) Dress appropriately for each event.
- 10) Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

PARTICIPANT: *I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*

Participant Signature  _____ **Date** _____

VERIFICATION (Please sign in the presence of a notary)

I, _____ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event's insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

Parent/Guardian or Adult Participant Signature  _____ **Date** _____

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature _____ **Date** _____

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Parent/Guardian or Adult Participant Signature _____ **Date** _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

Personally known: _____ Type ID: _____

Notary Public: _____

CLUB OR GROUP OF INTEREST _____

ADULT VOLUNTEER BACKGROUND SCREENING DISCLOSURE FORM

LAST NAME: _____ FIRST _____ MIDDLE _____

HOME PHONE NO. _____ WORK PHONE NO _____

EMAIL ADDRESS _____

Current/Previous work or volunteer experience: (List current or most recent experience first)

<u>Employer/Organization</u>	<u>Position Title or Volunteer Role</u>	<u>Year</u>

Skills, Training, Education: _____

The Florida Cooperative Extension takes seriously its obligation to provide a safe atmosphere for youth and adults involved in Extension programs.

1. Have you or anyone living at your residence ever been charged and convicted of any crimes against persons listed as follows: Aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest, vehicular homicide; first degree promoting prostitution; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

YES _____ NO _____

IF YES TO ANY CRIME, EXPLAIN BELOW - include charge, finding, date and court(s) involved.

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused or neglected any minor?

YES _____ NO _____

IF YES TO ANY CRIME, EXPLAIN BELOW - include charge, finding, date and court(s) involved.

Have you ever been convicted of a criminal offense? YES ___ NO ___

Have you been found guilty of a criminal offense even if adjudication was withheld?
YES ___ NO ___

Have you pled nolo contendere? YES ___ NO ___

If Yes to any of the above, please give date, nature of offense and disposition

REFERENCES: List two (2) persons NOT related to you who have definite knowledge of your qualifications, character and ethics. Must have complete address and working phone number.

Name _____ Phone: _____

Street Address _____ State _____ Zip _____

Name _____ Phone: _____

Street Address _____ State _____ Zip _____

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida IFAS Extension Service to contact references and request information for conducting a national/local background check. I authorize a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application. The Social Security Number is used by Choicepoint background screening service

Signature _____ Date _____

Print Legal Name: Last _____ First _____ Middle _____

Address: _____

City, State, Zip _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State _____

(Attach copy of Driver's License)

OSCEOLA COUNTY 4-H ACTIVITIES AND OPPORTUNITIES
County Website: osceola.ifas.ufl.edu * State 4-H Website: florida4h.org

The following is a brief description of the many 4-H opportunities available to you during the 4-H year. The types of activities you will be involved in will vary with your age and personal interests. Read through each one to see what it has to offer. Your 4-H club leader or the 4-H office can answer any further questions you may have regarding participation.

Club Meetings: Usually held two times a month, but varies by club. Each club will determine where meetings are to be held.

Projects: There are more than 50 projects (learning experiences in a specific area) to choose from. New members should limit themselves to one or two projects. Older members may choose to enroll in a variety, or concentrate their efforts on one major project. To "complete" a project, the member must fulfill the requirements listed in the project report for the appropriate age division (Junior, Intermediate, Senior and Cloverbud). 4-H expects a minimum of six activities or lessons in project area activities, and complete a project report. (However, some project activity books may vary in the suggested number of activities.)

A completed project report and supporting 4-H records reflecting the appropriate age category must be turned into the 4-H office in May, and must comply with the "active 4-H" definition.

Project Reports: Please use the reports posted on the county website only – they have been modified and are not the same as on the state 4-H website. You will be judged on the county version. These are provided by the 4-H office and records should be kept by the member on each project. See your 4-H leader for information regarding additional requirements for your project report. Project Reports are due to your leader or the 4-H office by the determined due date in May.

(You can turn it in early; do not wait until the last minute)

(Please copy your project report if you need it for a portfolio, home school evaluation, etc)

Demonstrations: Show and Tell about a 4-H project or activity. Each member should do at least one demonstration in each project area at a club meeting during the year. The County Events competition is available to members who wish to compete for awards. Junior (8-10), Intermediate (11-13), and Senior (14-18) demonstrations have specific time limits. County winners advance to District competition. Senior (age 14-18) district winners can advance to state competition. Specifications and judging criteria are available from the 4-H office.

Public Speaking: Competition is open to Junior (8-10), Intermediate (11-13), and Senior (14-18) members to speak on the category of their choice. Time Limits for General : Junior & Intermediate

3-7 minutes - Senior 5-7 minutes. Time Limits Horse: Junior & Intermediate 3-7 minutes - Senior 8-10 minutes. Specifications and judging criteria are available from the 4-H office.

Awards and Recognition Ceremony: All county, district, and state winners/events participants will be recognized. Club leaders will recognize club level participation. All 4-H families are invited to attend this event held at Osceola Heritage Park each August.

