

## Mason County 4-H Enrollment Form

C1003E

**Club/Group Name:** \_\_\_\_\_ **Club/Group Leader:** \_\_\_\_\_

**Enrolling as:** ☐ Youth Member **OR** Adult Volunteer: ☐ General Club Ldr. ☐ Project Ldr. ☐ Activity Ldr. ☐ Resource Ldr.

**Participant Name:** \_\_\_\_\_  
(First) (MI) (Last)

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Primary Phone:** ( \_\_\_\_ ) \_\_\_\_\_ **Work Phone:** ( \_\_\_\_ ) \_\_\_\_\_  
Permission to receive ☐ Yes  
text messages from 4-H ☐ No **Mobile Phone:**( \_\_\_\_ ) \_\_\_\_\_ **Wireless Carrier:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_ **Other Email:** \_\_\_\_\_

**School:** (youth only): \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Yr. in 4-H:** \_\_\_\_\_

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

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

**Parent/Guardian Name (Printed):** \_\_\_\_\_  
Youth Only (First) (MI) (Last)

**Military Family:** (Check applicable box)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Active Army         | <input type="checkbox"/> Army Guard           | <input type="checkbox"/> Army Reserve       | <input type="checkbox"/> Active Air Force    |
| <input type="checkbox"/> Air Guard           | <input type="checkbox"/> Air Force Reserve    | <input type="checkbox"/> Active Navy        | <input type="checkbox"/> Naval Reserve       |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

**Health Considerations:**

☐ Has health considerations Health consideration: \_\_\_\_\_

*Please provide us with this optional data so that we may report to our Federal partners*

**Ethnicity:** (Check one): ☐ Yes – Hispanic or Latino Ethnicity **OR** ☐ No – Not Hispanic or Latino Ethnicity

**Gender:** (Check one): ☐ Female **OR** ☐ Male

**Residence:** (Check one): ☐ Farm ☐ Rural/Town <10,000 ☐ Town/City, 10,000-50,000 ☐ Suburb ☐ City>50,000

**Racial Groups:** (Check all that apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian/Pacific Is. ☐ Other

Project Name
Example: Photography
_____
_____
_____
_____
_____
_____
_____
_____

Project Year
1
_____
_____
_____
_____
_____
_____
_____
_____

## **MASON COUNTY 4-H CODE OF CONDUCT**

**The code of conduct shall be signed and dated by each member, volunteer and parent/guardian and returned with the 4-H enrollment forms. A 4-H member or volunteer is not eligible to participate in the Mason County 4-H Program unless his/her copy is completed.**

As a 4-H member or volunteer you have the responsibility of representing all 4-H members to the public. Therefore; you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club as well as yourself. You are expected to observe the following guidelines.

1. The possession and use of alcoholic beverages and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
2. Obscene and discriminatory language, roughhousing and insubordination will not be tolerated.
3. Members and leaders must demonstrate respect for each other and the public.
4. Display of overly affectionate attention between individuals is prohibited.
5. Damage to, or destruction of property belonging to others is prohibited.
6. Animal abuse of any kind is prohibited.
7. Display of unsportsmanlike conduct is prohibited.
8. Be an example of how to accept what life has to offer – good and bad – and how to live with the outcome of exhibiting your project.
9. Wear neat, clean and appropriate attire; including shoes or boots at all times.

Report any infractions to the superintendent/club leader/event coordinator.

### **Penalties for infraction(s) may include any or all of the following:**

- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Assessing the member the cost of damages and repairs in the event of damage or destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Withholding premiums and/or sending the member home from 4-H activities or events.

*Parents will be notified if penalties are necessary.*

### **For members and parents:**

**We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.**

### **For members and volunteers:**

**I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.**

### **For parents:**

**I have read the code of conduct and understand that I am responsible for my child or ward's behavior.**

**I give permission to the staff in charge to administer the code.**

☐ **As a member/volunteer I have read the Code of Conduct and agree to abide by it's rules. I understand that infractions of this code will result in any or all of the penalties listed above.**

☐ **As a parent I have read the Code of Conduct and understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code.**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

### **ASSUMPTION OF RISK - October 1, 2014 – September 30, 2015**

I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU).

**In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.**

Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings (mounted or unmounted), shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

### **PARENT OR GUARDIAN'S RELEASE OF CLAIMS AND LIABILITY**

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property.

