

# 4-H ADULT APPLICATION FORM

UNIVERSITY OF CALIFORNIA – COOPERATIVE EXTENSION



NAME OF 4-H CLUB/UNIT	DATE OF ENROLLMENT
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FIRST NAME		LAST NAME	
MAILING ADDRESS			
CITY	STATE	ZIP	RESIDENCY: I live on a farm
(____) _____ HOME PHONE (WITH AREA CODE)	(____) _____ WORK PHONE (WITH AREA CODE)	(____) _____ CELL/FAX NUMBER (WITH AREA CODE)	
E-MAIL ADDRESS			

ETHNICITY: <i>(check all that apply)</i> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male  NUMBER of YEARS IN 4-H: _____ <i>(including this year)</i>
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## PROJECT INFORMATION

Club/Unit Name	Volunteer Type	Project Code <i>(see reverse)</i>	Project Name	Year in Role <i>(including this year)</i>
1.	Project Leader Ass't Proj Ldr.    Resource Other			
2.	Project Leader Ass't Proj Ldr.    Resource Other			
3.	Project Leader Ass't Proj Ldr.    Resource Other			
4.	Project Leader Ass't Proj Ldr.    Resource Other			

## ADMINISTRATIVE & OTHER VOLUNTEER INFORMATION

Club/Unit Name	Volunteer Type	Comments	Year in Role <i>(including this year)</i>
1.	Club/Unit Community Leader Club/Unit Ass't. Comm. Leader    Club/Unit Co-Community Leader Other (e.g. transportation)		
2.	Club/Unit Community Leader Club/Unit Ass't. Comm. Leader    Club/Unit Co-Community Leader Other (e.g. transportation)		

**By signing this document, I certify that they have read, understand, and agree to the terms of the following:**

- > 4-H Code of Conduct
- > Photo Release Statement

**Re-application in 4-H and an updated *Medical Treatment Form*, waiver of liability, and Volunteer Confidential Self-Disclosure Form must be renewed annually.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

County Use Only						Club Use Only			
									Cash or Check # _____
Member ID#	Family ID#	Waiver of Liability	Finger Print Cleared	Confidential Form	Orientation Date	Date Received	Code of Conduct	Medical Release Form	Fees Paid \$ _____

4-H Form 1039 (Rev. 4/02)    Yellow, Green, Lilac -County 4-H Office    Pink & White - Unit/Club Leader    Blue - Volunteer

**CONTINUED ON BACK**

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

The information on this form is being requested by Cooperative Extension of the University of California 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 him or her by contacting the local UCCE County Director; 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director, DANR - Statewide 4-H, One Shields Ave. Davis, CA 95616-8575.

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 comply with Title VI of the Civil Rights Act of 1964 and sex information is requested to comply 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 the following:

sex ethnic information residence location project name & number

Submission of the above noted information is voluntary. If the information is not submitted by the source, the County Extension 4-H Advisor may use his or her judgment to complete the information and satisfy Federal reporting requirements.

Other personal information on this form is being collected to provide the County Extension 4-H Advisors with information to assist them in program planning.

Submission of this information is voluntary for membership in all organized 4-H Clubs and in some 4-H Groups and activities as designated by the County Extension 4-H Advisor in charge. If the information is not submitted, the County Extension 4-H Advisor may not contact and/or include the individual in 4-H programs within the county. In addition, 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 insurance coverage.

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Dr., 6th Floor, Oakland, CA 94612-3550 (510) 987-0096.