4-H County Council: Each 4-H Club may have up to two voting delegates on the County Council, however, all members are welcome at meetings. County Council will meet every month August through May (unless otherwise notified). The County Council is charged with making decisions regarding county-level activities and providing leadership for these activities. In addition, the council sends delegates to District and State Council as representatives of Osceola County 4-H. Meetings will be held in conjunction with adult volunteer leader meetings. Check calendar at osceola.ifas.ufl.edu

District VIII 4-H Council: All Senior 4-H'ers (4-H age 14-18) are welcome at District Council meetings. Two (2) voting delegates are selected by each county council to represent each county in our district.

Fashion Revue/Clothing Selection: Contests for Junior (8-10), Intermediate (11-13) and Senior (14-18) divisions to be held during the Osceola County Fair in February. Fashion Revue encourages members in the clothing construction project to model outfits they have made. Clothing Selection encourages youth to select and model an outfit and describe to judges the reason for their selection. Winners may advance to district and state competition.

Share-the-Fun: Talent competition held during the fair in February, is open to any Junior (8-10), Intermediate (11-13) or Senior (14-18) 4-H member. Acts must be 3-5 minutes in length, and may be instrumental, vocal, dance or dramatic and can include 1-5 participants in the same age category.

Cloverbud Share-the-Fun is a non-competitive event and is open to members 4-H ages 5-7.

Other Fairs and Livestock Shows:

Osceola County Fair and Livestock Show: Held each February at Osceola Heritage Park. 4-H members must be enrolled in current 4-H year to participate. Ask your leader for details. website: osceolacountyfair.com

Central Florida Fair: District fair held each year in Orlando during February/March. Members may participate in Consumer Judging, Electronic Game Boards, Dairy Goat Show, Market Animals, Beef Breeding Show, Citrus Tree Contest and more for details check out the website: centralfloridafair.com

Area D 4-H Horse Show: District horse show held at Clarcona Horseman's Park. 4-H horse owner project (HS2) members must meet Osceola County qualifications to compete at this show. Horse Qualification Packets are due by a designated November deadline (11/3/08) if you intend to compete at Area D. Contact Livestock Agent for more information.

State 4-H Horse Show: Held at Tampa in July. Members who qualify at the Area D Horse Show may participate. State Qualifiers who are senior members may go on to the Regional/National Horse Shows.

Over Night Camps and Trips:

Florida 4-H Legislature: Members 14 and older may participate in a mock legislature, serving as a lobbyist the first year and a legislator or reporter after the first year. The four day program in Tallahassee is scheduled in July.

4-H Summer Camp: Osceola County members 4-H ages 8 through 13 may attend 4-H Camp at Camp Ocala as a camper for one week in June/July during the summer. Members 4-H age 14 and older may apply as a Counselor or CIT (Counselor in Training) in a leadership role.

Campers participate in a variety of educational and recreational activities. More information will be available later in the 4-H year and the registration packet will be on the extension website.

Florida 4-H Congress: Congress is the state competition for seniors (ages 14-18). The week at the University of Florida is filled with competitive events, discussion groups, special programs and planned activities. State 4-H Council meets during Congress. You must qualify to attend State 4-H Congress through District Events participation, winning Fashion Revue Construction or Clothing Selection at the county fair, or by submitting a portfolio.

Executive Board: Executive Board is a group of youth from across the state representing their counties and districts. The members attend working meetings at First, Second and Third Executive Board. The committee helps to plan 4-H Congress, 4-H Legislature, Leadership Adventure Weekend (LAW). This group helps to plan and implement a statewide community service project, fundraising, 4-H Day at the Capitol and communication support. Third Executive Board is open to all senior 4-H members ages 14-18.

Leadership Adventure Weekend: LAW is a fun-filled educational weekend planned by youth, focusing on developing leadership and communication skills. It is an excellent chance for you to get to know other 4-Hers from across the state while learning valuable life skills at the same time. Typically, there are LAW events for Intermediate youth (age 11-13) and one for senior 4-Hers (age 14-18).

District VIII 4-H Legislature: This is a mock legislative event for Intermediate (11-13) or senior (14-18) 4-H youth. Intermediate members will participate in committee meetings, debate bills and vote to pass or fail those bills. Senior members who have NOT been to Florida 4-H Legislature will be encouraged to participate in this event and to work with and encourage younger members. Senior members who HAVE been to Florida 4-H Legislature will be the leaders of the event.

Junior Congress is a fun and exciting educational weekend for Intermediate youth (ages 11-13) organized by the District VIII 4-H Council. 4-H'ers learn communication, leadership and citizenship skills including parliamentary procedure. Youth also make new friends in District VIII (Brevard, Lake, Orange, Osceola, Seminole and Volusia counties) and find out more about District and State events.