

# Michigan 4-H Volunteer Authorization and Acknowledgment Form



**Volunteer Name:** \_\_\_\_\_

**County of 4-H Participation:** \_\_\_\_\_ **Program Year:** 20 \_\_\_\_ 20 \_\_\_\_

Instructions: This two-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

## **SECTION 1- Required**

### Michigan 4-H Volunteer Code of Conduct

As an MSU Extension volunteer, I promise that I will:

- Accept responsibility to represent MSU Extension and Michigan 4-H programs with dignity and pride by being a positive role model.
- Respect, adhere to, and enforce the rules, policies and guidelines established by local, state and national 4-H, MSU, and MSU Extension programs.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills in dealings with other program participants and MSU Extension staff.
- Accept supervision and support from MSU Extension staff or designated management volunteers.
- Abstain from, and not tolerate physical or verbal abuse of others through direct interactions or through use of social media or other communication venues.
- Not strike, hit, administer corporal punishment of any kind to, or touch a minor in an inappropriate or illegal manner. This includes physical, verbal, emotional, or sexual abuse. If I observe this behavior I will contact a MSU Extension staff person immediately. If it is an emergency I will call 911.
- Make reasonable efforts to avoid one on one contact between adults and minors participating in youth programs; make reasonable efforts to avoid communications with a single minor and include staff, parents/guardians in communications whenever possible.
- Only take, share, and post information and pictures of minors who have given parent/guardian media release permission in 4-HOnline.
- Use technology and social media in an appropriate manner that reflects the best practices and expectations outlined in MSU Extension's Social Media & Texting Expectations guide.
- Recognize that failure to comply with equal opportunity and anti-discrimination laws or committing criminal acts are not acceptable practices for MSU Extension volunteers.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances including marijuana at an MSU Extension 4-H activity or event, or provide alcohol or illegal drugs to any minor.
- Under no circumstances, attend or participate in an MSU Extension activity or event under the influence of alcohol and/or other controlled substances including marijuana.
- Refrain from the use of tobacco, tobacco products, vaping, including electronic cigarettes and other vaping devices, while serving in a volunteer capacity at MSU Extension 4-H activities.
- Not provide prescription drugs or any medication to any minor. Only individuals that are medical professionals specifically authorized by the parent or legal guardian as being required for the minor's care or emergency treatment can prescribe medication to minors.
- Not possess firearms on my person at an MSU Extension event or activity and keep personal firearms in a secure location when hosting an MSU Extension event or activity on my property. The exception to this policy is when certified 4-H Shooting Sports program volunteers are utilizing discipline specific firearms (BB, air pellet, .22, shotgun, muzzleloader and air pistol) for educational, demonstration and competition uses only and must comply with the policies and practices of the Michigan 4-H Shooting Sports program. This exception only applies during the period that the firearms are in use for 4-H Shooting Sports educational, demonstration and competition purposes, and does not allow 4-H Shooting Sports volunteers to possess firearms for other purposes. For more information on the MSU firearms policy please see the information provided in the [MSU Extension Administrative Handbook](#).
- Treat all animals with respect and obey federal, state and local laws pertaining to animal treatment.
- Operate machinery, vehicles and other equipment in a safe and responsible manner.
- Not make sexual materials in any form available to minors or assist them in any way in gaining access to such materials.
- Report a violation of the Code of Conduct or if an arrest is made to an MSU Extension staff member or the person in charge of the program.
- Not retaliate against minors, families, parents, guardians, and staff/volunteers who report allegations of inappropriate conduct including but not limited to abuse, neglect, assault, harassment, sexual assault, sexual abuse, sexual harassment, child pornography, furnishing alcohol, drugs, and/or sexual materials to a minor, and violations of the University's anti-discrimination policy

It is expected that all MSU Extension volunteers comply with the Code of Conduct. Failure to comply with any component of the code or participation in other inappropriate conduct as determined by MSU Extension representatives may lead to dismissal as a volunteer from the MSU Extension program.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2 - Required**

Evaluation Acknowledgement

As a volunteer in the Michigan State University Extension/ 4-H program, you may be asked to help with the evaluation of the program. You may be asked to complete a short survey about what you learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. You are not required to participate in a survey. If you do not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office. By signing below I acknowledge that I may be asked to participate in a short program evaluation. I understand that program evaluations are completely voluntary.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3**

Media Release

I authorize Michigan State University Extension/4-H to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4**

Medical Information

Volunteer full legal name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary care physician's name: \_\_\_\_\_ Physician's phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's address: \_\_\_\_\_

**INFORMATION NEEDED ABOUT PARTICIPANT: (required)**

**Yes No If yes, please list/explain below. Attach additional sheets if needed.**

{ } { } Do you have any chronic health problem or illness? \_\_\_\_\_

{ } { } Do you have any acute illness now? \_\_\_\_\_

{ } { } Have you been treated recently for some medical problem? \_\_\_\_\_

{ } { } Are you taking any medications for treatment of a medical problem? \_\_\_\_\_

{ } { } Do you have any allergies to medication or local anesthetics? \_\_\_\_\_

{ } { } Do you have any allergies? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION: (Strongly Encouraged)**

Policy holder's name and relationship to participant: \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address: \_\_\_\_\_

Insurance company phone number: (\_\_\_\_\_) \_\_\_\_\_

All policy numbers (please identify): \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number: (\_\_\_\_\_) \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

**SECTION 5 - Required**

**Medical Treatment Authorization**

I recognize that while attending this program, I might require medical treatment on an emergency basis and may be unable to give consent. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_