## CALIFORNIA 4-H PROJECTS

### ANIMAL SCIENCE

2-A ANGORA GOATS  
2-B DAIRY GOATS  
2-C PYGMY GOATS  
2-D BEEF CATTLE  
2-E DAIRY CATTLE  
2-F SERVICE ANIMALS  
2-G DOG CARE & TRAINING  
2-H ENTOMOLOGY  
2-I BEES  
2-J HORSES & PONIES  
2-K PETS & SMALL ANIMALS  
2-L LLAMA  
2-M RABBITS  
2-N CAVIES  
2-O SHEEP  
2-P SWINE  
2-Q VETERINARY SCIENCES  
2-R POULTRY & GAME BIRDS  
2-S EXOTIC BIRDS  
2-T EMBRYOLOGY  
2-U THERAPEUTIC ANIMALS  
2-V LIVESTOCK JUDGING

### ENGINEERING

3-A AEROSPACE & ROCKETRY  
3-B AUTOMOTIVE  
3-C BICYCLES  
3-D ELECTRICITY/ELECTRONICS  
3-E GENERAL ENGINEERING  
3-G SAFETY  
3-I SMALL ENGINES  
3-J FARM MACHINERY  
3-K WOODWORKING  
3-L METAL WORK/WELDING

### FAMILY & CONSUMER SCIENCE

4-A CHILD DEVELOPMENT & CARE  
4-B CLOTHING & TEXTILES  
4-C CONSUMER EDUCATION  
4-E FOODS-NUTRITION  
4-F FOOD PRESERVATION  
4-H HOME ARTS & FURNISHING  
4-I MANAGEMENT, HOME & PERSONAL  
4-K PARENTING & CHILDHOOD  
EDUCATION (PACE PROGRAM)  
4-L FASHION REVUE

### HEALTH AND LEISURE

5-A CAMPING & OUTDOOR ADVENTURE  
5-B CREATIVE ARTS, CRAFTS & HOBBIES  
5-C HEALTH & PHYSICAL FITNESS  
5-D INDIVIDUAL & GROUP SPORTS  
5-E LEATHER CRAFT  
5-G PHOTOGRAPHY  
5-H CULTURAL ARTS & LEISURE ED.  
5-S SHOOTING SPORTS

### PLANT SCIENCE

6-A FIELD CROPS & MANAGEMENT  
6-C FORESTRY/CHRISTMAS TREES  
6-D FRUITS, NUTS & BERRIES  
6-F INDOOR/MINI GARDENS  
6-G ORNAMENTAL HORTICULTURE  
6-H OTHER PLANT SCIENCE  
6-I SUGAR BEETS  
6-K VEGETABLE GARDENS & CROPS

### RESOURCE SCIENCE

7-A CLIMATOLOGY  
7-B ENERGY MANAGEMENT  
7-C MARINE BIOLOGY  
7-D OCEANOGRAPHY  
7-E OTHER RESOURCE SCIENCE  
7-F SOIL & WATER CONSERVATION  
7-G WILDLIFE  
7-H SCIENCE LITERACY (YES, SERIES,  
ANIMAL AMBASSADORS)

### SOCIAL SCIENCE

8-A BEGINNING 4-H  
8-B CAREER EXPLORATION  
8-C CITIZENSHIP  
8-D COMMUNITY PRIDE  
8-E COMMUNICATIONS  
8-F DOMESTIC EXCHANGES  
8-G ECONOMICS & MARKETING  
8-H GRAPHIC ARTS  
8-I INTERNATIONAL EXCHANGES  
8-J LEADERSHIP DEVELOPMENT  
8-K COMPUTERS  
8-L SELF-DETERMINED  
8-M GROUP DETERMINED  
8-N INTERNATIONAL EDUCATION

For project resources, be sure to get a copy of the **California 4-H Curriculum Catalog** and visit the California 4-H WWW at:  
<http://www.ca4h.org>

# California 4-H Youth Development Program ADULT HEALTH HISTORY INFORMATION

*(This information is confidential and will be used only in case of emergency.)*

NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
EVENT: \_\_\_\_\_ SITE: \_\_\_\_\_  
COUNTY/STATE: \_\_\_\_\_ DATES: \_\_\_\_\_ / \_\_\_\_\_  
from to

I hereby certify that I am in good health and can travel to and participate in this 4-H function.

While I am attending or traveling to or from this 4-H function, **I HEREBY AUTHORIZE THE ADULT 4-H LEADER OR 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 esq.

