



Wisconsin 4-H Youth Development Enrollment Form - Adult

Name of Club/Camp/Experience: _____

Last Name: _____ **First Name:** _____

Date of Birth: ____/____/____ **Preferred E-mail:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Emergency Contact Name: _____

Relationship: _____ **Phone Number:** (____) _____ - _____

Gender: Male Female Identity not Listed Prefer not to respond

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (Check All That Apply): American Indian or Alaskan Native Asian

Black or African American Native Hawaiian or Other Pacific Islander

White Prefer Not to Say

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

Is Parent/Guardian/Sibling/Spouse a Member of the Military? Yes No

If Yes, What Branch? _____

Were you in 4-H as a youth? Yes No

Do you require an accommodation for a disability to participate in this program: Yes No

If Yes, Please Provide Additional Information:

Volunteer type:

- | | |
|--|---|
| <input type="checkbox"/> Activity/Event Volunteer | <input type="checkbox"/> Club Leader (Organizational) |
| <input type="checkbox"/> Adult Advisor/Chaperone | <input type="checkbox"/> Committee _____ |
| <input type="checkbox"/> Club Enrollment Coordinator | <input type="checkbox"/> Project _____ |

(Year in Project)

Project

Need Literature?

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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VOLUNTEER BEHAVIOR EXPECTATIONS

These expectations serve as a guide for behavior during volunteer service. You will need to acknowledge you have read, understand, and agree to the terms and conditions of volunteer service. If you have questions, contact your county Extension office.

As a Division of Extension volunteer, I agree to:

1. Conduct myself in a manner that is in the best interest of the Division of Extension and the program(s) for which I volunteer.
2. Work cooperatively with others, including Extension staff, volunteers, program participants, and community members, to further the mission of my volunteer program and the Division of Extension.
3. Accept supervision and guidance from Extension staff or designated management volunteers.
4. Treat all people with respect, use courteous manners and language, exhibit good sportsmanship, be a positive role model, and use effective conflict resolution skills.
5. Complete tasks, reports, and evaluations within the agreed upon timeframe. When I am not able to complete something within the agreed upon period, I will let staff or designated management volunteers know I am unable to do so.
6. Take part in orientation and training programs designed to help me deliver programs more effectively.
7. Use appropriate resources, including research-based information from the university, when delivering programs.
8. Support inclusion by making all reasonable efforts to ensure that programs are accessible to all individuals in the communities we serve.
9. Refrain from engaging in any form of abuse, harassment, neglect, or [discrimination](#), and [report](#) anyone who engages in this type of behavior when involved in Extension programs to appropriate university and law enforcement authorities.
10. Abide by all University of Wisconsin-Madison and Division of Extension rules, regulations, and procedures (e.g., youth/vulnerable populations protection policies) and with any federal, state, city, or other laws and rules that are applicable to the location where the activity is occurring. This includes USDA rules, policies, and guidelines.
11. Treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
12. Refrain from consuming or being under the influence of alcohol or illegal substances while serving in the role of a Division of Extension volunteer and forbid youth participants under my supervision from doing so.
13. Refrain from conceal carry of firearms and/or weapons. I understand that if I am a 4-H Youth Development shooting sports volunteer, I am expected to openly carry/transport 4-H shooting sports equipment in designated areas.
14. Refrain from participating in any political campaign activity and expressing personal political views while serving in my volunteer role.
15. Refrain from using my volunteer position or title for my own private or personal gain (e.g., securing university contracts).
16. If approved to drive by UW-Madison as part of my volunteer role, I will operate all motor vehicles and other equipment in a safe and reliable manner and only with a valid operator’s license and the legally required insurance. I will comply with all motor vehicle-related state regulations and laws.
17. Self-report to my Division of Extension supervisor or other point of contact about any changes in my status (e.g. criminal arrest, charge or conviction history, driving privileges, etc.) in accordance with the UW-Madison Criminal background check policies and/or within 24 hours or at the earliest possible opportunity; also, I will inform Extension about any new criminal activity, arrests, or convictions that involve another Extension volunteer or staff member within 48 hours of learning about the situation.

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 may result if I do not meet these expectations.

Volunteer Printed Name

County

Volunteer Signature

Date



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CONDITIONS OF VOLUNTEER SERVICE

Thank you for your interest in volunteering with the Division of Extension! This document outlines four topics:

1. Risks associated with volunteer service,
2. Protections provided to volunteers by the University of Wisconsin-Madison,
3. Your responsibilities as a volunteer, and
4. Use of your voice and/or image in promotional and other recorded media.

You will need to acknowledge you have read, understand, and agree to the terms and conditions of volunteer service. If you have questions, call your county Extension office.

