



San Juan County 4-H

2017-18 LEADER Enrollment Form



ALL SPACES MUST BE COMPLETED

Please PRINT Clearly!!!

Today's Date _____

4-H LEADER INFORMATION

| | | |
|---|---|------|
| First Name: | Last Name: | |
| Mailing Address: | Birth Date: (M/D/Y) | Age: |
| City & State: | Home Phone: | |
| Zip Code: | Cell Phone: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Work Phone: | |
| Years in 4-H: | I wish to receive 4-H notices via text messages? Yes No | |
| Email: | Cell Phone Service Provider? _____ | |

Would you like the monthly Newsletter to be sent to you by Mail or Email? (please circle one) Mail Email

T-Shirt Size: (Please circle one) X Small Small Medium Large X-Large XX-Large XXX-Large

Emergency Contact

| | |
|-----------|---------------|
| Name: | Relationship: |
| Phone #1: | Phone #2: |
| Email: | |

PLEASE INDICATE BOTH AN ETHNICITY AND RACE

Ethnicity: Are you Hispanic? No Yes

Race: Caucasian/White African American/Black American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander Asian Prefer not to state

RESIDENCE

Farm Rural area where agricultural products are sold Suburb of City more than 50,000
 Town Under 10,000 and rural non-farm Central City more than 50,000
 Town/City 10,000 - 50,000 and its suburbs

MILITARY

No one in my family is serving in the Military
 I have a spouse/son/daughter serving in the Military

Branch/Component Air Force Army Coast Guard Marines Navy
 Active Duty Reserves National Guard

For County Use Only

| | |
|----------------------|---------------------|
| Date Screened | Date Entered |
| | |

CLUB NAME:

New Enrollment [] Re-Enrollment [] Transfer [] From _____ County

4-H BACKGROUND CHECK COMPLETE? [] YES [] NO If Yes, what year?

Note: Before a leader enrollment form can be processed, the NMSU 4-H Youth Development Volunteer Application must be completed and submitted to the County Extension Office along with a \$5.00 application fee. Once the leader application and background check have been approved by the State 4-H Office, the county Adult Volunteer Leader Enrollment Form will be entered in the 4-H On-Line Data Base. Leaders with a lapse in volunteer enrollment must repeat the application process and background check.

Leader Roles - Please check the Leader Role below that best describes your 4-H responsibilities.

| |
|--|
| Organizational Leader |
| Assistant Organizational Leader |
| Project Leader |
| Activity/Resource Leader Area of Responsibility: |
| Chaperone/Transportation |

Adult Volunteer Signature _____ **Date** _____

Organizational Leader Signature _____ **Date** _____

4-H PROJECTS --- All Project Materials - \$3.00 Each

| Project Number | Years in Project as Leader | Project Name | Send Project Yes/No (Circle one) |
|----------------|----------------------------|--------------|----------------------------------|
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |
| | | | Yes - No |



New Mexico 4-H Adult Medical and Liability Release Code of Conduct Contract and Media Release Form

Please Print

Form with fields for First Name, Last Name, Gender, Date of Birth, Age, Address, City/State, Zip Code, County, Home/Work Phone, Cell Phone, Email, and accommodation/allergy questions.

New Mexico 4-H Code of Conduct for Adults

The positive influence of caring, capable and responsible adults plays an important role in the lives of youth and the 4-H Youth Development Program. Adults working with 4-H youth are charged to lead by example and create a sense of belonging for the youth they support. Therefore, the adult, by signing this form agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.

Expectations

- List of 18 expectations for adults, including cooperation, safety, modeling behavior, abiding by rules, orientation, enforcing expectations, consulting with contacts, refraining from conflict, acting in the best interest, communication, no personal advantage, avoiding sexual contact, and safe driving.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that as an adult I should model positive behaviors and lead by example. Also, I understand that my behavior not only affect the youth under my direct supervision but the entire 4-H Youth Development Program and that I represent myself, my club, county and state as well as the overall 4-H Program. Therefore, I have read and understand the expectations related to the Code of Conduct for Adults and agree to be bound by it.

Signature

Date



Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph my image and/or voice for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you **DO NOT** consent to media release, please initial this line _____

**New Mexico 4-H Medical Information
Medical Emergency Contact Information**

| | |
|------------------|------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| Phone: | Phone: |
| Alternate Phone: | Alternate Phone: |

Physician & Insurance Policy Information

| | |
|---|------------------------------|
| I am covered by health insurance: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Insurance Company: | Policy/Plan #: |
| Policy Holder's Name: | Relationship to Participant: |
| Physician Name: | Physician Phone: |

Health Information

Please indicate if you have any of the following medical conditions (check all that apply):

| | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes/Hypoglycemia |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Stomach/Intestinal |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Heart/Cardio Vascular |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Emotional/Mental Disorders |
| <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Eye/Ear/Nose/Throat | <input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries |
| <input type="checkbox"/> Other condition(s): Please specify: | | |

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/Stings | <input type="checkbox"/> Ivy/Oak/Sumac | <input type="checkbox"/> Other (please list): | | |

Please list any medications (prescription or non-prescription) you are currently taking:

Release of Liability and Medical Authorizations

The health history provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises and I am incapacitated, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat me. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

Signature

Date