



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

**2019 GLENN COUNTY 4-H
ADULT CAMP STAFF APPLICATION
(June 26- June 30, 2019)**

The 2019 Glenn County 4-H Camp will be held at Mt. Lassen Camp on Wednesday, June 26, 2019 through Sunday, June 30, 2019. The campers will arrive on Thursday, June 27, 2019 and will stay until Sunday, June 30, 2019. Adult Camp Staff is needed to help facilitate activities throughout the duration of the camp.

APPLICATIONS DUE: Monday, January 21, 2019

Please return the following to the UCCE Office (P.O. Box 697, Orland, CA or deliver to 821 E. South Street, Orland)

- Camp Application and Emergency Contact
- Signed Code of Conduct Form
- Signed Camp Rules
- Adult Treatment Authorization Form
- Completed 4-H Adult Volunteer Enrollment Packet & Completed 4-H Adult Volunteer eXtension Trainings (if not already enrolled)

STAFF TRAINING & PLANNING MEETINGS: All meetings will be held at the UCCE Office.

- ❖ Sunday, February 10 at 2:00 p.m.
- ❖ Thursday, March 7, at 6:30 p.m.
- ❖ Sunday, April 7, at 2:00 p.m.
- ❖ Wednesday, May 22, at 6:30 p.m.
- ❖ Sunday, June 2, at 2:00 p.m. – Mandatory Safety Meeting
- ❖ Thursday, June 20, at 6:30 p.m.
- ❖ Camp Work Days: Saturday, June 15, at 2:00 p.m. and Saturday, June 22, at 2:00 p.m.

To attend camp, adult staff **MUST ATTEND two adult** meetings. These meetings are very important for a successful camp.

4-H CAMP at Mt. Lassen Camp: Adult staff will attend the full length of camp. Camp dates for adult staff and counselors are Wednesday, June 26 through Sunday, June 30. Your full time attendance is required. The adult staff camp fee is \$50.00, 4-H Adult Volunteer Enrollment fees are covered this year by Council.

****NOTE**** The dorm building will be available for adults to stay in, at no extra cost. If you wish to bring a trailer instead, the fee is \$30.00/night. This will be your responsibility to pay directly to Mt. Lassen Camp. If you are choosing to bring a trailer, please complete the Trailer Application page, attached.

If you have any questions, please call the UCCE Office at 865-1107.

UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION GLENN COUNTY

P. O. Box 697, Orland, CA 95963-0697 Telephone (530)865-1107 Fax (530)865-1109 <http://ceglenn.ucanr.edu>

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/169224.pdf>)
Inquiries regarding ANR's nondiscrimination policies may be directed to John Sims, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.

To simplify information, trade names of products have been used. No endorsement of named products is intended, nor is criticism implied of similar.





University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

**GLENN COUNTY 4-H
SUMMER CAMP ~ JUNE 26-JUNE 30, 2019**

ADULT CAMP STAFF APPLICATION

Adults not enrolled as a volunteer must enroll and complete the 4-H Adult Volunteer extension online trainings and be fingerprinted.

NAME _____ AGE _____

ADDRESS _____ CITY/ZIP _____

PHONE _____ MALE/FEMALE (Circle One)

**As an Adult Volunteer, you may be called upon to assist with youth, day or night. Please list a phone number in which you can be reached during these times.*

EMAIL ADDRESS _____

ETHNICITY: WHITE _____ HISPANIC _____ NATIVE AMERICAN _____ BLACK _____ ASIAN _____
(Check all that apply)

Adult T-Shirt Size - Please circle one: S M L XL XXL

V-Neck Women's Shirt: Yes No (additional \$10 fee)

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

PHONE _____

Please indicate below whether you are applying to camp in the Dorm or are applying for a Trailer/RV space.

Please check a box below corresponding with your choice: Dorm ☐ Trailer/RV space ☐ ***If checking the Trailer/RV box, please proceed to the Trailer/RV application.**

Adult Leader commitment statement: I promise to do my best to provide information and instruction to those in need of my assistance. I have read and understand the volunteer role description and will abide by the policies set forth by the Glenn County 4-H Camp Committee and the California 4-H Policy Handbook. I understand the responsibilities and requirements, and am willing to volunteer for the duration of the term. I also understand at times, I will need to transport youth at camp for activities in my personal vehicle. All of my statements on the application are true.

