



Fulton-Montgomery 4-H Member/Leader Enrollment Form - Page 1

Club Name: _____ Status (circle one): New Re-Enrollment

Last Name: _____ First Name: _____ MI: _____
Birth Date :(youth only) _____ 4-H age: _____ (as of January 1) Years in 4-H: _____
Home Phone: () _____ Mobile Phone: () _____ Other Phone: () _____
Email: _____ Email Newsletter? Y N
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
County of residence (circle one): Fulton Montgomery Township: _____
Current other 4-H club membership(s) _____

Is enrollee disabled? Y N Disability: _____ Require accommodation for program? Y N
School (youth only): _____
Is enrollee from a military family? Y N If yes, circle one: Active/Reserve/Guard? Branch: _____

Member Enrollment Category (circle one): Member or Cloverbud Is enrollee a Youth Leader? Y N
Volunteer Leader Enrollment Category (circle one): Organizational Project Activity Resource

Gender: M F Grade: _____/Not in School
Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+
Ethnicity: Hispanic/Not Hispanic
Race: ()White ()Black ()American Native/Alaska Native ()Asian ()Native Hawaiian ()White and Black
() White and Am. Native/AK Native () Black and Am. Native/AK Native () White and Asian

Table with 4 columns: Project Name, Project Code, Need Project Material?, Year in Project. Includes rows for Yes/No and blank lines.

I give my permission for the Cornell Cooperative Extension to use a photograph of my child for publicity.
I do not want the 4-H office to reveal my name, address, or phone number as part of a public record or list.

Member Signature _____ Leader Signature _____
Parent / Guardian Signature _____ Date: _____

(Over)

Cornell Cooperative Extension Volunteer Code of Conduct

Cornell Cooperative Extension (CCE) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned CCE volunteer activities.

To maintain a responsible relationship with Cornell Cooperative Extension (CCE) I will:

- Respect and adhere to CCE rules, policies and guidelines that relate to volunteer activity and the program(s) I serve;
- Execute CCE business in an ethical manner;
- Preserve the confidentiality of information about program participants and CCE internal affairs that has been entrusted to me;
- Refrain from using my CCE volunteer status for personal or business financial gain;
- Fulfill my assigned CCE volunteer duties including completion of required records or reports in a timely manner;
- Use time wisely and work cooperatively with CCE staff and other volunteers;
- Participate in required training programs and use the recommended CCE policies and procedures;
- Accept supervision and support from professional CCE staff and/or management volunteers.

To maintain respectful relationships with individuals encountered through CCE volunteer activities I will:

- Respect and uphold the rights and dignity of all CCE staff, other volunteers and all individuals who participate in CCE programs recognizing that people's values, beliefs, customs and strengths differ;
- Encourage participation of and respect for individuals of diverse backgrounds, cultures and perspectives;
- Commit no illegal or abusive act.

To maintain a safe and healthful environment for CCE program/activity/event participants I will:

- Follow child protection guidelines
- Refrain from inappropriate language and the use of alcohol especially in the presence of minors and never attend or participate in a CCE program/activity/event under the influence of alcohol or controlled substances;
- Use tobacco products only where legally permitted and refrain from the use of tobacco products while conducting or assisting in any CCE program/activity/event or in other group situations that may glamorize such use in the eyes of young people;
- Bring no firearm to any CCE program/activity/event except when essential to the purpose of the program/activity/event;
- Use any potentially dangerous item in accordance with the safety procedures prescribed for the program;
- Report all unsafe conditions and accidents to professional CCE staff as soon as possible;
- Handle any animals, machinery, equipment, vehicles or other CCE property that has been entrusted to me in a safe and responsible manner;
- Observe all state and federal laws with respect to power equipment and minors.

I permit the use of any photos, slides, films, or sketches of me taken during a CCE event to be used for publicity, advertising, and/or promotion.

I accept responsibility to represent CCE with dignity and pride conducting myself as a positive role model for CCE program/activity/event participants. I will adhere to the standards of behavior listed above.

Name _____ Date _____

Signature _____

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Signature _____

4-H YOUTH DEVELOPMENT –4-H Club Meeting & Activity Safety Plan



- b. Signage must be posted throughout the meeting space to remind users to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- c. Meetings Logs with a list of every person who may have close contact with other individuals will be kept at the CCE office.
- d. If any participant in a 4-H-sponsored meeting or event tests positive for COVID-19, they must communicate the results with the 4-H staff or Executive Director Brian Gilchrist.
- e. This 4-H Club Meeting & Event Safety plan will be posted on the CCE website and communicated to the 4-H volunteers and program participants via the 4-H newsletter, volunteer mailings and meetings.

VII. Exposure Response Process

- a. To prevent exposure, stay-at-home requirements apply to any youth participant or sibling, parent or volunteer that are exhibiting any health-related symptoms such as:
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
- b. If a 4-H participant tests positive following a 4-H sponsored event, the local health department will be notified and cooperate with contact tracing efforts, including sharing the list of those who had close contact with the individual during a 4-H sponsored event, while maintaining confidentiality required by state and federal laws and regulations.
- c. Isolation, containment and contact tracing procedures will be followed as required and advised by the CDC, NYS Department of Health, Fulton County Public Health and Montgomery County Public Health.

Affirmation:

Affirm you have reviewed and understand these safety expectations, and that you will implement them.

4-H Volunteer/Program Organizer: _____ Date: _____

4-H Issue Leader: _____ Date: _____

Please refer to 4-H Meeting Guidelines Due to COVID-19 that can be found on our website, <https://ccefm.com/>