## AUTHORIZATION AND CONSENT

\_\_\_\_\_ In the event of an emergency, please contact  
DATE SIGNATURE  
the following person: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DAY PHONE: (\_\_\_\_) \_\_\_\_\_ NIGHT PHONE: (\_\_\_\_) \_\_\_\_\_

## NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my receiving any medical attention in the event of illness or accident.

\_\_\_\_\_ DATE SIGNATURE

University policy and the State of California Information Practices Act of 1977 requires 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 needed medical treatment. You have the right to review University records containing personal information about you/your child, 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 at the Division of Agriculture and Natural Resources, 4-H, DANR, One Shields Avenue, University of California, Davis, CA 95616-8565. Only your own/your child's records are open to your review. Any known or foreseeable intergovernmental transfer which may be made of the information is as follows: None.

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# California 4-H Youth Development Program ADULT HEALTH HISTORY INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Are you subject to:	Yes	No	Do you now have or have you ever had:	Yes	No	
Colds	<input type="checkbox"/>	<input type="checkbox"/>		Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>		Lung trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>		Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>		Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		Has your appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>
Is your eyesight good?	<input type="checkbox"/>	<input type="checkbox"/>		Do you walk in your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
Is your hearing good?	<input type="checkbox"/>	<input type="checkbox"/>		Are you now under medical care?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of behavior disorders or treatment for emotional disturbances?				<input type="checkbox"/>	<input type="checkbox"/>	
List when you were last vaccinated for tetanus:				/ /		
				M D Y		

Please identify your allergies, including allergies to food, medications, or drug reactions you know about:

Please list any physical disabilities or disorders that may affect your participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that you are presently taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

Remarks and/or any special instructions:

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Dr., 6th Floor, Oakland, CA 94612-3550 (510) 987-0096.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. W.R. Gomes, Director of Cooperative Extension, University of California.

## Code of Conduct - 4-H Adult Volunteer Leaders

The following guidelines are to assist volunteer leaders in understanding what behavior is expected while performing within the course and scope of a 4-H Volunteer Leader. 4-H Volunteer Leaders are considered "Agents of the University of California" and must abide by all UC policies. The appointments of 4-H Volunteer Leaders are renewed on an annual basis.

To be appointed as a 4-H Volunteer Leader, you must:

1. Be at least 18 years of age;
2. Complete an enrollment form;
3. Complete the leader screening process including a Live Scan or BID-7 Applicant Finger Print Form;
4. Attend leader orientation meeting(s) offered by the county 4-H program staff.

Upon receiving a 4-H Volunteer Leader's Card, signed by the County Director, all 4-H Volunteer Leaders shall:

1. Respect the individual rights, safety, and property of others;
2. Be an active participant in the local Volunteer Management Organization;
3. Participate in routine volunteer leader training opportunities and activities;
4. Be committed to the core values, educational goals and standards of the 4-H Youth Development Program as set at various organizational levels;
5. Not act in any way detrimental to the 4-H Youth Development Program or in conflict with its policies or procedures;
6. Recognize and support the responsibilities of the 4-H program staff in setting program standards, priorities, and direction;
7. Not discriminate in any policies, procedures or practices on the basis of race, religion, color, national origin, sex, marital status, sexual orientation, age veteran status, mental condition (cancer-related) or disability;
8. Make reasonable efforts to provide access to 4-H related information and equal opportunities to youth in their community to participate in project activities, awards programs and other events and activities;
9. Have, if the 4-H Volunteer Leader is to use a motor vehicle for his/herself or for others, a valid driver's license, carry proof of automobile liability insurance, and make sure all passengers use seat belts when transporting 4-H members and leaders;
10. Not possess or use alcohol and/or illegal drugs (or be under the influence thereof) when involved in any 4-H event, meeting or activity;
11. When chaperoning 4-H members, not leave the delegation under your supervision or the grounds of the of the 4-H event unless you have received approval of the adult in charge of the event or delegation;
12. Not use obscene and discriminatory language at any 4-H activity;
13. Not sign a lease agreement or use permit with schools or other public or private facilities. All such agreements shall be forwarded to the Cooperative Extension County Director for review and approval;
14. Not be covered by California Penal Code Section 11166.5, which requires child care, custodians and others including 4-H camp and after school care programs to report suspected child abuse. However, if a 4-H volunteer reasonably suspects that a child has been the victim of child abuse, they should report it to the police or county child protective services. The 4-H leader making the report is immune from liability unless it can be proven that a false report was made and the volunteer knew it was false.
15. Provide a receipt for any money collected for insurance, literature, project-related supplies, or fund-raiders, and process these funds through the local 4-H Club, project group, or county 4-H Council treasuries;
16. Have the right to make written complaint concerning Cooperative Extension programs, policies, or personnel as described in the *4-H Handbook for Program Staff, Elements of Organization, Section 208, D*.
17. Complete the leader screening process including a Live Scan or BID-7 Applicant Finger Print Form; and attend a certification meeting before being appointed as a 4-H volunteer leader. Appointments are renewed on an annual basis.