Print Name _____ Signature _____ Date _____

Auto Insurance Carrier _____ Policy Number _____ Exp Date _____

Driver's License Number _____ Class _____ Exp Date _____

Camp Skills

Name: _____

Camp Program Skills: In the following list, put a “T” before those activities you can organize and teach as an expert, and an “A” for those activities in which you can assist. Put a “C” after those in which you have current certification and **attach a copy of you certification.**

Adventure/Challenge	Dance (list)	Sports/Fitness	Miscellaneous
_____ challenge/ropes course	_____	_____ aerobics/exercise	_____ academics
_____ climbing/rappelling	_____	_____ archery	_____ aviation
_____ Spelunking/caving	Drama	_____ baseball/softball	_____ community service
_____	_____ skits	_____ basketball	_____ farming/ranching
Arts/Crafts	_____ theater	_____ bicycling/biking	_____ gardening
_____ ceramics/pottery	_____	_____ boxing	_____ foreign language
_____ drawing/painting	Music	_____ fishing	_____ leadership development
_____ leather craft	_____ singing	_____ football	_____ radio/TV/video
_____ metal work	_____ Instruments	_____ golf	_____ storytelling
_____ photography	_____	_____ gymnastics	_____ team building
_____ woodworking	_____	_____ hockey (ice/in-line)	_____
_____ Tie Dye	_____	_____ horseback riding	_____
_____ crafts	Nature	_____ informal games	_____
Campcraft/Pioneering	_____ animals/animal care	_____ yoga	_____
_____ backpacking	_____ astronomy	_____ raffle	_____
_____ campcraft	_____ birds	_____ skating	_____
_____ hiking	_____ environmental studies	_____ soccer	_____
_____ mapping/geocaching	_____ flowers	_____ snow sports (list)	_____
_____ outdoor cooking	_____ forestry	_____	_____
_____ outdoor living skills	_____ insects	_____ tennis	_____
_____ overnights	_____ rocks/minerals	_____ track/field	_____
_____ wilderness trips	_____ weather	_____ volleyball	_____
_____	_____	_____ wrestling	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification and Camp Support Staff Skills: In the following list, please check those items in which you have experience and skills. Mark with a “C” those for which you hold current certification and attach a copy of your certification.

Business/Administration	Health/Safety	Maintenance	Food Safety
_____ bookkeeping	_____ CPR	_____ auto mechanics	_____ cooking/meal prep
_____ accounting	_____ first aid	_____ carpentry	_____ Food Handler’s Permit (Certification)
_____ computer/technical	_____ lifeguard	_____ electrical	_____ menu planning
_____ computer/software (list)	_____ nursing	_____ plumbing	_____ purchasing
_____	_____	_____	_____ sanitation
_____	_____	_____	_____
_____	_____	_____	_____

Adult Camp Staff Signature: _____ **Date:** _____

CAMP RULES

Adult Camp Staff

University of California, Glenn County Cooperative Extension

The following guidelines are designed to make your experience at 4-H Summer Camp satisfying to you and to all others attending. **The individual rights, safety and property of others must be respected.**

1. Respect the rights and property of others.

- Do not touch other camper's belongings.
- Disrespectful, abusive language will not be a part of camp (No profanity, racial slurs, or putdowns).
- Do not damage or deface camp facilities or property.
- **Rudeness, lack of courtesy, and disrespect for authority will not be tolerated.** Fighting and threatening physical abuse is not acceptable behavior.
- Boys are not allowed in the girls' cabins; Girls are not allowed to visit boys in their cabins. All campers must be invited to enter other cabins.
- All clothing worn shall be within the bounds of decency and in good taste. No halter tops, tube tops or bare backs or shirts that show cleavage or excessively baggy or tight fitting clothes will be acceptable.
- Items of clothing which display profanity; advertises gang affiliation or products or slogans which promote tobacco, alcohol or drugs or are in any way distracting, will not be allowed.
- Swimsuits may be worn only to/from showers.

