

Michigan 4-H Volunteer Code of Conduct/ Media Medical 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.

Volunteer Signature: _____ **Date:** _____

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SECTION 3- Required

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.

_____ I do authorize. _____ I do not authorize.

Volunteer Signature: _____ **Date:** _____

SECTION 4- Required

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:

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- Strongly Encouraged

Official 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:** _____

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