



# Iowa 4-H Youth Development Program Volunteer Interest Form

Name \_\_\_\_\_

Home address \_\_\_\_\_

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

Home telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call \_\_\_\_\_

Work telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call \_\_\_\_\_

Emergency telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

Please share who referred you to this county Extension office or how did you learn about volunteer opportunities?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a 4-H volunteer?  Yes  No If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

Indicate the grade/age group you prefer to work with:

K-3 (Ages 5-9)  4-6 (Ages 10-12)  7-12 (Ages 13-19)  Adults  No Preference

What is the length of time commitment that you initially desire?

Short term  3-6 months  6-12 months  Ongoing

What types of volunteer opportunities are of interest to you?

- Committee member
- Committee chair
- Community/project club volunteer
- 4-H club/group leader
- 4-H club/group helper
- Driver

- Middle manager volunteer
- School volunteer
- Short-term project coordinator
- 4-H club assistant leader
- Event coordinator
- Clover Kids

Specify:

Other \_\_\_\_\_

Other \_\_\_\_\_

Special interest group volunteer Name your area of special interest. \_\_\_\_\_

Is there a specific 4-H club/group you are interested in volunteering with?  Yes  No If yes:

Name of club/group? \_\_\_\_\_

City \_\_\_\_\_

**Please complete the interest checklist on the back of this sheet.** By checking the boxes on the back to indicate your interests and skills, you will help us match your volunteer interest to our volunteer needs.

**IOWA STATE UNIVERSITY**  
Extension and Outreach

Date Approved: \_\_\_\_\_

Date Began: \_\_\_\_\_





Have you applied to be a 4-H volunteer in any other county or state?  Yes  No

If yes, which county or state? \_\_\_\_\_ What year \_\_\_\_\_

### References

List three persons, not related to you, who have knowledge of your abilities and skills. Please provide complete addresses and phone numbers.

1. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

### Volunteer Eligibility Criteria

- Be 18 or older. (Your birthdate is \_\_\_\_\_ .)
- Be willing to provide a child with a safe and positive learning environment.
- Agree to ISUEO Volunteer Background Screening.
- Be free of any charge or conviction of any offense involving harm or abuse of a child.
- If serving as a driver for participating youth, be a safe driver with a valid license.

I certify that this information is true and accurate and that I authorize representatives of ISU Extension & Outreach to verify the information included on this application. I understand that misrepresentation or omission of information requested may prevent me from becoming a Youth and 4-H program volunteer.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

## IOWA STATE UNIVERSITY

### Extension and Outreach

Iowa State University Extension programs are available to all without regard to race, color, age, religion, national origin, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Compliance, 3280 Beardshear Hall, (515) 294-7612.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann A. Kress, director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

I certify that this information is true and accurate and that I authorize representatives of ISU Extension to verify the information included on this application. This information will be verified through the Iowa Department of Criminal Investigation, Iowa Department of Transportation—Office of Driver Services, employment verification, and reference checks. I understand that misrepresentation or omission of information requested will prevent me from becoming a Youth and 4-H program volunteer.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

ISU and ISU Extension 4-H Youth Development program are committed to providing the safest possible environment for participating youth. Therefore, it is necessary for volunteer applicants to provide the following information to determine eligibility.

**Volunteer Eligibility Criteria**

- Be 18 or older. (Your birthdate is \_\_\_\_\_ .)
- Be willing to provide a child with a safe and positive environment.
- Be free of any charge or conviction of any offense involving harm or abuse of a child.
- Be free of criminal involvement for at least 7 years.
- If serving as a driver for participating youth, be a safe driver with a valid license.

With exception of abuse, most offenses beyond seven years are not considered when your background is reviewed.

Please respond to the following questions related to the criteria above.

1. Do you use, or have you used, illegal drugs within the last 7 years? Yes No (If yes, please explain.)

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2. Have you ever been convicted and/or charged with child abuse or neglect? Yes No (If yes, please explain.)

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3. Have you been convicted of a misdemeanor or a felony within the last 7 years or have you been under the supervision of the corrections system in the last 7 years? Yes No (If yes, please explain.)

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4. If serving as a driver, has your driver's license been suspended or revoked within the last 7 years? Yes No (If yes, please explain.)

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Other than items 1 through 4 on page 3, is there any fact or circumstance involving you or your background that would limit your ability to supervise, guide, and care for youth?

Yes     No    (If yes, please explain.)

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Contact us if you have any questions or wish further information. Please return this completed application in the next two weeks to:

**and justice for all . . .**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964. Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Jack M. Payne, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

Please sign and date both forms. Keep one copy for your records. Return the other copy to the Extension Office.



