



Bay County 4-H Member and Volunteer Enrollment Form 2009-2010



INSTRUCTIONS: Complete *both sides* of this form.

For Office Use Only – Member Number: _____ - _____

Status: New Member Returning Member

Member Category (check one): Member General Leader Activity Leader Special
 Cloverbud (ages 5 to 8) Project Leader Resource Leader Other

Name: _____
Last Name First Name Middle Initial

Mailing Address: _____
Street City Zip Code

Home Phone: _____ Family E-mail Address: _____

School: _____ Grade: _____ Date of Birth: _____

4-H Age (as of 1/1/2010): _____ Year(s) in 4-H: _____ Gender: Male Female

Primary Club Name: _____

Please list any other 4-H Clubs? _____ Teen Leader? Yes No

Statistical Information: *The following information is collected for statistical purposes and to determine compliance with civil rights laws only.*

Race/Ethnic Origin

Are you of Hispanic ethnicity? Yes No

Check all of the following that apply:

- White (only)
- African American/Black (only)
- Asian (only)
- Native Hawaiian/Pacific Islander (only)
- White and Black
- White & American Indian or Alaskan
- White and Asian
- Black and American Indian or Alaskan
- Other Combinations
- American Indian or Alaskan

Residence

- Farm
- Rural area or town of less than 10,000
- Town or city of 10,000 to 50,000

Disability Status

- No disability
- Emotional
- Learning
- Mental
- Physical
- No Disability

Project Name:	Project Code	Youth Leader	Year in Project (Including this year)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Parent/Guardian Information

For Office Use Only – Parent Code: _____

Parent/Guardian(s) Name (PRINTED): _____
First Last

Work Phone: _____ Beeper/Cell: _____
First Last

Parent/Guardian's Signature: _____ Date: _____

Club Leader's Signature: _____ Date: _____

If you have any questions about completing this form, or if you need new or additional forms, contact MSU Extension - Bay County at: telephone (989) 895-4026, e-mail bay@msue.msu.edu, postal mail 515 Center Avenue Bay City MI 48708-5994.

For Organizational Leader Use Only

Participation Fee: \$10
 Paid Amount: _____ Date: _____
 Leader Initials: _____

Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status, or family status. Michigan State University is an affirmative-action equal opportunity institution.

CODE OF CONDUCT

The Bay County 4-H program is dedicated to providing high quality, non formal, educational opportunities that will help MSU Extension staff, leaders/volunteers, and youth thrive in a complex and changing world. Participation in Bay County 4-H programs is subject to the observances of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in or the entire county 4-H program. Determination of disciplinary action shall be done with input from the 4-H Advisory Council. MSU Extension staff, leader/volunteers, and youth understand that the use of the 4-H name and emblem is granted on the basis that membership in the program are open without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.

MSU Extension Staff Agrees to:

- Provide the volunteer with appropriate policies and procedures.
- Provide orientation about volunteer roles and the organization.
- Set educational tones and direction in conjunction with the appropriate MSU Extension committees.
- Offer leader training.
- Provide job description.
- Provide assistance, program support, and encouragement.
- Give recognition for time and energy devoted to MSU Extension.
- Implement ongoing affirmative action policies and assist volunteers in doing the same.

4-H Leaders/Volunteers Agree to:

- Meet leadership requirements and enroll as leaders.
- Follow the policies, philosophy, and procedures defined by staff and the appropriate Michigan State University Extension committees.
- Fulfill outlined job requirements with no monetary compensation.
- Be supportive of the MSU Extension program and its activities at all levels.
- Abide by the MSU Extension Volunteer Code of Conduct.
- Affirm that the MSU Extension program actively seeks members from every race, ethnic, religious, and socio-economic group.
- Supply MSU Extension - Bay County with all information about changes in the group or club, including membership, as they occur.

4-H Youth Agrees to:

- Under no circumstances, commit or threaten violence toward any individual, group or the program.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension youth activity or event.
- Under no circumstances, attend or participate in an MSU Extension youth activity or event under the influence of alcohol and or/ controlled substance.
- Abstain from harassment or bullying of another participant, volunteer or staff member, particularly when behavior is disrespectful as regards a person's gender, race, age, sexual orientation, religion, national origin, disability or appearance.
- Not cheat falsely represent my efforts related to my 4-H project activities.
- Show respect for, and cooperate with, fellow members, volunteers and staff.
- Follow 4-H policies and procedure when participating in any 4-H sponsored event.

MEDIA RELEASE AUTHORIZATION

I authorize Michigan State University Extension - Bay County to record the image and voice of the subject named below and give MSU Extension and all persons or entities acting pursuant to MSU Extension's permission and authority, all rights to use these recorded images and voice. I understand that said images and, or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner with out future or further compensation or liability, in perpetuity.

By signing below it means you have read and understand both the Bay County 4-H Code of Conduct and Media Release Authorization. You agree to abide by the rules stated above, and understand you may be removed as a participant from the activity or program, if you fail to follow these rules.

Print Subject's Name: _____ **Date:** _____

Signature of 4-H Participant: _____ **Date:** _____

Signature Parent/Guardian: _____ **Date:** _____

(If member is under the age of 18)