**I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

### **WRITTEN NOTICE OF PASSIVE CONSENT**

As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you or your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child does not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact Kathy Fuller at: [fuller@wsu.edu](mailto:fuller@wsu.edu) or (360) 427-9670 Ext 681.

### **IMAGE AND VOICE RECORDINGS CONSENT**

Participant, and his/her parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). We additionally consent to the use of the student (or adult) participant's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

☐ **We agree** OR ☐ **We do not agree** to use of digital images or voice recordings as set forth above:  
(Check one)

☐ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT – October 1, 2014-September 30, 2015**  
**Washington State University – Mason County 4-H Youth Development Program**

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for myself (as an enrolled member or volunteer over 18) or my enrolled child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**NOTE: Minors may consent to certain services in Washington. I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the event staff from decisions to seek emergency treatment. I voluntarily sign this authorization in consideration for permission for my child to participate in the 4-H Youth Development Program. I have read it, and I understand its content and significance.**

**Health-Care Providers:**

Name of participant's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s)/orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Medical Alerts: \_\_\_\_\_  
(severe allergies / life-threatening conditions / chronic illnesses)

**Medical Insurance Information:**

This participant is covered by family medical and/or hospital insurance ☐ Yes ☐ No

Primary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

Name of another person to contact in case of emergency if you are not available: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

☐ I have read, understand and consent to the foregoing statements. I am the parent or guardian of the child (minor under the age of eighteen, or other person legally incompetent to contract), whose name is set forth on this form OR I am an enrolled member or volunteer over the age of eighteen.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required)

**4-H Volunteer/Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required)



If you are able to communicate in a language other than English, please list: \_\_\_\_\_

**Work, Education and Volunteer Experience** (please list most current experience first).

Employer/Organization	Position Title/Volunteer Role	Year(s)

**Media Release**

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that maybe used in whole or in part by WSU Extension to promote the 4-H Youth Development Program

**Evaluations**

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

**Training**

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

**WASHINGTON STATE UNIVERSITY EXTENSION  
VOLUNTEER APPLICATION FORM  
(To be completed by all *potential* volunteers)  
PART B**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(Former Name (s))

\_\_\_\_\_  
(Legal or Preferred Name (s))

\_\_\_\_\_  
**Date of Birth (MM/DD/YY)**

\_\_\_\_\_  
**Driver's License Number**

<b>BACKGROUND DISCLOSURE</b>
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Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

*continued on next page*

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

### PERSONAL REFERENCES

**References:** List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.



## DEFINITIONS FOR APPLICANT BACKGROUND DISCLOSURE

### APPENDIX A

Washington State Cooperative Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. As you know, child abuse is of increasing concern to everyone. The purpose of this disclosure form is to implement the Washington Child and Adult Abuse Information Act (Chapter 486, Laws of 1987). It is not our intent to discourage volunteers--after all, Cooperative Extension depends upon your support. We do wish, however, to do what we can to assure the well-being of youth participants.

The following RCW definitions are provided to accompany Part B of the WSU Extension Volunteer Application Form "Background Disclosure." *Item#* refers to the specific YES or NO question on the application. Complete index and listings of all RCWs can be found at the Washington State Legislature web site (<http://www.leg.wa.gov/RCWJ>)

#### ***Item #3:***

**43.43.830(5):** "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder, first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; 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; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

#### ***Item #4:***

**13.34.040:** Petition to court to deal with dependent child.

- 1) Any person may file with the clerk of the superior court a petition showing that there is within the county, or residing within the county, a dependent child and requesting that the superior court deal with such child as provided in this chapter. There shall be no fee for filing such petitions.
- 2) In counties having paid probation officers, these officers shall, to the extent possible, first determine if a petition is reasonably justifiable. Each petition shall be verified and contain a statement of facts constituting a dependency, and the names and residence, if known to the petitioner, of the parents, guardian, or custodian of the alleged dependent child.

***Item #5:***

**26(44.050):** Abuse or neglect of child -- Duty of law enforcement agency or department of social and health services -- Taking child into custody without court order, when. Upon the receipt of a report concerning the possible occurrence of abuse or neglect, the law enforcement agency or the department of social and health services must investigate and provide the protective services section with a report in accordance with chapter 74.13 RCW, and where necessary to refer such report to the court. A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. The law enforcement agency or the department of social and health services investigating such a report is hereby authorized to photograph such a child for the purpose of providing documentary evidence of the physical condition of the child.

