



4-H Volunteer Leaders Application

Prospective Volunteer Name: _____
First Middle Maiden Last

Address: _____ City _____, State _____ Ward _____

Telephone Number : _____ Cell: _____ DOB: _____

Email Address: _____

Is your child in 4-H? Yes: _____ No: _____ If you answered Yes, which club, volunteer leader and school: _____

In case of emergency who should we contact for you: Name: _____

Address: _____ Phone _____ Cell: _____ - _____

Previous 4-H Experience : none _____ previous 4-Her: _____ previous volunteer: _____ n/a: _____

Available Hours: Monday _____ Tuesday _____ Wednesday _____

Thursdays _____ Friday: _____ Saturday: _____

Sunday: _____ What is your Hobby: _____

Have you ever been convicted of a crime? Yes _____ No _____ Have you ever been accused or convicted of a crime against a child? Yes _____ No _____ Have you ever been charged with child abuse? Yes : _____ No; _____ Has your driver's licenses been revoked for any reason? Yes: _____ No: _____

Will you consent to a Criminal Background check that includes both a state and federal review of your background? Yes _____ No _____

If you answered yes to any of the questions above please explain. _____

Are you interested in any of our specialized programs/? 4-H Summer Camp _____ 4-H LIFE _____ Health Rocks! _____

LifeSmarts _____ STEM _____ DC EnvironMentors _____ Operation Military Kids _____ 4-H International _____

CONSENT FORM - Adult

Name _____

Address _____

Phone/E-mail _____

School/Program Affiliation _____

The University System of the District of Columbia (“University” or “UDC”) seeks permission to record the likeness of your participation in today’s program Center for 4-H & Youth Development Program, hosted by the University’s College of Agriculture, Urban Sustainability and Environmental Sciences (“CAUSES”), for promotional purposes. The recordings may be used for educational, exhibition and reporting purposes. The recordings may also be used in other University related audio, video, print, digital, and electronic media formats (including but not limited to brochures, news articles, web site, radio and television advertisements).

By signing below, I hereby authorize the University and those acting pursuant to its authority to:

Record my likeness and voice on a video, audio, photographic, digital, electronic or other medium; and

Use my name in connection with these recordings; and

Use, reproduce, exhibit or distribute in any medium these recordings for promotional, educational, exhibition, and reporting purposes.

Conditions of Use:

1. The University will not include any details or full names of any adult in an image on video, on our website, or in printed publications, unless it is deemed appropriate by the University in the particular circumstance. .
2. The University will not include personal postal or e-mail addresses, telephone or fax numbers on video or the UDC website or in printed publications.
3. If the University uses images of individuals, it will not publish the names in the accompanying text or photo caption unless it is deemed appropriate in the particular circumstance, as in the case of an award presentation. If a person is identified in the text, the University will not use a photograph to accompany the article unless it is deemed appropriate in the particular circumstance, such as an award recipient. The University may use group or class images with very general labels.

I release the University from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

I have read the conditions of use and understand them.

Signature: _____ **Date:** _____

Your name (printed): _____

In cooperation with the U.S. Department of Agriculture and District of Columbia Government, Cooperative Extension Service and Agricultural Experiment Station programs and employment opportunities are available to all people regardless of race, color, national origin, gender, religion, age, disability, political belief, sexual orientation, marital status or family status.

PROGRAM EXPECTATIONS & WAIVER OF LIABILITY AGREEMENT

Center for 4-H & Youth Development Event

DATE AGREEMENT SIGNED _____

I, _____, have voluntarily agreed to participate in the above identified event or program taking place at the University of the District of Columbia and/or monitored or sponsored by the University of the District of Columbia (hereinafter "UDC") at the location provided above.

I understand and agree to the following:

My participation in organized events or field trips might require taking a shuttle, bus or other form of transportation. I am aware of the risks inherent in this type of activity, on and off the campus of UDC, from persons known and unknown and I assume those risks.

My participation in organized activities may be of a strenuous and/or physical nature. I am aware of the risks inherent in the performance of organized physical activity and I assume those risks.

UDC and its representatives may photograph and/or videotape me for the sole purpose of using the images in UDC publications (catalogs, brochures, reports, etc.), multimedia displays (slideshows, web pages, etc.) and/or other promotional projects at UDC.

I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in a performance or physical activity at the University of the District of Columbia ("UDC").

I further understand and agree that:

I am in good health and proper physical condition to participate in organized physical activities.

I do not have or exhibit behavioral or other conditions that would interfere with my ability to participate in the above identified event or program. If I need an accommodation for a disability or language interpreter, I shall make the appropriate request to the event or program director, prior to my arrival to the program, so that the proper arrangements can be made.

UDC and/or its representatives may authorize emergency medical treatment where necessary and in the determination of UDC and/or its representatives while attending the above identified event or program.

I will follow the registration, check-in and departure procedures at all times and will assume all responsibility. I will not arrive more than fifteen (15) minutes prior to the start of any event or program.

This release is intended to discharge, in advance, UDC, its officers, employees and agents, and the District of Columbia, its officers, employees and agents, from and against any and all liability, except for the officers,' employees,' or agents' sole negligence or intentional acts, connected in any way with my

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