

# 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 Michigan 4-H and MSU Extension 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 and MSU Extension programs, and be courteous and respectful in dealings with other program participants and MSU staff.
- Abstain from, and not tolerate physical or verbal abuse of others through direct interactions or through use of social media or other communication venues.
- Comply with equal opportunity and anti-discrimination laws.
- Avoid criminal activities.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension activity or event.
- Refrain from the use of tobacco, tobacco products, electronic cigarettes, etc. while serving in a volunteer capacity at 4-H activities.
- Under no circumstances, attend or participate in an MSU Extension activity or event under the influence of alcohol and/or other controlled substances.
- Operate machinery, vehicles and other equipment in a responsible manner.
- Report a violation of the Code of Conduct of which I am aware to a MSU Extension staff member or the person in charge of the program.

It is expected that all Michigan State University 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:** \_\_\_\_\_

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## **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: \_\_\_\_\_