### PENALTIES FOR INFRACTIONS:

Infraction of the Code of Conduct must be reported by anyone observing them to the 4-H Youth Development Staff and/or Cooperative Extension County Director. Penalties may include:

1. Discussion of the inappropriate actions with the 4-H leader, clarification of the policy.
2. Releasing the adult to the appropriate law enforcement agency.
3. Termination as a 4-H volunteer leader.

By my signature on the 4-H Adult Enrollment Form, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H volunteer leader is contingent upon my agreeing to this document and failure to comply with these guidelines may result in termination as a volunteer.

### 4-H Photo Release Statement

I understand that the photograph(s) taken of me by agents, employees, or representatives of The Regents of the University of California shall be used in connection with the University's dissemination of information on its public service and academic programs to the general public. I hereby irrevocably authorize The Regents of the University of California and its agents, employees, or representatives to copy, exhibit, publish, or distribute any and all such photographs of me or wherein I appear, including composite or artistic representations, and to use said photographs in all forms and media for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, where in my photograph(s) appears. By my signature on the 4-H Youth Enrollment Form, I acknowledge receipt and understanding of this release statement.

Participant's Name \_\_\_\_\_ Age (if minor) \_\_\_\_\_

Please Print

County \_\_\_\_\_

UNIVERSITY OF CALIFORNIA  
DIVISION OF AGRICULTURE & NATURAL RESOURCES  
4-H Youth Development Program

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver.** In consideration of being permitted to participate in any way in *California 4H 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*.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor or Adult Participant

\_\_\_\_\_  
Date

**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 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 risks 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 **unders tand 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

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, fund raisers, community service activities, volunteer trainings, fairs, and projects shown below:

## **California 4-H Youth Development Projects**

### **ANIMAL SCIENCE**

2-A ANGORA GOATS  
2-B DAIRY GOATS  
2-C PYGMY GOATS  
2-D BEEF CATTLE  
2-E DAIRY CATTLE  
2-F SERVICE ANIMALS  
2-G DOG CARE & TRAINING  
2-H ENTOMOLOGY  
2-I BEES  
2-J HORSES & PONIES  
2-K PETS & SMALL ANIMALS  
2-L LLAMA  
2-M RABBITS  
2-N CAVIES  
2-O SHEEP  
2-P SWINE  
2-Q VETERINARY SCIENCES  
2-R POULTRY & GAME BIRDS  
2-S EXOTIC BIRDS  
2-T EMBRYOLOGY  
2-U THERAPEUTIC ANIMALS  
2-V LIVESTOCK JUDGING

### **ENGINEERING**

3-A AEROSPACE & ROCKETRY  
3-B AUTOMOTIVE  
3-C BICYCLES  
3-D ELECTRICITY/ELECTRONICS  
3-E GENERAL ENGINEERING  
3-G SAFETY  
3-I SMALL ENGINES  
3-J FARM MACHINERY  
3-K WOODWORKING  
3-L METAL WORK/WELDING