2. Be concerned for the safety of campers and staff.

- No running in camp unless during an organized activity.
- Must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. Sleeping area shall be kept neat and free of litter.
- Throwing objects is not allowed unless it is a planned activity such as sports (throwing rocks will not be tolerated). No jumping or swinging on the beds or the cabins.
- Campers and teen counselors cannot leave the grounds without an adult and must have the Camp Director's or 4-H staff's permission. Adult staff must also have the Camp Director's or 4-H staff's permission. No swimming will be permitted in the fish pond.
- All prescriptions and over the counter drugs must be given to the Camp Nurse immediately upon arrival at camp.
- All meals and snacks are provided; **do not** bring extra food, candy, drinks or snacks. Food in the cabins will attract insects, squirrels and other wildlife.
- Knives will be provided for fishing. Do not bring knives of any type; they will be confiscated.
- Youth who bring their own cars are to turn in their keys to the Adult Camp Director or the 4-H staff.

3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.

- When you hear the bell, report immediately to the camp fire area.
- Be on time and ready to participate.
- If ill, report to the camp medical staff.
- **Be a positive team member for your group and cabin.**
- "Lights Out" means quiet and in bed.
- The camp telephone is only to be used with the permission of one of the following: Camp Director, 4-H Staff or Camp Nurse. Using cell phones will not be allowed except for emergencies (reception is poor, anyway). Phones will be kept by 4-H staff for safe keeping. If a child or teen wishes to make a call, they can contact an adult to make arrangements. Everyone must check in/out with the Camp Director or 4-H Staff when leaving or coming into camp.

4. The following items and activities are not allowed in camp (no second chances). Campers, teen counselors and adult staff having or doing such will be sent home at the first infraction and at their own expense.

- No alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, and tobacco are allowed.
- No gambling or betting with money, overt display of affection between anyone, fighting, threatening/physical abuse, stealing, tampering with emergency equipment, and being under the influence of drugs or alcohol are allowed at camp. Boys are not allowed in the girls' cabin area; Girls are not allowed in the boys' cabin area.

CONSEQUENCES:

The following steps will be followed if a camper, teen counselor or adult staff member does not abide by the rules.

1st Infraction: Discuss the inappropriate behavior with an adult staff member or teen counselor and clarify the rule.

2nd Infraction: Camp Director or 4-H staff will discuss the inappropriate behavior and give a "time out" or appropriate consequence. Camper's appropriate attitude and/or behavior will be discussed.

3rd Infraction or Any Behavior Listed in Rule # 4: Camp Director or 4-H staff will request parent to pick up camper or teen counselor to be taken home at their expense and camp fee will not be refunded. Adult Staff members will be asked to leave camp immediately.

Additional consequences may be releasing the individual to the nearest law enforcement agency, assessing the cost of damages and repairs in the event of destruction of property, barring the individual from future 4-H activities, and/or termination of 4-H membership. Parents will be notified of any action taken.

All youth including teen counselors are not covered by UC liability when driving, to or from 4-H Camp. There is no insurance coverage for anyone under the age of 18, driving themselves or anyone else. If your child is being driven by anyone under 18 to and from camp, a letter with your permission and acknowledgment of this statement must be on file at the Cooperative Extension Office before they are driven.

Please return:

- ☐ Signed Code of Conduct
- ☐ Signed Camp Rules
- ☐ Camp Application and Emergency Contact Form
- ☐ Adult Treatment Authorization Form
- ☐ Completed 4-H Adult Enrollment Packet & Completed 4-H Adult Volunteer Trainings (if not already enrolled)
- ☐ Camp Fees of \$50.00

CAMP RULES

Adult Camp Staff

University of California, Glenn County Cooperative Extension

*I, (Please Print) _____, have read and understand the Camp Rules and agree to abide by the stated rules. I also understand that if I do not abide by these rules, the consequences listed will be enforced.