**TITLE: 4-H CLUB LEADER**

**TIME REQUIRED:**

Time commitment will vary depending on number of leaders, members, activities and parental support.

**GENERAL PURPOSE:**

1. Serve as a liaison between the Clinton County Extension Office, Clinton County Youth and 4-H Committee, 4-H members, parents and other volunteers regarding 4-H club programs.
2. Support 4-H staff, volunteers and members to create meaningful educational experiences and a supportive environment for youth and adults to reach their full potential.
3. Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.

**SPECIFIC RESPONSIBILITIES:**

1. Serve as the communication link between the Clinton County Extension office, Clinton County Youth and 4-H Committee and the club.
2. Secure club materials and resources through the Extension Office.
3. Complete enrollment forms and other forms and submit as requested by the Clinton County Extension Office.
4. Ensure creation of and participation in effective learning experiences that stimulate youth to learn by doing, develop life skills, create conditions for healthy families, and develop to their full potential.
5. Facilitate the club program planning process; involve members and parents in planning the program; ensure the club program meets the goals of the club and individual members; provide the Extension Office with a copy of the current years program; and provide the Extension Office each year with completed secretary and treasurers books.
6. Involve members in developing club goals and activities that include project work, community service, and social events. This is valuable in developing life skills, including leadership and citizenship.
7. Facilitate discussion concerning club rules and guidelines and ensure they are written in the club program each year.
8. Ensure adequate supervision at all club functions.
9. Help members learn club officer responsibilities, assist in preparing officers for each meeting, teach members basic parliamentary procedure. Allow members to run their own meetings, develop committees, and plan and conduct activities.
10. Encourage 4-H'er and family interest and participation. Welcome and stimulate parent ideas, activity, cooperation, and support. Utilize parent skills, knowledge and resources.
11. Assist members in project selection and encourage parents to support their child's project work.
12. Promote and publicize the county youth and 4-H program, determined by the Youth and 4-H Committee, and club activities throughout the year.

13. Recruit new club members.
14. Read 4-H correspondence.
15. Attend and participate in volunteer development opportunities, including leader meetings.
16. Maintain appropriate communication with other 4-H club leaders.
17. Recognize members for their personal and project growth and development.
18. Support and follow policies, guidelines, and procedures of the Clinton County Youth and 4-H program, established by the Youth and 4-H Committee, and the Iowa Youth and 4-H program.
19. Support and follow the Child Protection and Safety Policy as established by Iowa State University Extension.

**QUALIFICATIONS:**

1. Be committed to young people and their growth and development.
2. Ability and interest to teach and motivate youth in life skill development.
3. Interest in life long learning.
4. Ability to organize information and materials, delegate responsibility and communicate effectively.
5. Ability to work with minimal supervision.
6. Believe in the mission, vision and values of the Iowa Youth and 4-H program.
7. Willingness to become familiar with and work within the philosophy and guidelines of Iowa State University Extension, Iowa Youth and 4-H program and county youth and 4-H program.

**SUPPORT TO BE PROVIDED:**

1. Training opportunities that will help the volunteer meet the needs of members and their families.
2. Appropriate resource materials.
3. Staff support and consultation as needed.

**RESPONSIBLE TO:** County Extension Education Director  
County Extension Council

**APPOINTED BY:** County Extension Council

**Signatures following orientation:**

**4-H Club Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**County Extension Education Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TITLE: 4-H CLUB LEADER**

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3. Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.

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3. Staff support and consultation as needed.

**RESPONSIBLE TO:** County Extension Education Director  
County Extension Council

**APPOINTED BY:** County Extension Council

**Signatures following orientation:**

4-H Club Leader: \_\_\_\_\_ Date: \_\_\_\_\_

County Extension Education Director: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and date both forms. Keep one copy for your records. Return the other copy to the Extension Office.





Iowa State University Extension 4-H Youth Development

## Partners in Youth Development

### Youth Safety and Well-being Agreement

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The staff and volunteers who work with the ISU Extension & Outreach 4-H Youth Development program are proud of (1) the quality educational programs provided to youth of this state, and (2) their personal commitment to nurture the positive growth and development of youth. ISU Extension & Outreach staff and 4-H volunteers will work as partners to provide meaningful learning opportunities to youth participating in the 4-H Youth Development program.

ISU Extension & Outreach and the County Agricultural Extension Districts will:

- Recognize volunteers and the valuable role they play.
- Provide assistance, program support, and encouragement.
- Provide training and educational opportunities for volunteers.
- Organize program planning process and direction.
- Provide research-based educational information and materials for programs.
- Maintain club and group membership files.

