

# Adult Enrollment Form

4-H Year: 2019-2020

Postal Mail  Email

Name (Last, First)	County	Family Email	Correspondence Preference
<b>Email</b> _____		<b>Prefix</b> _____	
<b>First Name</b> _____		<b>Middle Name</b> _____	
<b>Last Name</b> _____		<b>Preferred Name</b> _____	
<b>Mailing Address</b> _____		<b>City</b> _____	
<b>State</b> _____		<b>Zip Code</b> _____	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Primary Phone</b> _____	
<b>Cell Phone</b> _____		<b>Work Phone</b> _____	

## Enrollment

**Ethnicity** Are you of Hispanic ethnicity?  No  Yes (please indicate both an ethnicity and race)

**Race**  White  Native Hawaiian or Pacific Island  
 Black  Asian  
 American Indian or Alaskan Native  Prefer Not to State

**Residence**  Farm (rural area where agricultural products are sold)  Suburb of city more than 50,000  
 Town under 10,000 and rural non-farm  Central city more than 50,000  
 Town/City 10,000-50,000 and its suburbs

**Military**  No one in my family is serving in the military  I have a parent serving in the military  
 I have a sibling serving in the military

**Branch**  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy

**Component**  Active Duty  National Guard  Reserves

## Clubs

Enroll	Club	Volunteer Title if Applicable
<input type="checkbox"/> (Enroll)	_____	_____
<input type="checkbox"/> (Enroll)	_____	_____
<input type="checkbox"/> (Enroll)	_____	_____

## Projects

Enroll	Project	Club	Volunteer Title	Years in Project
<input type="checkbox"/> (Enroll) <input type="checkbox"/> (New Project)	_____	_____	_____	_____
<input type="checkbox"/> (Enroll) <input type="checkbox"/> (New Project)	_____	_____	_____	_____
<input type="checkbox"/> (Enroll) <input type="checkbox"/> (New Project)	_____	_____	_____	_____
<input type="checkbox"/> (Enroll) <input type="checkbox"/> (New Project)	_____	_____	_____	_____

# Additional Information

## Personal Information

Marital Status \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Zip \_\_\_\_\_

Is your Mailing Address the same as your residence  Yes  No

Residence City/Town \_\_\_\_\_

Residence State \_\_\_\_\_

## Employment Information

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Employment City/Town \_\_\_\_\_

Occupation \_\_\_\_\_

Length of Current Employment \_\_\_\_\_

## Volunteer Involvement

Years as a 4-H Volunteer? (including this year) \_\_\_\_\_

Do you work directly with Youth  Yes  No

Type of 4-H Groups? (if applicable)  Clover Kids  Curriculum Enrichment  Special Interest  Expanded Nutrition Program - Youth  Not Applicable

Type of 4-H Clubs you Volunteer With  Community  Community Partnership  Military  Project  School  After-School  Not Applicable

## 4-H Friends and Alumni Information

Are you a 4-H Alumni? \_\_\_\_\_

If yes, what county? \_\_\_\_\_

If yes, what state? \_\_\_\_\_

Are you willing to receive direc mailed information from the Texas 4-H Friends and Alumni Association?  Yes  No

# 2019-2020 TEXAS 4-H & YOUTH DEVELOPMENT PROGRAM

Program Name

## CAMP & ENRICHMENT PROGRAM WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment

due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/ permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature:  
(If participant is under 18 years old) \_\_\_\_\_

Parent or Legal Guardian Printed Name:  
(If participant is under 18 years old) \_\_\_\_\_

**In case of emergency, contact  
at the following number** \_\_\_\_\_

**If the participant has medical insurance, please indicate:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Primary Policy Holder:** \_\_\_\_\_

**Please list any special services your child may require:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Volunteering Screening

The following information is REQUIRED in support of the Texas 4-H and Youth Development Program's commitment to continually guarantee the safety of the members during 4-H participation.

I verify that I have been previously screened including a criminal background check and PASSED.: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, by who?: \_\_\_\_\_

When (year)?: \_\_\_\_\_

Did you pass?: \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, what restrictions were imposed?: \_\_\_\_\_

If you have been screened and passed a criminal background check through a school district or other Extension-approved entity, a letter written from the screening entity stating you have been screened and passed must be submitted to the Texas 4-H and Youth Development Office, 4180 State Hwy 6 South, College Station, TX 77845, Fax: 979-845-6495, Email: yps@ag.tamu.edu.

## PERSONAL INFORMATION (To be completed by volunteers 18 years or older)

Date of Birth: \_\_\_\_\_

Do you have a current/valid driver's license?: \_\_\_\_\_ YES \_\_\_\_\_ NO

Driver's License Number: \_\_\_\_\_

Do you have automobile liability insurance?: \_\_\_\_\_ YES \_\_\_\_\_ NO

Other names you have used, including maiden name: \_\_\_\_\_

FIRST 5 DIGITS ONLY (no dashes) of Social Security number (required to do background check): \_\_\_\_\_

Have you ever been convicted of or received deferred adjudication for a violation of any local, state or federal law, other than (1) a minor traffic violation for which the fine was \$200 or less, or (2) any offense which was finally settled in a Juvenile Court or under a Welfare Youth Offender Law? (This includes a plea of guilty or no contest.): \_\_\_\_\_ YES \_\_\_\_\_ NO

*If yes, list all convictions below, from oldest to the most recent.*

Date of Conviction (MM/YR): \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Description of Offense (Do not use abbreviations): \_\_\_\_\_

Date of Conviction (MM/YR): \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Description of Offense (Do not use abbreviations): \_\_\_\_\_

## REFERENCES

Reference #1 Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference #2 Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference #3 Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

My acknowledgement below indicates that:

- I give permission for photos or videotapes of myself to be reproduced for promotional or educational purposes.
- I give permission to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I may choose not to participate in surveys or evaluations without any impact on my eligibility to serve with the Texas AgriLife Extension Service. I understand that I will be asked for my verbal assent before completing a survey or an evaluation.

I hereby authorize verifiYI and/or its Service Provider and the Texas A&M AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other

entities including my present and Past Employers. I authorize the Texas AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas A&M AgriLife Extension Service.

The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to veriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

I also understand that the criminal history could contain information presumed to be expunged. I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to veriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

**Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Last Approved Screening Year** \_\_\_\_\_ **Screening Expiration Year** \_\_\_\_\_

**County Office Use Only**

Received in County Office

Entered in 4-H CONNECT