Youth/Adult Signature _____ Date: _____

All youth campers and teen counselors must include parent/guardian signature below:

*I, (Please Print) _____, parent/guardian of the above named youth have read and have assisted my child in understanding the above rules, and requirements as a camp participant. We both understand the consequences that will follow as listed above if my child does not abide by the rules,

Parent/Guardian Signature _____ Date: _____



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

We appreciate your volunteer service to the University of California Agriculture and Natural Resources (UC ANR) and the valuable link you provide to local communities. When in the course and scope of your duties, you are considered an agent of the University of California (UC) and have the following rights and responsibilities.

Your Responsibilities:

1. Maintain a professional presence and dress when acting as a volunteer (see [California 4-H Dress Guidelines](#)).
2. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
3. Be committed to the core values, educational goals, and quality standards of the statewide program.
4. Respect and safeguard the individual rights, talents, safety, and property of program participants.
5. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with fellow volunteers, program participants, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved.
6. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity (see [UC ANR Nondiscrimination and Affirmative Action Policy](#)).
7. When driving on UC business, possess a valid California driver's license and carry proof of the minimum automobile liability insurance required by UC; and ensure that all passengers use seat belts.
8. Report volunteer hours on a regular basis as required by the statewide program (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
9. Follow UC guidance for all program financial matters and provide receipts for any money collected in the name of UC.
10. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
11. Be recognized as an agent of the UC when working in the course and scope of your volunteer duties by wearing your program name badge (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

Your Rights:

1. To be respected by program staff.
2. To have access to current program materials, training, and curriculum to support program delivery.
3. To be informed of any infraction that may or does result in corrective action or dismissal from the program.
4. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

The following are prohibited when acting on behalf of a UC ANR statewide program:

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support [UC ANR's Principles of Community](#).

Adult Volunteer Code of Conduct – page 2

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

2. Violation of the UC ANR Volunteer Agreement or Adult Volunteer Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in a statewide program activity.
4. Use of abusive, obscene and discriminatory language at any program activity.
5. Attack or harassment of another person; whether visual, verbal, physical and/or by the use of social media.
6. Private, one-on-one interactions with youth members at *any time*, both during program activities and outside of program activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
7. A romantic relationship with any youth member at *any time*.
8. Behavior that is illegal, unsafe, or contrary to the highest standard of ethics (see Regents Policy 1111).

Consequences:

All UC ANR volunteers and trainees shall act in ways that promote and support statewide program goals and do not conflict with statewide program policies and procedures. Infractions of this Adult Volunteer Code of Conduct should be reported promptly by anyone observing them to program staff. The UCCE County Director may, if necessary and with guidance from the Statewide Volunteer Coordinator, immediately limit, suspend or terminate the services of any statewide program volunteer.

Further, the UCCE County Director may, if necessary in their sole judgment, waive the formal review process and immediately suspend or terminate a volunteer if in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the volunteer is the subject of a criminal investigation, and/or other conditions that cannot be remedied with corrective action). In such instances, the decision of the UCCE County Director* is final. The [Conflict Resolution Manual](#) is intended to serve as a process guide for working through infractions.

Photograph and Information Release

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.

County: _____

Adult Volunteer Name: _____

Signature of Adult Volunteer: _____

Date: _____



Adult Volunteer Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>	From: July 1, 2018 to December 31, 2019	
County and State		

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION:

First & Last Name:	<input type="text"/>	Home/work/other Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Signature		Date	<input type="text"/>

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

<input type="text"/>	<input type="text"/>
Signature	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination:

☐ Not Sure

☐ None

Please check over-the-counter medications that may be administered:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if you have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify allergies, including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.



Adult Volunteer Appointment Process (PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

Thank you for your interest in becoming and/or continuing as a 4-H adult volunteer. As a volunteer, you will play an important role in the development of young people, helping them to identify their spark and develop the skills and positive outcomes that lead to thriving. Below are the steps to becoming a volunteer. We look forward to working with you as a valuable asset to the 4-H Youth Development Program. Please contact your local county 4-H Office for questions.