4-H Volunteers will:

- Participate in required training and educational opportunities provided by ISUEO as per their role description.
- Be supportive of the 4-H Youth Development program and its activities.
- Provide a safe environment and be a caring adult.
- Practice Youth/Adult partnership.
- Recognize youth in various ways.
- Help plan and carry out the 4-H program.
- Use research-based information and program materials provided by ISU.
- Supply ISUEO with all information and reports as requested, including but not limited to the club activity calendar and club financial records.

**IOWA STATE UNIVERSITY**  
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# Iowa State University Extension & Outreach 4-H Youth Development Youth Safety and Well-being Agreement

Iowa State University Extension & Outreach and the County Agricultural Extension Districts are expected to recruit and train responsible volunteers dedicated to a safe learning environment for children in the 4-H Youth Development program. Volunteers are an important part of the ISUEO 4-H Youth Development program for youth in grades K-12.

As a 4-H volunteer:

1. I will make a conscious effort to ensure that all youth have access to the 4-H Youth Development program.
2. I will not manufacture, distribute, dispense, possess, use, or be under the influence of illegal drugs and/or alcohol while I have responsibility for youth involved in the 4-H Youth Development program.
3. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal, emotional, or mental abuse, neglect, or other harmful behaviors.
4. I will comply with State of Iowa motor vehicle-related regulations and laws when transporting 4-H youth.
5. I will participate in required and optional training as per my role description and accept guidelines and support from ISU Extension & Outreach staff and other volunteers.
6. I will not use the volunteer position for private, personal, or commercial financial gain.

I have read the Iowa State University Extension & Outreach Youth Safety and Well-being Agreement and understand that compliance is a condition for continuing involvement as a 4-H volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

**IOWA STATE UNIVERSITY**  
Extension and Outreach

... and justice for all

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Iowa State University Extension 4-H Youth Development  
**Partners in Youth Development**  
**Youth Safety and Well-being Agreement**

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**IOWA STATE UNIVERSITY**  
Extension and Outreach



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3. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal, emotional, or mental abuse, neglect, or other harmful behaviors.
4. I will comply with State of Iowa motor vehicle-related regulations and laws when transporting 4-H youth.
5. I will participate in required and optional training as per my role description and accept guidelines and support from ISU Extension & Outreach staff and other volunteers.
6. I will not use the volunteer position for private, personal, or commercial financial gain.

I have read the Iowa State University Extension & Outreach Youth Safety and Well-being Agreement and understand that compliance is a condition for continuing involvement as a 4-H volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

**IOWA STATE UNIVERSITY**  
Extension and Outreach

... and justice for all

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**VOLUNTEER BACKGROUND SCREENING DISCLOSURE**

Complete and return this form with a completed Background Screening Authorization Form

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed legibly) \_\_\_\_\_

Social Security Number \_\_\_\_\_ \* Date of Birth \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_ Gender  M  F

Present Address \_\_\_\_\_

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

How Long at Present Address? \_\_\_\_\_ Years \_\_\_\_\_ Months

If applicable: Identification Number Passport Issued by (Country) \_\_\_\_\_ ID# \_\_\_\_\_

If applicable: Government ID (Country) \_\_\_\_\_ ID# \_\_\_\_\_

Other Names Used \_\_\_\_\_ Maiden Name \_\_\_\_\_

Former Address \_\_\_\_\_

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

How Long at Former Address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Please list all states and counties of residence within the past seven (7) years.

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

\*Disclosure of your Social Security Number (SSN) is required of you in order for Iowa State University and the County Agricultural Extension District for the purposes of conducting a background check, as required by ISU Extension and Outreach. Federal and State law protects the privacy and security of your SSN and Iowa State University and the Extension District will not disclose your SSN without your consent for any other purposes except as allowed by law. For a full description of the ISU Social Security Number Policy, please go to the Social Security Number Protection Policy <http://policy.iastate.edu/policy/ssn/>.

The following are my responses to questions about my criminal record history (if any) within the past seven (7) years with a full explanation of the circumstances to any question with a YES answer. (You may add an additional page if necessary for your explanation.):

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense (excluding minor traffic violations)?  No  Yes  
If yes, please explain including dates \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received deferred adjudication, deferred sentence, or similar disposition for any federal, state, or municipal criminal offense?  No  Yes  
If yes, please explain including dates \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?  No  Yes  
If yes, please explain including dates \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States?  No  Yes  
If yes, please explain including dates \_\_\_\_\_  
\_\_\_\_\_

5. As of the date of this authorization, do you have any pending criminal charges against you?  
 No  Yes  
If yes, please explain including dates \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under age 18, parental approval is required:  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. \_\_\_\_\_ County Agricultural Extension District abides by all applicable state and federal employment laws.  
Enter county name

**...and justice for all**  
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Cooperative Extension Service, Iowa State University of Science and Technology, and the United States Department of Agriculture cooperating.