***Item #7:***

**74.34(200):** Abandonment, abuse, financial exploitation, or neglect of a vulnerable adult -- Cause of action for damages -- Legislative intent.

- 1) In addition to other remedies available under the law, a vulnerable adult who has been subjected to abandonment, abuse, financial exploitation, or neglect either while residing in a facility or in the case of a person residing at home who receives care from a home health, hospice, or home care agency, or an individual provider, shall have a cause of action for damages on account of his or her injuries, pain and suffering, and loss of property sustained thereby. This action shall be available where the defendant is or was a corporation, trust, unincorporated association, partnership, administrator, employee, agent, officer, partner, or director of a facility, or of a home health, hospice, or home care agency licensed or required to be licensed under chapter 70.127 RCW, as now or subsequently designated, or an individual provider.
- 2) It is the intent of the legislature, however, that where there is a dispute about the care or treatment of a vulnerable adult, the parties should use the least formal means available to try to resolve the dispute. Where feasible, parties are encouraged but not mandated to employ direct discussion with the health care provider, use of the long-term care ombudsman or other intermediaries, and, when necessary, recourse through licensing or other regulatory authorities.
- 3) In an action brought under this section, a prevailing plaintiff shall be awarded his or her actual damages, together with the costs of the suit, including a reasonable attorney's fee. The term "costs" includes, but is not limited to, the reasonable fees for a guardian, guardian ad litem, and experts, if any, that may be necessary to the litigation of a claim brought under this section.

April 2003

## A Valuable Partnership

### Volunteers and the Washington State University Extension 4-H Youth Development Program

Name \_\_\_\_\_

Position \_\_\_\_\_ County \_\_\_\_\_

WSU Extension appreciates your commitment to share your knowledge and talents with 4-H youth and hope this experience will be fulfilling during the time you serve as a 4-H volunteer. Your satisfaction and progress in this position are important and therefore subject to periodic reviews. Thank you for teaming with WSU Extension to expand educational opportunities for all youth and adults. Please read the following expectations of participation and behavior and indicate your willingness to cooperate by signing at the end of this form.

#### The Washington State University Extension 4-H Youth Development Program agrees to:

- Provide a volunteer position description that lists specific duties.
- Respect volunteers as trusted partners in youth development.
- Share philosophy, mission, and goals of the 4-H Youth Development Program.
- Utilize, promote, and provide training in experiential education.
- Provide information on county, state, and federal policies that govern the 4-H Youth Development Program.
- Provide training and materials to facilitate the inclusion and participation of volunteers and youth from all backgrounds.
- Provide assistance, support, encouragement, supervision, and periodic evaluation.
- Identify approved curriculum and materials for projects and group organization.
- Provide ongoing training at the county level and information about volunteer opportunities beyond the county.
- Keep volunteers informed of events, programs, and opportunities for youth at the county, state, and national levels.
- Recognize volunteers for their contributions to the 4-H Youth Development Program.
- Resolve 4-H volunteer personnel issues.

#### As a 4-H Volunteer, I agree to:

- Perform the duties in my position description in a responsible and timely manner.
- Conduct myself in a courteous and respectful manner, exhibit good sportsmanship, and be a positive role model for all youth.
- Work cooperatively with WSU Extension staff, volunteers, parents, and members.
- Respect, adhere to, and enforce the rules, policies, and guidelines established for the 4-H Youth Development Program.
- Participate in and support 4-H Leaders' Councils and other advisory groups.
- Support and promote the 4-H Youth Development Program through 4-H clubs, schools, after-school programs, and other appropriate settings.
- Support and promote 4-H Youth Development opportunities and inform youth of county, state, and national programs.
- Promote the spirit of inclusion and welcome participation of volunteers and youth from all backgrounds.
- Follow the volunteer "Expectations of Behavior" that I have read and understand.

# Washington State University Extension 4-H Youth Development

## Volunteer Expectations of Behavior

The primary purpose of these Expectations of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents and families, staff and volunteers).