4-H Adult Volunteer Initial Appointment Process – Paper

1. Fill out the 4-H Adult Volunteer Interest Survey online at: *insert county link*
 2. One-on-one interview may be required (will be notified by county-based staff or volunteer).
 3. Submit 4-H adult volunteer application packet to Club Leader. Confidential Self-Disclosure Form must be submitted directly to county staff in sealed envelope. Club Leader or county staff will create the 4hOnline profile, enter all required information, and submit. 4hOnline adult enrollment status is pending.
 4. Complete required “2018-19 California New Volunteer Training” in eXtension* (go to <https://campus.extension.org/course/view.php?id=1541>).
 - a. Orientation (40 min)
 - b. Foundations of Positive Youth Development (20 min)
 - c. Toward an Interculturally Connected 4-H (60 min)
 - d. Abuse Risk Management for Volunteers (15 min)
- (*Note: The Enrollment Key can be requested by clicking on this link: <http://ucanr.edu/survey/survey.cfm?surveynumber=20474>).
5. Complete any additional trainings required by your county.
 6. Submit fee payment to the Club Leader/Organizational Unit Volunteer.
 7. Complete live-scan clearance with the State Department of Justice. Forms can be obtained online at: *<insert county link>*.
 8. The application is reviewed by the county director
 - a. If approved notification of your 4-H adult volunteer appointment will be sent in a letter, electronically or by mail, from the county director.
 - b. If there are any limitations on the appointment, they will be included in the letter sent from the county director.
 - c. If not approved a letter will be sent to the applicant from the county director.

2018-2019 4-H Adult Volunteer Re-Appointment Process - Paper

1. Submit 4-H adult volunteer application packet to Club Leader. Confidential Self-Disclosure Form must be submitted directly to county staff in sealed envelope. Club Leader or county staff will create the 4hOnline profile, enter all required information, and submit. 4hOnline adult enrollment status is pending.
2. Complete the required “2018-19 California Returning Volunteers Training” in eXtension* (go to <https://campus.extension.org/course/view.php?id=1537>).
 - a. Maintaining an Inclusive 4-H Experience (20 min)
 - b. Abuse Risk Management for Volunteers (15 min)

(*Note: The Enrollment Key can be requested by clicking on this link:

<http://ucanr.edu/survey/survey.cfm?surveynumber=20474>).

3. Complete any additional trainings required by your county.
4. Submit fee payment to the Club Leader/Organizational Unit Volunteer.
5. The application is reviewed by the county director
 - a. If approved notification of your 4-H adult volunteer appointment will be sent in a letter, electronically or by mail, from the county director.
 - b. If there are any limitations on the appointment, they will be included in the letter sent from the county director.
 - c. If not approved a letter will be sent to the applicant from the county director.

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

4-H Club/Unit Program Fees	\$
County 4-H Program Fees	\$
State 4-H Accident/Sickness Insurance and Program Fees (no-refunds once Active in 4hOnline)	\$18.00
	\$0
Total	\$

4-H Club/Unit Leader	County 4-H Office
	University of California Cooperative Extension



Adult Volunteer Application Form Information

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

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Your Responsibilities:

1. Maintain a professional presence and dress when acting as a volunteer (see [California 4-H Dress Guidelines](#)).
2. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
3. Be committed to the core values, educational goals, and quality standards of the statewide program.
4. Respect and safeguard the individual rights, talents, safety, and property of program participants.
5. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with fellow volunteers, program participants, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved.
6. Prohibit discrimination against or harassment of any person in any statewide program or statewide program activity (see [UC ANR Nondiscrimination and Affirmative Action Policy](#)).
7. When driving on UC business, possess a valid California driver's license and carry proof of the minimum automobile liability insurance required by UC; and ensure that all passengers use seat belts.
8. Report volunteer hours on a regular basis as required by the statewide program (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
9. Follow UC guidance for all program financial matters and provide receipts for any money collected in the name of UC.
10. Adhere to and help enforce program policies and procedures referred to in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).
11. Be recognized as an agent of the UC when working in the course and scope of your volunteer duties by wearing your program name badge (see [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

Your Rights:

1. To be respected by program staff.
2. To have access to current program materials, training, and curriculum to support program delivery.
3. To be informed of any infraction that may or does result in corrective action or dismissal from the program.
4. To make written complaints concerning statewide programs, policies or personnel as described in the Policy Handbook (see [4-H Policy Handbook](#), [UC Master Food Preserver Policy Handbook](#), and [UC Master Gardener Policy Handbook](#)).