### **FAMILY & CONSUMER SCIENCE**

4-A CHILD DEVELOPMENT & CARE  
4-B CLOTHING & TEXTILES  
4-C CONSUMER EDUCATION  
4-E FOODS-NUTRITION  
4-F FOOD PRESERVATION  
4-H HOME ARTS & FURNISHING  
4-I MANAGEMENT, HOME & PERSONAL  
4-K PARENTING & CHILDHOOD EDUCATION (PACE PROGRAM)  
4-L FASHION REVUE

### **HEALTH AND LEISURE**

5-A CAMPING & OUTDOOR ADVENTURE  
5-B CREATIVE ARTS, CRAFTS & HOBBIES  
5-C HEALTH & PHYSICAL FITNESS  
5-D INDIVIDUAL & GROUP SPORTS  
5-E LEATHER CRAFT  
5-G PHOTOGRAPHY  
5-H CULTURAL ARTS & LEISURE ED.  
5-S SHOOTING SPORTS

### **PLANT SCIENCE**

6-A FIELD CROPS & MANAGEMENT  
6-C FORESTRY/CHRISTMAS TREES  
6-D FRUITS, NUTS & BERRIES  
6-F INDOOR/MINI GARDENS  
6-G ORNAMENTAL HORTICULTURE

### **PLANT SCIENCE (Cont.)**

6-H OTHER PLANT SCIENCE  
6-I SUGAR BEETS  
6-K VEGETABLE GARDENS & CROPS

### **RESOURCE SCIENCE**

7-A CLIMATOLOGY  
7-B ENERGY MANAGEMENT  
7-C MARINE BIOLOGY  
7-D OCEANOGRAPHY  
7-E OTHER RESOURCE SCIENCE  
7-F SOIL & WATER CONSERVATION  
7-G WILDLIFE  
7-H SCIENCE LITERACY (YES, SERIES, ANIMAL AMBASSADORS)

### **SOCIAL SCIENCE**

8-A BEGINNING 4-H  
8-B CAREER EXPLORATION  
8-C CITIZENSHIP  
8-D COMMUNITY PRIDE  
8-E COMMUNICATIONS  
8-F DOMESTIC EXCHANGES  
8-G ECONOMICS & MARKETING  
8-H GRAPHIC ARTS  
8-I INTERNATIONAL EXCHANGES  
8-J LEADERSHIP DEVELOPMENT  
8-K COMPUTERS  
8-L SELF-DETERMINED  
8-M GROUP DETERMINED  
8-N INTERNATIONAL EDUCATION

**University of California Division of Agriculture and Natural Resources Cooperative Extension  
Volunteer Confidential Self-Disclosure Form**

Name \_\_\_\_\_ Unit/Club \_\_\_\_\_

Address/City \_\_\_\_\_ Phone \_\_\_\_\_

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 volunteer.** Local programs may also require additional information before appointing 4-H volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with Division of Agriculture and Natural Resources Administrative Handbook Section 402. Information on these policies may be obtained from the Controller and Business Service Director, ANR, 1111 Franklin Street, 6<sup>th</sup> Floor, Oakland, CA 94607-5200 or via the Internet at: <http://danr.ucop.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 drivers' license been suspended or revoked in the last ten years?  | Yes | No |
| 6. Do you have a valid drivers license?  | Yes | No |
| D.L.# _____ State _____  |     |    |
| 7. Do you have vehicle insurance? If so, describe coverage.  | Yes | No |
| 8. If you answered " <b>Yes</b> " to questions 1-5 (or "No" to 6 or 7), please explain.  |     |    |
| 9. 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? If you answered <b>a Yes</b> , please explain. | Yes | No |

By signing below, I certify that the information above and on my application is true and correct. In addition, I certify that I have read, understand and agree to the terms of the 4-H Code of Conduct. 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 generally for a period of one year, negotiable annually.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Instruction to the Applicant:** Place this application in a "Confidential" envelope and sign along the seal. The envelope is to then be forwarded to the County Cooperative Extension/4-H Office.

The University of California prohibits discrimination against or harassment of any person on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam-era veteran or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). University Policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Staff Personnel Services Director, University of California, Agriculture and Natural Resources, 300 Lakeside Dr., 6th Floor, Oakland, CA 94612-3550 (510) 987-0096.