



ADULT VOLUNTEER LEADER ENROLLMENT FORM
Rio Arriba County

R9/21

2021-2022
4-H Year

FOR OFFICE USE ONLY
 Received: _____ Entered: _____

Complete

TODAY'S DATE/Fecha _____	4-H Club Name/Nombre del Club _____	Years as 4-H Volunteer/Año como voluntaria/o _____
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First Name/Primer Nombre _____	Middle Initial _____	Last Name/Apellido _____
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Mailing Address/Domicilio City/Ciudad State/Estado Zip Code/Código postal _____

Primary Phone/Teléfono Principal: (____) _____ Cell Home/Casa Work/Trabajo
 Secondary Phone/Secundario: (____) _____ Cell Home/Casa Work/Trabajo
 Cell Phone/Celular: (____) _____
 I would like to receive 4-H updates via text messages: Yes/Si No
Enviar actualizaciones de texto
 If yes, Cell Phone Provider/Proveedor de celular: _____
E-Mail Address/Correo electrónico _____
(newsletter will be sent to address provided) boletín informativos serán enviados aquí
Birthday/Fecha de nacimiento (Month/Day/Year/mes/día/año) ____ / ____ / ____
Gender/Género Female/Mujer Male/Hombre
I Live Where/Donde vivo yo? Farm/Ranch/Granja/Rancho Rural Town/Ciudad

Employment Information/Información de Empleo
Job Title/Título profesional: _____
Organization Title/Organización: _____
Employee: Are you an NMSU employee/Empleada/o de NMSU? No Yes/Si

Military/Fuerzas Armadas: No one in my family is serving in the military/
Nadie sirve en las fuerzas armadas
 Myself and/or spouse is in the military/*Yo o mi esposo servimos*
 I have a son or daughter in the military/*Mi hijo/a sirve*
 I have a sibling or parent serving in the military/*la familia sirve*

Branch/Component:

Ethnicity/Etnia: Are you Hispanic/Hispano? No Yes/Si
Race/Raza: (Check all that apply)
 American Indian or Alaskan Native/*Indoamericano o nativo de Alaska*
 Asian/Asiático Black or African American/*Negro o afroamericano*
 Native Hawaiian or Other Pacific Islander/
Indígena nativo de Hawái o islas del Pacífico
 White/Blanco Prefer Not to State/*Prefiero no decirlo*

I understand my role and expectations as a New Mexico 4-H Volunteer Leader includes annually enrolling as an adult leader and completing the Working with Minors Training.
Entiendo que mi función y expectativas como Líder Voluntario de 4-H de Nuevo México incluyen la inscripción como líder adulto y la Capacitación para Trabajar con Menores anualmente.

Signature/Firma _____ **Date/Fecha:** _____
Signature of Club Leader/Firma del Líder: _____

ENROLLMENT INFORMATION
 First Year Leader /Primer año
 Re-enroll (If you ever been in NM 4-H)
Reinscribirse

LEADER ROLE(S)/Trabajo de líder
 Please check ALL items below that best describe your 4-H responsibilities:
 Club Organizational Leader
 Assistant Organizational Leader
 Project Leader/Líder del proyecto
 Activity/Resource Leader/Líder de la actividad (Demonstrations judging, recreation, club communications)
 Area of Responsibility _____
 Multi-Club Leader
 Area of Responsibility _____
 Chaperone/Transportation/Chaperón
 Teen Leader/Líder adolescente

Project Information/Información del proyecto
 I will Provide a Flash drive/
Proveer memoria usb
 I will use Club's Flash drive/
Usare la memoria usb del club
 (Selecting this option - one flash drive will be utilized for all club member's projects)

Project # & Title Proyecto # Y Nombre	Project Material Needed	Years in Project 1st = 1
	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	
	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	
	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	
	<input type="checkbox"/> Yes/Si <input type="checkbox"/> 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, Address, City/State, Zip Code, County, Home/Work Phone, Cell Phone, Email, and disability/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 15 expectations for adults, including cooperating with staff, acting as a mentor, abiding by rules, orienting youth, enforcing behavior expectations, consulting with contacts, refraining from conflict, acting in the best interest, communicating appropriately, not using trust for personal advantage, avoiding sexual contact, and not ignoring bullying/harassment.

*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



New Mexico 4-H Media Release

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: Y 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