



4-H Medical Information/Release Form (Volunteer) 2011 – 2012

VOLUNTEER INFORMATION

Volunteer's Name _____ Name of Club Aquidneck Island Robotics (AIR)
 Permanent Address _____ Date of Birth _____ Gender _____
 City, State, Zip _____ Phone (H) _____ (C) _____ (W) _____
 Program(s): FLL (Grade 5 to 7) VRC/FTC (Grade 8 - 12) FRC (Grade 8 - 12) T-shirt Size: _____

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

TEAM CONTACT INFORMATION

AIR will periodically email important team information. Please list any and all email addresses you would like to be on this distribution.

➤ _____ ➤ _____ ➤ _____

HEALTH INFORMATION (Please Print)

Do you have any of the following conditions or a history of any of the following conditions? (**Check all that apply.**)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart or cardio-vascular problems/disease |
| <input type="checkbox"/> Convulsions/seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chronic bone, muscle or joint injuries |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other condition(s): (Please list) _____ | |

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> Other (list) _____ | | |

Are you currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.)

.....

Date of last tetanus shot (*approximate if necessary*): _____

TO BE READ AND SIGNED BY THE VOLUNTEER

BEHAVIOR EXPECTATIONS OF THE VOLUNTEER

I understand that as a volunteer I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I will follow safety rules for all tools and equipment. I also understand the danger of not following rules and directions and agree to follow them.

Volunteer Signature

Date

I understand that I must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform AIRs Board of Directors of any medication, ailment, condition, or injury that may affect my ability to participate safely.

MEDICAL EMERGENCY PERMISSION

My health history is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the URI Extension staff or AIR volunteers to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit (other than those covered by an accident insurance plan). In the event of an emergency where I cannot decide for my care, I give permission to the physician/hospital selected by the URI Extension staff or AIR volunteer to secure and administer treatment for myself, including hospitalization.

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

The URI Extension 4-H Program and AIR normally take photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Your initial below will be considered permission for URI 4-H Program and AIR to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to URI or AIR using you or your child's image or voice in this manner, please notify the 4-H program leader.

_____initial _____date

TRANSPORTATION

I understand that if personally-owned vehicles are used as transportation to and from URI 4-H Club events or activities, that the owner of the vehicle is responsible for any liability that might occur during the transportation. URI or AIR does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Rhode Island.

_____initial _____date

4-H CLUB ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I, _____, agree to participate in the 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that URI and AIR will provide each participant with reasonable care, but that URI and AIR cannot guarantee that I will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to participate as an AIR 4-H club volunteer in the 4-H club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Rhode Island, AIR, URI, and URI Extension and their officers, employees, volunteers, and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Volunteer Signature

Date

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture.

RHODE ISLAND 4-H VOLUNTEER APPLICATION

(To be submitted with a signed CANTS Clearance Form)

Name (Last, First, MI): _____ Home phone _____

Mailing Address _____ Email address _____

Town or City _____ State _____ Zip _____ 4-H Club/Unit Name _____

Employer _____ Work Telephone _____ Call in emergency only _____

For reporting purposes

(PLEASE CHECK ONE)

White _____ Black/African American _____ Asian _____ American Indian /Alaska Native _____
Native Hawaiian or other Pacific Island _____ White & Black _____ White & Asian _____
White & American Indian or Alaska Native _____ Black & American Indian or Alaska Native _____
All other Combinations _____

Gender: Male _____ Female _____ Do you live on a farm? Yes _____ No _____ Are you Hispanic: Yes _____ No _____

List experience that you have had with any other youth organization: _____

References. Please list at least 4 names of **non-family members, over the age of 18**, who are familiar with your character as it relates to working with youth. Responses from 3 must be received before application can be processed. **COMPLETE ADDRESSES REQUIRED.**

Name	Street Address	Town or City	State	Zip
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please respond to the following questions:

- Do you use illegal drugs? Yes _____ No _____
- Has your driver's license ever been suspended or revoked? Yes _____ No _____
- Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____
- Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of young people? Yes _____ No _____

If you answered "yes" to any of the above questions, please explain on the back of this Application.

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application or others who may have information concerning me. I hereby release and hold harmless from liability any person or organization that provides information.
- I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cooperative Extension 4-H Volunteer. I also agree to hold harmless URI, Cooperative Extension, 4-H and the employees and volunteers thereof. If appointed as Volunteer, I agree to abide by the expectations of Cooperative Extension, and to fulfill the volunteer responsibilities to the best of my ability.

Signature: _____ Date: _____

4-H provides equal opportunities in programs and employment without regard to race, color, national origin, sex, religion, age, disability, political beliefs, and marital or familial status.

6/2000

Authorization for Background Check

Applicant: _____
Last Name First Middle Maiden

_____ Date of Birth: _____
Others

Have you lived in Rhode Island for the past ten years? Yes _____ No _____

If you answered no, what state(s) have/do you in for the past ten years?

I hereby authorize the University of Rhode Island 4-H program to obtain information as a result of a criminal background check. I understand that the information obtained as a result of this check may be used by the University of Rhode Island 4-H program in determining my suitability to become a University of Rhode Island 4-H Volunteer. This authorization will expire upon receipt by the RI 4-H Office of the criminal background check or thirty (30) days after the date of this authorization appearing below. All decisions regarding the suitability of volunteers to work with children in the University of Rhode Island 4-H Program are at the discretion of the University of Rhode Island State 4-H Staff.

Signature of Applicant

Date of Authorization

2011-2012 Handbook Signoff Sheet

Please complete and return to your team leader

I, _____, as a club member of Aquidneck Island Robotics (AIR) 4-H Club, have read this handbook and hereby agree to the policies, procedures, rules, requirements, and guidelines conveyed. If I violate these rules, I understand and agree to the disciplinary actions listed in this handbook.

Signed: _____ Date: _____

Enrolled in (select all that apply):

- FLL
- FTC
- VRC
- FRC

For Youth Members Parents/Guardians only:

I, _____, as my child's parent/guardian have read this handbook and hereby agree to the policies, procedures, rules, and guidelines conveyed and will assist my child in following them. If my child violates the rules outlined, I understand and agree to the disciplinary actions listed in this handbook.

Signed: _____ Date: _____