The following are prohibited when acting on behalf of a UC ANR statewide program:

1. Failure to act in a supportive and cooperative manner with program stakeholders, failure to adhere to the programmatic goals established by the program staff and/or failure to support [UC ANR's Principles of Community](#).



Adult Volunteer Code of Conduct – page 2

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

2. Violation of the UC ANR Volunteer Agreement or Adult Volunteer Code of Conduct.
3. Possession or use of alcohol, tobacco/tobacco products, e-cigarettes, marijuana/marijuana products, illegal drugs and/or other inappropriate materials (or to be under the influence thereof) when involved in a statewide program activity.
4. Use of abusive, obscene and discriminatory language at any program activity.
5. Attack or harassment of another person; whether visual, verbal, physical and/or by the use of social media.
6. Private, one-on-one interactions with youth members at *any time*, both during program activities and outside of program activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
7. A romantic relationship with any youth member at *any time*.
8. Behavior that is illegal, unsafe, or contrary to the highest standard of ethics (see Regents Policy 1111).

Consequences:

All UC ANR volunteers and trainees shall act in ways that promote and support statewide program goals and do not conflict with statewide program policies and procedures. Infractions of this Adult Volunteer Code of Conduct should be reported promptly by anyone observing them to program staff. The UCCE County Director may, if necessary and with guidance from the Statewide Volunteer Coordinator, immediately limit, suspend or terminate the services of any statewide program volunteer.

Further, the UCCE County Director may, if necessary in their sole judgment, waive the formal review process and immediately suspend or terminate a volunteer if in the best interest of the program (e.g., a potential threat to public safety, receipt of notice that the volunteer is the subject of a criminal investigation, and/or other conditions that cannot be remedied with corrective action). In such instances, the decision of the UCCE County Director* is final. The [Conflict Resolution Manual](#) is intended to serve as a process guide for working through infractions.

Photograph and Information Release

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. By signature on the 4-H Adult Volunteer Application Form, I consent and agree to the foregoing terms and provisions.



Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name _____
Email* _____
Phone _____

*Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless adult email is different, then both will receive).

Adult Volunteer Information

First Name _____ Email* _____
Last Name _____ Years in 4-H _____
Address _____ City, State, _____
Zip _____

Birth Date	_____	Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Primary Phone	_____	Cell Phone	_____
Work Phone, ext.	_____	Fax	_____

Emergency Contact Information:

First & Last Name: _____ Home/work/other Phone: _____
Relationship: _____ Cell Phone: _____

Ethnicity *Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.*

Are you of Hispanic ethnicity? ☐ Yes ☐ No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (If No is selected for Ethnicity, at least one option below must be selected.)

What is your race? **Please select all categories that apply.**

☐ **American Indian or Alaskan Native** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American** A person having origins in any of the Black racial groups of Africa

☐ **Native Hawaiian or Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Prefer Not to State**

Residence

<input type="checkbox"/> Farm (Rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs	



Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Military

- ☐ No one in my family is serving in the military
☐ I have a parent serving in the military
☐ Myself, and/or my spouse is currently serving in the military
- ☐ I have a sibling serving in the military
☐ I have a son/daughter serving in the military

Branch

- ☐ Air Force ☐ Army ☐ Coast Guard ☐ DoD Civilian ☐ Marines ☐ Navy

Component

- ☐ Active Duty ☐ National Guard ☐ Reserves

Education

- ☐ Decline to State
☐ Less than 9th grade
☐ 9th to 12th grade, no completion
☐ High school completion
- ☐ Some college (no degree)
☐ Associate Degree
☐ Bachelor Degree
- ☐ Master Degree
☐ Professional Degree
☐ Doctorate Degree

Alumni

Last year you were enrolled in 4-H:

County:

State:

County Newsletter Preference

- ☐ Postal ☐ Email ☐ Sign-Up for State Electronic Newsletter

Club *Contact the County Office for a list of clubs and projects being offered this year to enroll in.

