Lake County 4-H Volunteer Enrollment Form

NOTE: please fill out all information, do not leave any blanks.
One form for each volunteer 4-H web site: http://lake.ifas.ufl.edu/4-H/index.htm
Email's are used for monthly FYI's and are updated in our system each year.

Date: ___________ Name of Club: ______________________________

Name: _______________________________ _______________________________ __
LAST FIRST Initial

Address: _______________________________ Home: ______________________________

____________________________ FL ________________ Work: ______________________________
City Zip

E-Mail address: ______________________________

Birth date: ___/____/___ Male: ___ Female: ___ This will be my _____ yr volunteering

Check Race
White _____
Black _____
Asian _____
American Indian or Alaskan Native _____
Native Hawaiian or Pacific Islander _____

Check Ethnicity
____ Hispanic
____ NON Hispanic

Choose only one volunteer role.

____ OL* Organization Leader
____ RL* Resource Leader
____ PL* Project Leader ______________(project)
____ AL* Activity Leader

Circle which best describes where you live: 
Farm Rural/10,000 Town/10-15,000 Suburb/50,000 City/50,000

Disability: Do you require an accommodation for a disability to participate in this program? __________
Please explain: ____________________________________________________

Explanation of roles:

OL * Overall leader & organizer of club. Often involved with project teaching, program planning for meetings, 
community service projects, social events, etc.

RL * Provides assistance to club, such as fund-raising, provide snacks, phoning members & parents, serving as 
a guest speaker or judge.

PL * Assists members with in-depth study of specific projects.

AL * Gives leadership to one or more specific activities during the year, at club or County level.

If any of your own children are members of this club, please list.


Florida 4-H Adult Behavioral Guidelines

Families and other youth-serving programs place trust in the University of Florida IFAS Extension Service to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that merit this trust. For these reasons the following behavior guidelines are provided for volunteers working in the University of Florida Extension Services 4-H Youth Program. These behavioral guidelines have a common purpose; to help protect the youth participants from being affected by negative behavior of those chosen to be their leaders and those that have contact with the children at special programs and events.

- Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth; this includes foul and inappropriate language.

- Obey the laws of the locality, state, and nation.

- Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, creed, color, religion, national origin, gender, sexual orientation or disability.

- Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to the authorities.

- Do not participate in or condone, neglect or abuse which happens to 4-H youth participants outside the program and report suspected abuse to authorities.

- Treat animals humanely and teach 4-H youth to provide appropriate animal care.

- Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid license and the legally required insurance coverage.

- Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so.

- By signing this document you agree to adhere to the Lake County 4-H discipline policies created by the 4-H Agent and 4-H Advisory Council.

Failure to comply with any of these guidelines may be reason for termination as a volunteer.

I understand that my service to the University of Florida and Lake County Extension is entirely on a volunteer basis. I understand that I have the right to terminate my service at any time with or without cause and that the University of Florida and Lake County Extension has the same right.

_____________________________ _________                          _____________
Volunteer Signature        Date

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Revised 07-2011