



Wisconsin 4-H Leader Enrollment Form

Please Print Information



County _____ 4-H Club _____
 Last Name _____ First Name _____ MI _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Primary Cell Phone (____) _____
 Gender: Male Female

Ethnicity (Check one): Hispanic or Latino **OR** Not Hispanic or Latino
Race (Check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander More than one Race Undetermined
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

Year in 4-H (Incl. this year) _____
Leader Type: Organizational/General Project
 Activity _____ Resource _____
 Key _____ County Committee _____
 Club Enrollment Adult Advisor
 4-H Alumni: Yes No
 Primary E-mail Address _____
 I Will Accept E-mail Communication: Yes No

Yes No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.
 Yes No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.
 Yes No I require an accommodation for a disability to participate in this program.

Additional Communications Information

Primary Cell Phone Carrier (for number noted in first section) _____
 I Will Accept Text (SMS) Messages: Yes No
 Work Phone _____ Ext _____
 Alternate Cell Phone Number (____) _____
 Alternate E-mail Address _____
 Alternate E-mail Address _____

Form Continues on Next Page



An EEO/AA employer, the University of Wisconsin-Extension provides equal opportunities in employment and programming including Title IX and American with Disabilities Requirements.



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Project Selection

<u>Code</u>	<u>Project</u>	<u>(Year in Project)</u>	<u>Need Literature</u>
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No

Volunteer Behavior Expectations for Wisconsin 4-H Youth Development: Families and youth serving organizations trust the University of Wisconsin-Extension to provide quality leadership and care for youth who are involved in Extension sponsored programs. The opportunity to work with youth is a privileged position and should be held only by those who are willing to demonstrate behaviors that fulfill this trust. All 4-H Youth Development volunteers working with youth are required to complete the Wisconsin 4-H Youth Protection program. This includes: a) a background check for arrest and conviction records, b) participation in a volunteer orientation program and c) signing the Volunteer Behavior Expectations form. The primary purpose of this process is to ensure the safety and well-being of all participants (i.e. youth, their parents and families, salaried and volunteer staff). 4-H Youth Development volunteers are expected to abide by the following behavior standards established by UW-Extension/4-H, and to conduct themselves as positive role models for youth. All 4-H Youth Development volunteers are ultimately accountable to UW-Extension for their 4-H related activities. As a 4-H Youth Development volunteer I will:

- 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.
- Abide by all local, state and federal laws and UW-Extension and U.S.D.A. rules, policies and guidelines.
- Accept supervision and support from Extension staff or designated management volunteers.
- 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, marital or parental status.
- Treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- Not consume alcohol or illegal substances while responsible for youth in 4-H activities, nor allow 4-H youth participants under my supervision to do so.
- When transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license and legally required insurance. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by a properly operating seat belt.
- Conduct myself in a manner that is in the best interest of youth and UW-Extension/4-H Youth Development and will not use the volunteer position for purposes of private or personal gain.
- Recognize that verbal, sexual, physical abuse and/or neglect of youth is unacceptable. Report suspected abuse.

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.

Signature _____ Date _____



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Please Print Information

Name: _____ (check one) Re-Enroll Drop

Please check all information on the first two pages and make sure the information is correct. If you do not change the information, it will be in our database exactly as printed. With regard to your email address(es), please do not provide us with an email address where you do not want to receive emails. Even if you do not want the newsletter sent by email, please provide us with an email address(es) if you wish to receive project or event information by email.

Please remember to keep us updated with any change in your e-mail address(es).

Please do not send me the "Rolling in Clover" 4-H Newsletter (by email or postal service).

LEADER INFORMATION

Would you be willing to plan a County-wide meeting? YES NO

If yes, which project(s)? _____

Would you be willing to be a project leader for members in other clubs? YES NO

If yes, which project(s)? _____

Would you be willing to offer a session at Family Day of Learning in March 2010?

YES NO If yes, which project(s)? _____

COUNTY-WIDE INFORMATION

If you are on a County-wide committee or serve 4-H in any other capacity (such as Leader's Council, Livestock Committee, Fair Board, Fair Superintendent, Judging Coach, etc.), please indicate in what capacity: _____

FAMILY INFORMATION

Please list any other family member(s) involved in 4-H this year:

Last Name: _____

First Name(s): _____

Last Name: _____

First Name(s): _____

General Leader's Signature: _____ Date: _____

Return all 3 pages of the enrollment form to your 4-H club's General Leader.

Please note: Leader enrollments cannot be processed until the leader has completed the Volunteer Orientation training and signed this form, which includes the "Volunteer Behavior Expectations for Wisconsin 4-H Youth Development." Unfortunately we cannot put you in our database and include you in mailings if you have not signed the form and completed the training.