Club/Unit Name	Leadership Role		
	<input type="checkbox"/> Primary Community Leader	<input type="checkbox"/> Treasurer Advisor	<input type="checkbox"/> Enrollment Coordinator
	<input type="checkbox"/> Assistant Community Leader	<input type="checkbox"/> Online Record Book Coordinator	<input type="checkbox"/> Executive Board/Officer Advisor
	<input type="checkbox"/> Co-Community Leader		

Project

Club/Unit Name	Project Name	Years in Project	Leadership
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability and Volunteer Confidential Self-Disclosure Form.

Adult Signature	Date

County Use Only					Club Use Only		
							CASH OR CHECK#
Volunteer ID#	Waiver of Liability	Background Check	Self-Disclosure	Orientation	Date Received	Treatment Authorization and Health History	Fees Paid \$



Adult Volunteer Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Club/Unit Name
<input type="text"/>	From: July 1, 2018 to December 31, 2019	
County and State		

While I am attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR ME SHOULD I BE UNABLE TO MAKE A DECISION:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until I complete my activities in this program unless sooner revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION:

First & Last Name:	<input type="text"/>	Home/work/other Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Signature		Date	<input type="text"/>

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of illness or accident.

<input type="text"/>	<input type="text"/>
Signature	Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination:

☐ Not Sure

☐ None

Please check over-the-counter medications that may be administered:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if you have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify allergies, including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name (Please Print)

County Club/Unit

Waiver: In consideration of being permitted to participate in any way in **California 4-H Youth Development Activities and Projects**, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in **California 4-H Youth Development Activities and Projects**.

Assumption of Risks: Participation in **California 4-H Youth Development Activities and Projects** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in California 4-H Youth Development Activities and Projects. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in **California 4-H Youth Development Activities and Projects**, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing Waiver and Assumption of Risk Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor or Adult Participant

Date

Age (if minor)

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.



Volunteer Confidential Self-Disclosure Form

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE (IN A SEALED ENVELOPE WITH ADULT VOLUNTEER'S SIGNATURE ALONG THE ENVELOPE SEAL.)

<input type="text"/>		<input type="text"/>	
Name of 4-H Club/Unit		First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip

The purpose for requesting the information on this form is to provide a safe environment for young people involved with 4-H activities. **Furnishing all information requested on this form is mandatory. Failure to provide this information will delay or prevent appointment as a 4-H Adult Volunteer.** Local programs may also require additional information before appointing 4-H Adult Volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with the Division of Agriculture and Natural Resources Administrative Handbook, Section 402. Information on these policies may be obtained from the Controller and Business Services Director, Agriculture and Natural Resources, University of California, 1111 Franklin Street, 6th Floor, Oakland, CA 94607-5200, or via the Internet at: <http://ucanr.edu>. The official responsible for maintaining the information contained on this form is the Cooperative Extension County Director.

1. Have you been convicted of a felony in the last ten years? ☐ Yes ☐ No
2. Has anyone living with you been convicted of a felony in the last ten years? ☐ Yes ☐ No
3. Have you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
4. Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
5. Has your driver's license been suspended or revoked in the last ten years? ☐ Yes ☐ No
6. Are there any other facts or circumstances involving your background or background of others in your household that would call into question your being entrusted with the supervision, guidance, and care of young people? ☐ Yes ☐ No
7. Do you have a valid driver's license? State: _____ ☐ Yes ☐ No
8. University of California (UC) requires volunteers to maintain minimum automobile liability coverage of \$50,000 per accident claim/\$100,000 in aggregate/ \$50,000 for property damage.
Do you have this level of coverage? ☐ Yes ☐ No
If no, what is your coverage? _____ per accident, _____ in aggregate, _____ property damage?
9. I understand that UC provides secondary liability coverage in the event of an accident during 4-H business and if my coverage is below the UC minimums, I am liable for the difference between my policy limits and UC's secondary coverage. _____ initial
10. If you answered "Yes" to questions 1-6, or "No" to 7 or 8, please explain:

By signing below, I certify that the information above and on my application is true and correct. In addition, I have read, understand and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability, and Volunteer Confidential Self-Disclosure Form. I also understand that this application must be approved and my fingerprints cleared through the Department of Justice before my service as a volunteer begins. Volunteer appointments are for a period of one year.