**VOLUNTEER BACKGROUND SCREENING AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ County Agricultural Extension District, Iowa State University Extension and Outreach, and/or its agents to make an independent investigation of my background, including social security number verification, motor vehicle, national criminal records, sex offender, state and federal abuse registry checks, including those maintained by both public and private organizations and all public records. A consumer reporting agency will be used to accomplish part of this background screen. The purpose of this authorization is to confirm the information contained on my Application and to obtain other information which may be material to my qualifications for service as a volunteer now and, if applicable, during the tenure of my volunteer service with County Agricultural Extension Districts (CAED).

To facilitate the background screening, I agree to provide CAED and Iowa State University Extension and Outreach (ISUEO) with my full name, date of birth, social security number, and other personal information requested on the Background Screening Disclosure Form. I understand that my failure to provide this authorization or information may result in my ineligibility to serve in any capacity involving youth, vulnerable populations, cash handling, or sensitive information.

Information provided by the consumer reporting agency for the criminal background check will not include a consumer credit report or credit score. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. For a summary of your rights under the FCRA, please see [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

I have carefully read and understand this Background Screening Authorization and, by signing below, I authorize a consumer reporting agency to release national sex offender registry and/or criminal record reports to ISUEO and CAED. This Background Screening Authorization in original, faxed, photocopied, or electronic form will be valid for securing background screening reports that ISUEO and CAED may request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under age 18, parental approval is required:

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

This document will be kept on file with the County Agricultural Extension District

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Iowa State University Extension 4-H Youth Development Program



Staff/Volunteer Services  
Confidentiality Statement

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I, the undersigned, do hereby acknowledge that in my service for the Iowa State University Extension 4-H Youth Development Program, I will have access to confidential information contained in the volunteer applications and/or records of volunteers serving the organization. I agree that I shall not disclose any such information maintained by the person, and I will adhere to confidentiality guidelines of the Iowa State University Extension 4-H Youth Development Program. I acknowledge that a proven breach of confidence could be cause for termination from my position.

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Staff/Volunteer's Signature

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Date

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer or staff member named above.

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Signature of CEED or Designated Individual

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Date

**IOWA STATE UNIVERSITY**  
University Extension

**and justice for all . . .**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964. Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Jack M. Payne, Director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.





# Iowa 4-H Medical Information/Release Form (Adult)

\_\_\_\_\_ Year

Keep original in County Office.

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Home Phone \_\_\_\_\_

## MEDICAL EMERGENCY CONTACT INFORMATION

### Person to Contact First

Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name of Family Doctor \_\_\_\_\_  
Name of Dentist \_\_\_\_\_

### Backup Contact (Relative or Friend)

Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Office Number \_\_\_\_\_  
Office Number \_\_\_\_\_

## INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance.

Yes\*\*  No\*

\* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you. \_\_\_\_\_

\*\* If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name \_\_\_\_\_ P.H.'s Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
P.H.'s Employer's Name/Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

## HEALTH INFORMATION (Please Print)

Do you have any of the following conditions or a history of any of the following conditions? (Check all that apply.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis                              | <input type="checkbox"/> Fainting Spells                           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Ear Infections                          | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever                               | <input type="checkbox"/> Chronic bone, muscle or joint injuries    |
| <input type="checkbox"/> Migraine headaches  | <input type="checkbox"/> Other condition(s): (Please list) _____ |  |

Allergies or reactions: (Check all that apply.)

- |   |   |   |                                 |                                  |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin                | <input type="checkbox"/> Penicillin           | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ |                                 |                                  |

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

\_\_\_\_\_  
\_\_\_\_\_  
.....

Date of last tetanus shot (approximate if necessary): \_\_\_\_\_

(over)

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**TO BE READ AND SIGNED BY PARTICIPANT**

**BEHAVIOR EXPECTATIONS OF THE PARTICIPANT**

It is important to follow the directions of the ISU Extension staff member or volunteer at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I understand that I must be healthy and reasonably fit in order to safely participate in ISU Extension/4-H activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect my ability to participate safely.

**MEDICAL EMERGENCY PERMISSION\***

The health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine first aid and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for myself, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for me, including hospitalization. (\*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.) \_\_\_\_\_initial \_\_\_\_\_date

**PUBLICITY/IMAGE/VOICE PERMISSION**

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice in this manner, please notify the ISU Extension staff member or volunteer. \_\_\_\_\_initial \_\_\_\_\_date

**TRANSPORTATION PERMISSION**

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University Extension (ISUE) and 4-H events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa. \_\_\_\_\_initial \_\_\_\_\_date

**4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I understand that ISUE project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that I will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to participate in the ISU Extension event/activity and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the ISUE program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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Extension and Outreach

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