1. RISKS ASSOCIATED WITH VOLUNTEER SERVICE

A. Assumption of Risks:

- I understand that:
 - all risks cannot be anticipated; some risks are unpredictable.
 - certain risks cannot be eliminated regardless of the care taken to avoid injuries.
 - the risks of volunteer participation can include, but are not limited to, the possibility of physical injury, partial and/or total disability, paralysis, and death.
 - I am advised to seek the advice of my physician before participating in an Extension program.
 - I am also advised to have health and accident insurance.
- My participation is voluntary, and I understand that I assume all such risks.

Please note: if injured during the course of volunteer service, volunteers would have the same legal rights as other citizens to seek compensation if the injury results from University negligence. Workers' compensation coverage is not provided to volunteers. Accident coverage is only provided by the University for some volunteer activities.

B. Consent for Medical Treatment:

- I authorize the University and its designated representatives to consent, on my behalf, to emergency medical/hospital care or treatment to be rendered upon the advice of a licensed physician if I am unable to make that decision for myself (e.g., unconscious, incoherent, unresponsive).
- I agree to be responsible for all necessary charges incurred by any hospitalization or treatment that occurs as a result of this consent.

2. PROTECTIONS PROVIDED TO VOLUNTEERS

A. Liability Protection

- UW-Madison protects volunteers through liability coverage. If injuries or property damage result from your negligence, the state can pay claims or defend you against allegations that result from your actions. Negligence is the failure to take reasonable care to prevent causing injury or loss to another person. This protection is provided only when you are serving in your volunteer role (see your position description), performing approved or assigned tasks, and behaving in a manner that is not reckless. If you intend to unlawfully inflict harm on others, you would not be protected.



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- You must acknowledge your mistakes and report actions that may result in injuries or property damage to your county office as soon as possible, but not more than 48 hours after the incident.

If you want to read more about liability coverage, see Wisconsin Statute, Sections [893.82](#) and [895.46](#).

B. Excess Automobile Liability Protection

- If UW-Madison approves you to drive as part of your volunteer role, you may be eligible for excess automobile liability protection if you are involved in an accident. This coverage will only be in effect if you meet all requirements and the limits of your personal automobile liability coverage have been exhausted. No property coverage is provided.

More information can be found on the [Automobile Insurance](#) page of the Risk Management Website. Please note that Extension volunteers are not permitted to reserve or drive vehicles owned by the State.

3. YOUR RESPONSIBILITIES AS A VOLUNTEER

A. Personal Insurance

- I understand that I am advised to have my own health, accident, and related insurances when I am an Extension volunteer.
- I understand that the University does not provide such coverage.

B. Rules and Regulations

When volunteering for Extension, I agree to abide by the following:

- Extension's Volunteer Behavior Expectations and other Extension rules, regulations, and procedures, including those directly associated with my program.
- University of Wisconsin-Madison rules, regulations, and procedures.
- Any federal, state, city, or other laws and rules that apply to the location where the activity is occurring. This includes U.S. Department of Agriculture rules, policies, and guidelines.

C. Reporting

- I will [report accidents, injuries, property damage, or criminal activity](#) that occur, or I have reason to believe may have occurred, during my service as an Extension volunteer. Reports will be made to my county Extension office and local authorities as soon as possible, but not more than 48 hours after the situation occurs.
- I will also [report suspected child abuse or neglect](#) to local authorities and the University as soon as possible, but not more than 48 hours after the situation occurs.
- When participating in activities on university property, I will [report behaviors prohibited by Title IX legislation](#) to UW-Madison. These behaviors include sex discrimination, sexual harassment, sexual assault, dating violence, domestic violence, stalking, and retaliation.

Contact your county office with questions about reporting responsibilities or whether a report needs to be made in a specific situation.



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4. USE OF YOUR VOICE AND/OR IMAGE IN PROMOTIONAL AND OTHER RECORDED MEDIA

A. Media Release:

- I understand that the University may record my participation and appearance (e.g., video, audio, photos) for use on the Extension website, social media, television, or other platform for educational or promotional purposes (e.g., recruiting program participants).
- I agree to allow the University to use my name, image, likeness, and voice in such recordings.

To opt out of this section, you will need to request a Recorded Media Opt-Out Release from your Extension supervisor. You will also need to communicate that you have signed an opt-out release anytime recordings are being made during your volunteer service. The University cannot guarantee that all staff and volunteers involved in program management will be aware of your preference if you do not let them know anytime photos are taken or other recordings are made.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Printed Name

County

Volunteer Signature

Date

* Maintained at the Statewide Coordinator level and the volunteer receives a copy for their files.

Revised September 28, 2020