ADULT VOLUNTEER LEA Rio Arriba County		O21-2022 FOR OFFICE USE ONLY Complete I-H Year Entered:		
TODAY'S DATE/Fecha	4-H Club Name/Nombre del Club	Years as 4-H Volunteer/Año como voluntaria/o		
First Name/ <i>Primer Nomre</i> Middle Ini	tial Last Name/Apellido	ENROLLMENT INFORMATION □First Year Leader /Primer año □Re-enroll (If you ever been in NM 4-H)		
Mailing Address/Domicilio City/Cuidad	Reinscribirse			
E-Mail Address/Correo electronico (newsletter will be sent to address provide Birthday/Fecha de nacimiento (Month/Day/ Gender/Género □ Female/Mujer □Ma I Live Where/Donde vivo yo?□Farm/Ran Employment Information/Informacion de I Job Title/Título profesional: Organization Title/Organización: Employee: Are you an NMSU employee/Emp Military/Fuerzas Armadas: □ No one in my family is serving in the militar Nadie sirve en las fuerzas armadas □ Myself and/or spouse is in the military/Yo	□Cell □Home/Casa □Work/Trabajo lessages: □Yes/Si □ No roveedor de celular: ed) boletín informativos serán enviados aquí Year/mes/día/año) / / le/Hombre ch/Granja/Rancho □Rural□Town/Cuidad Empleo bleada/o de NMSU? □ No □ Yes/Si Branch/Component: ary/ o mi esposo servimos	LEADER ROLE(S)/ Irabajo de lider 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 □ Multi-Club Leader 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 Nomre Project Material Needed Years in Project 1st = 1		
□ I have a son or daughter in the military/ <i>Mi</i> □ I have a sibling or parent serving in the mi Ethnicity/ <i>Etnia</i> : Are you Hispanic/ <i>Hispano</i> ?	ilitary/la familia sirve	□Yes/Si □No		
Native Hawaiian or Other Pacific Islando Indígena nativo de Hawái o islas del F	can American/Negro o afroamericano er/	□Yes/Si □No		
I understand my role and expectations a Leader includes annually enrolling as an Working with Minors Training. Entiendo que mi función y expectativas como L	n adult leader and completing the íder Voluntario de 4-H de Nuevo México	⊡Yes/Si ⊡No		
incluyen la inscripción como líder adulto y la Ca anualmente. Signature/Firma Signature of Club Leader/Firma del Lí		□Yes/Si □No		

If you are an individual with a disability and need an auxiliary aid or service, please enter your required accommodations on Form 300.A-4 and notify County Extension Office. Si es una persona con discapacidad y necesita una ayuda o servicio auxiliar, por favor ingrese sus adaptaciones requeridas en el Formulario 300.A-4 y notifique a la Oficina de Extensión del Condado. New Mexico State University is an equal opportunity/affirmative action employer and educator. NMSU and the U.S Department of Agriculture cooperating.

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COOPERATIVE EXTENSION SERVICE U.S. Dept of Agriculture **300.A-4 (R-2017)** New Mexico 4-H Adult Medical and Liability Release Code of Conduct Contract and Media Release Form

Please Print

First Name:			Last Name:						
Gender: Male Female		Date of Birth:				Age:			
Address:									
City/State:			Zip Code:			County:			
Home/Work Phone:	Cell Phone:			Email:					
As a participant do you need an accommodation for a disability? Y N If yes, please list:			Do you have any food allergies? Y N If yes, please list:						
Have you had any change in criminal s	tatus since your mos	st rece	nt 4-H backgr	ound check?	Yes	No			
*If your answer is yes, please contact your County Extension Office for a new background check.									

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

- To cooperate with, support and empower adult staff and youth leadership as they facilitate the 4-H program.
- To oversee the health, safety, and whereabouts of the young people I am responsible for.
- To act as an informal mentor to young participants and model appropriate behavior.
- To abide by the same rules as the youth, spelled out in the Code of Conduct and Clothing Guidelines; including full participation and no use or possession of alcohol, drugs or weapons, before, during or after an event and until the youth are released from my responsibility.
- To orient youth participants as to expectations of dress, manners, safety, punctuality, etc., for the event and to answer concerns and questions of the youth.
- To enforce all written and signed behavior expectations established for youth participating in the 4-H Youth Development Program.
- To consult with local and/or state 4-H program contacts in determining appropriate disciplinary action in the case of inappropriate youth behavior.
- To refrain from causing or demonstrating conflict with other parents, volunteers, chaperones or agents in front of the youth.
- To act in the best interest of the youth in the event of an emergency.
- To communicate with fellow adults and youth in an appropriate manner with no swearing, cursing or abusive language in all forms of communication, including social media.
- To not use my position of trust for personal advantage or profit/gain through any form of communication, including social media.
- To avoid sexual contact of any type with youth and/or personal displays of affection with other adults in the presence of youth.
- To not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
 - If I will be transporting youth for any 4-H activity, I certify that I:
 - Have a valid driver's license.
 - o Understand the responsibilities of safe driving.
 - Have vehicle insurance, individual liability and medical coverage:
 - Insurance Company _____ Policy # _____
 - o Have no prior convictions for driving while impaired or driving while under the influence of alcohol or drugs.

*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.

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New Mexico State University 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

m 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):

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

Allergies or Reactions (check all that apply):

	11 0					
Aspirin	Penicillin	Dairy		Gluten		Peanuts
Insect Bites/Stings	Ivy/Oak/Sumac	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