

4-H Volunteer Enrollment



Enrolment Deadline is February 1, 2024

4-H Year: 2023-2024
October 1, 2023-September 30, 2024

Volunteer Information		
Legal First Name	Legal Last Name	
Email		
Gender Identity	Female	Male
	Prefer Not to Say	

Mailing Address (Line 1)		
Mailing Address (Line 2)		
City	State	Zip Code
Primary Phone	Are you a member of NMSU Collegiate 4-H?	Are you an employee of NMSU?
	Yes No	Yes No
Number of years in 4-H as a volunteer:	Did you participate in 4-H as a youth member?	If yes, number of years in 4-H as a youth member:
	Yes No	

Emergency Contact Information (Not listed above)
Emergency Contact Name
Emergency Contact Phone Number
Emergency Contact Relationship

Demographics		
Are you of Hispanic, Latino/a/x, or of Spanish origin?	Yes	No
Race (Choose all that apply):		
American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	
Asian	White	
Black or African American	Prefer Not to State	
Prefer to Self-Describe	Self-Describe as: _____	

Military Service of Family		
Military Service:	No one in my family is serving in the military	I have a family member who served in the military
If yes, branch of service:	Air Force	Navy
	Army	Marine Corps
	Coast Guard	Space Force
Branch component:	Active	Reserves



New Mexico 4-H Adult Medical and Liability Release Code of Conduct Contract and Media Release Form

Please Print

Form with fields for First Name, Last Name, Gender, Date of Birth, Address, City/State, Zip Code, County, Home/Work Phone, Cell Phone, Email, and disability/allergy questions.

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

- List of 15 expectations for adults, including cooperating with staff, acting as a mentor, abiding by rules, orienting youth, enforcing behavior expectations, consulting with contacts, refraining from conflict, acting in the best interest, communicating appropriately, not using trust for personal advantage, avoiding sexual contact, and not ignoring bullying/harassment.

*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.

Signature

Date



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

Table with 2 columns: Name, Relationship, Phone, Alternate Phone.

Physician & Insurance Policy Information

Table with 2 columns: 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):

Table with 4 columns listing medical conditions: 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.

Allergies or Reactions (check all that apply):

Table with 4 columns listing allergies: Aspirin, Penicillin, Dairy, Gluten, Insect Bites/Stings, Ivy/Oak/Sumac, Other (please list):

Please list any medications (prescription or non-prescription) you are currently taking:

Blank lines for listing medications.

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 _____