



# Wisconsin 4-H Leader Enrollment Form

Please Print Information



County \_\_\_\_\_ 4-H Club \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Gender:  Male  Female

E-mail address \_\_\_\_\_

If available, I'd prefer electronic communication:  Yes  No

Year in 4-H (Incl. this yr.) \_\_\_\_\_ 4-H Alumni:  Yes  No

**Residence:**  Farm  Rural non-farm or Town less than 10,000  
 Town/City 10,000 to 50,000  Suburb of City over 50,000  City over 50,000

**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

**Leader Type:**  Organizational/General  Project  Activity \_\_\_\_\_  
 Resource \_\_\_\_\_  Key \_\_\_\_\_  
 County Committee \_\_\_\_\_  Club Enrollment  Adult Advisor

**Project Selection for Project Leaders** - For more projects, please attach additional page.

<u>Project Code</u>	<u>Project Name</u>	<u>Need Literature</u>
_____	_____	Yes or No
_____	_____	Yes or No

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 want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.

Yes  No I require an accommodation for a disability to participate in this program.

**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 \_\_\_\_\_



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