<hr/>	<input type="text"/>
Applicant Signature	Date



Adult Volunteer Code of Conduct

(PAGE RETAINED BY THE 4-H ADULT VOLUNTEER)

We appreciate your volunteer service to the University of California Agriculture and Natural Resources (UC ANR) and the valuable link you provide to local communities. When in the course and scope of your duties, you are considered an agent of the University of California (UC) and have the following rights and responsibilities.

Your Responsibilities:

1. Maintain a professional presence and dress when acting as a volunteer (see [California 4-H Dress Guidelines](#)).
2. Recognize, honor and uphold the responsibility and authority of the statewide and local program staff in setting program priorities, standards and direction.
3. Be committed to the core values, educational goals, and quality standards of the statewide program.
4. Respect and safeguard the individual rights, talents, safety, and property of program participants.
5. Take personal responsibility for the resolution of any interpersonal conflict that may arise, whether with fellow volunteers, program participants, program staff and/or other UC personnel; thereby demonstrating positive conflict resolution skills to all involved.
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Adult Volunteer Code of Conduct – page 2

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County: _____

Adult Volunteer Name: _____

Signature of Adult Volunteer: _____

Date: _____



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

4-H Summer Camp Trailer/RV Application 2018-2019

All adult guests staying onsite must be listed below and must complete the adult volunteer leader enrollment process.

This application is for information and identification purposes, only. All payments must be paid directly to Mt. Lassen Campgrounds.

Applicant must be a 4-H Summer Camp Adult Volunteer. All fields must be completed for application to be accepted.

Adult Volunteer Name: _____

Guest Name: _____ Adult ☐ Child(ren) ☐

Guest Name: _____ Adult ☐ Child(ren) ☐

***Please complete the adult volunteer leader enrollment process.**

4-H Camper(s) Name: _____

Applicant's relation to 4-H Camper(s): _____

*As an Adult Volunteer, you may be called upon to assist with youth, day or night. Please list a phone number in which you can be reached during these times.

Phone: _____

Please label diagram according to your trailer specifications:

Please draw any slide outs that your trailer has.



Length: _____ ft (including hitch)

Width: _____ ft (including slides you will have out)

Power Requested: _____ volts/amps

License Plate #: _____

Trailer Make & Model: _____

Description of Trailer (Name, Color, etc.) _____

Signature of Adult Volunteer

Date

By signing you agree to the rules and terms listed on the reverse of this form.



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

4-H Summer Camp Trailer/RV Application 2018-2019

RV Fees & Camp Rules

Welcome to the Glenn County 4-H Summer Camp! We ask that while staying at the Mt. Lassen Campground you observe the following rules and regulations of the RV park. These rules and regulations are in addition to the 4-H Camp Rules and Code of Conduct.

Mt. Lassen Trailer/RV Rate: \$30 per night

Camp Rules:

- Speed Limit: 5MPH
- Quiet Hours: 11:00 p.m. – 6:00 a.m.
- Applications are required for RVs and all vehicles to be on premises.
- Drugs, weapons, fighting, lewd conduct, reckless driving, speeding are not permitted.
- Selling, advertising, or distribution of any product (including alcohol) is prohibited.
- Non-contained fires for cooking or heating are not permitted.
- Any type of fencing, barriers, pallets, etc. are not permitted.
- Pets are to be controlled by a leash.
- Pets are prohibited from the restrooms.
- Pets are to be cleaned up after; failure to do so may result in eviction.
- Any individual who becomes a nuisance will be asked to leave the grounds.
- All occupants and guests must obey all posted rules, as well as any direction given by the Glenn County Cooperative Extension Staff or Camp Director. Failure to comply with the campground regulations can result in eviction or other action.
- Mt. Lassen Campground determines trailer layout during 4-H Summer Camp time to best optimize the space available.
- Use of the facilities and equipment will be at the guest and visitor's own risk. Neither the owners nor the management can be held responsible for accidents, injuries, or loss of property due to fire, theft, accidents, or an act of God. You assume all risks associated with entering the campground not limited to but including your persons, your animals and your vehicles.