These expectations will guide volunteer behavior during involvement in the Washington State University Extension 4-H Youth Development Program. Just as it is a privilege for Washington State University to work with individuals who volunteer their time and energies to 4-H, a volunteer's involvement in 4-H is a privilege and a responsibility, not a right.

### 4-H Volunteers will:

- Treat others in a courteous, respectful manner and serve as a positive role model for youth.
- Accept supervision and work collaboratively with county 4-H staff while involved in the program.
- Abide by policies and guidelines of WSU Extension state and county 4-H programs.
- Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, gender, national origin, religion, disability, or sexual orientation.
- Uphold an individual's right to dignity, self-development, and self-direction, will not abuse any 4-H participant by physical or verbal means, and will report such abuse, if observed.
- Refer to C1001, *Child Abuse: Information for WSU Faculty, Staff & Volunteers*, for child abuse information and reporting procedures.
- Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights.
- Treat animals humanely and teach youth to properly care for animals.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Handle fundraising and finances in an ethical manner according to C1059E, *Leader's Guide to the Treasurer's Book*.
- NOT consume alcohol or illegal substances while responsible for youth in 4-H activities nor consume anything that will in any way impact your ability to work safely with youth.
- NOT require 4-H participants to purchase materials, equipment, animals, or services from any specific places of business.

I have read, understand, and agree to the expectations of participation and behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand and agree that any action on my part that contradicts any portion of this agreement is grounds for the immediate suspension and/or termination of my volunteer status with the Washington State University Extension 4-H Youth Development Program.

\_\_\_\_\_  
Signature of 4-H Volunteer

\_\_\_\_\_  
Date

Welcome to 4-H leadership, a wonderful opportunity for personal growth, satisfaction, and achievement.

\_\_\_\_\_  
Signature of Extension Educator/4-H Program Assistant

\_\_\_\_\_  
Date

Issued by Washington State University Extension and the U.S. Department of Agriculture in furtherance of the Acts of May 8 and June 30, 1914. WSU Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation; and status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local WSU Extension office. Trade names have been used to simplify information; no endorsement is intended. Revised February 2004. Subject code 839.

C1000



# MASON COUNTY 4-H

## *“Completion of Protecting the Abused and Neglected Child Guide”*

As a youth development organization, 4-H strives to ensure the safest environment possible for our youth and volunteers. In order to provide all Mason County 4-H volunteers with the tools needed to accomplish this vital task, we require that each prospective volunteer completes the document below after viewing the “Protecting the Abused and Neglected Child” guide.

On \_\_\_\_\_, I, \_\_\_\_\_,  
(month/date/year) (first and last name, printed)

viewed the “Protecting the Abused and Neglected Child” guide found online at: <http://www.dshs.wa.gov/ca/safety/abuseReq.asp?2> and have become familiar with WSU Extension publication C1001 regarding child abuse, which can be found online at: [www.pubs.wsu.edu](http://www.pubs.wsu.edu)

I understand that these are two of the required steps toward being eligible to volunteer through Washington State University Extension with the Mason County 4-H Youth Development Program.

\_\_\_\_\_  
(Signature) (month/date/year)

\_\_\_\_\_  
(Extension Staff Signature) (month/date/year)

Return this completed document to:

WSU Extension – Mason County  
4-H Youth Development Program  
303 N 4<sup>th</sup> Street  
Shelton, WA 98584



Created by Dan Teuteberg and Tracie Hanson (2011). Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.



# MASON COUNTY 4-H

## *"Completion of Put the Child First"*



As a youth development organization, 4-H strives to ensure the safest environment possible for our youth and volunteers. In order to provide all Mason County 4-H volunteers with the tools needed to accomplish this vital task, we require that each prospective volunteer completes the document below after watching the Put the Child First presentation.

On \_\_\_\_\_, I, \_\_\_\_\_,  
(month/date/year) (first and last name, printed)

have watched the Put the Child First presentation in a video format provided by the WSU Extension Office or online at: <http://4h.wsu.edu/volntr/elearning.htm> and <http://4h.wsu.edu/volntr/documents/PuttheChildFirstregistration.pdf>

I understand that this is a required step toward being eligible to volunteer through Washington State University Extension with the Mason County 4-H Youth Development Program.

\_\_\_\_\_  
(Signature) (month/date/year)

\_\_\_\_\_  
(Extension Staff Signature) (month/date/year)

Return this completed document to:

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