

County: Elkhart

Postal Mail
 Email

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|--|---|
| Family Name | Family Email |
| Email (If different than family email) | First Name |
| Middle Name | Last Name |
| Suffix | Preferred Name |
| Mailing Address | City |
| State | Zip Code |
| Birth Date (mm/dd/yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Phone () | Cell Phone () <input type="checkbox"/> I would like to receive text messages |
| Work Phone () | Cell Phone Provider (if you want to receive text messages) |

Enrollment

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| Ethnicity | Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and a race) | |
| Race (check all that apply) | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Black | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Native Indian or Alaskan Native | <input type="checkbox"/> 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 non-farm | <input type="checkbox"/> Central city more than 50,000 |
| | <input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs | |
| Military | <input type="checkbox"/> No one in my family is serving in the military | <input type="checkbox"/> My spouse is currently serving in the military |
| | <input type="checkbox"/> I have a sibling serving in the military | <input type="checkbox"/> I have a parent serving in the military |
| | <input type="checkbox"/> I am currently serving in the military | <input type="checkbox"/> I have a son/daughter serving in the military |
| Branch Component | <input type="checkbox"/> Air Force | <input type="checkbox"/> Army |
| | <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard |
| | <input type="checkbox"/> DOD Civilian | <input type="checkbox"/> Marines |
| | <input type="checkbox"/> Reserves | <input type="checkbox"/> Navy |

4-H Volunteer Roles

Please check all Volunteer Roles for which you have been assigned volunteer responsibilities. List the club, project, topic, or committee that corresponds to your assignments and the number of years you have been in each volunteer role.

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| <input type="checkbox"/> 4-H Club Leader | Club(s): | # Years: |
| <input type="checkbox"/> 4-H Subject Matter/Project Leader | Project(s): | # Years: |
| <input type="checkbox"/> 4-H Shooting Sports Volunteer | Discipline(s): | # Years: |
| <input type="checkbox"/> 4-H After-School Volunteer | After School Group: | # Years: |
| <input type="checkbox"/> 4-H Committee Member | Committee(s): | # Years: |
| <input type="checkbox"/> 4-H Council Member | | # Years: |
| <input type="checkbox"/> 4-H Fair Board Member | | # Years: |
| <input type="checkbox"/> Special Interest Volunteer (Judging Coach, Robotics, | Special Interest Topic(s): | # Years: |

Including 2018-19, I have served as a 4-H volunteer for a total of _____ years.

Adult Signature: _____ **Date:** _____

Please include the 2020 Adult ABE and Vehicle Use Policy forms along with the Adult Volunteer Information form. All forms must be completed and returned together before the enrollment can be entered into 4HOnline.

2020 Adult Behavioral Expectations

To Promote the Well-Being of Youth for Faculty, Extension Educators, Staff and Volunteers Who Work with 4-H Youth Development Programs in Indiana

“Those who believe in and work with youth have confidence in our future.”

These Adult Behavioral Expectations give faculty, educators, staff and volunteers the opportunity to reaffirm their commitment and dedication to the well-being of young people. When all faculty, educators, staff and volunteers sign a copy of this document, individuals are making a collective statement that youth in the 4-H Youth Development Program are being treated with respect, dignity, and attention to individual needs. The faculty, educators, staff and volunteers who work with the 4-H Youth Development Program in Indiana are proud of the quality educational programs provided to youth of this state and to their personal commitment to nurture the positive growth and development of youth.

In my role as a 4-H Youth Development Program faculty, educator, staff, or volunteer I will:

- Respect, adhere to, and enforce the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service including all laws related to child abuse and substance abuse.
- Accept supervision and support from salaried Extension staff or designated management volunteers.
- Participate in orientation and training, which includes youth protection standards, sponsored by the Purdue Cooperative Extension Service.
- Accept my responsibility to represent 4-H Youth Development Programs with dignity and pride by being a positive role model for youth.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Be truthful and forthright when representing the 4-H Youth Development Program.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are not acceptable practices in 4-H Youth Development Programs.
- Under no circumstances allow, consume, or be under the influence of alcohol or illegal drugs at 4-H Youth Development Program events or activities.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youth participating in 4-H Youth Development Programs.
- Treat animals in a humane manner and teach program participants appropriate animal care and management.
- Use technology and social media in an appropriate manner that reflects the best practices in youth development.
- Accept my responsibility to promote and support the 4-H Youth Development Program in order to develop an effective county, state, and national program.
- Report any suspected instances of child abuse and/or neglect to local authorities that I may observe during my role as a 4-H Youth Development Program faculty, educator, staff, or volunteer.

I have been given the opportunity to review these expectations and the opportunity to ask questions, and any questions have been answered to my satisfaction. By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document. I understand that my failure to comply with these expectations may result in disciplinary action or termination as a faculty member, educator, staff, or volunteer of the Indiana 4-H Youth Development Program.

Personal Liability Waiver

I understand that participating in 4-H activities can involve certain risks to me and I accept those risks. I hereby release and discharge The Trustees of Purdue University, The _____ County Commissioners, Purdue Extension - _____ County, and each of their trustees, officers, appointees, agents, employees and volunteers (“Released Parties”) from all claims which I might have for any injury or harm to me, including death, arising out of my participation in any activity related to the 4-H program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties, provided, however, the University stipulates that the Volunteer is an “Employee” as that term is broadly defined in the “Resolution of the Board of Trustees of the Trustees of Purdue University Clarifying and Reaffirming Policy on Indemnification (the “Indemnification Policy”), and is therefore eligible for indemnification, for any and all costs of defense including, but not limited to, reasonable attorney fees and expenses, claims, demands and judgments incurred by the Volunteer, as provided by the Indemnification Policy. I do not release the Released Parties from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.

- By checking this box and signing this form, I accept the terms and conditions of the Adult Behavioral Expectations and Personal Liability Waiver.
- By checking this box and signing this form, I am certifying that I am in compliance with all requirements established by the Purdue University ‘Use of Vehicles for University Business’ policy.
- By checking this box and signing this form, I authorize the Purdue University Cooperative Extension Service to conduct a search of the current national and state sex and violent offender registries and release any information found on the registries to the Purdue University Cooperative Extension Service.

Print Name

Date

Signature

Date

Educator Signature

Date

Please provide any updated contact information in this box below: (phone, address, email, etc.)

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| _____ _____ _____ |
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A copy of the Adult Behavioral Expectations for each faculty, educator, staff, and volunteer in 4-H Youth Extension programs will be signed and filed annually in the respective Extension/Departmental Office.

These Behavioral Expectations and related policies have been developed by faculty, educators, staff, and volunteers to strengthen the work of those who believe in the 4-H Youth Development Program.

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution.

This material may be available in alternative formats.