

Texas 4-H

Programs for Minors

Texas A&M System Regulation 24.01.06

Item: Background Checks – must be completed on all employees annually and adult (age 18 and older) volunteers every three years. Employee background checks are completed by Texas A&M Human Resources. Volunteers complete through 4-H Connect online registration. Program Managers are responsible for verifying date of background check and maintaining documentation for two years.

Item: Child Protection Training – All employees and adult (age 18 and older) volunteers must complete Child Protection Training every two years and prior to the start of a program for minors. Employees complete training in TrainTrac. Volunteers complete training through 4-H Connect. Program Managers are responsible for verifying completion date of training and maintaining documentation for two years.

Item: Waiver, indemnification and medical treatment authorization forms collected prior to the start of the event. Documentation maintained for three years.

Instructions to download documentation from 4-H Connect

Step 1 – login to 4-H Connect

Step 2 – Under Enrollment Tab, enter name of volunteer or youth in the Keyword(s) box, select county from dropdown menu and *SEARCH*

Step 3 – Beside name click on *Login*

Texas 4-H and Youth Development [2018-2019] Texas 4-H - Youth Leadership (State) Home | Logout

Enrollment Events Animals Connect Finances Data Quiz Bowl

Search My Account Managers Employees Clubs Projects Activities Awards Groups Payments Export Confirm Volunteers Reports

Quick Videos Quick Exports Quick Reports

Members/Volunteers Families Projects Activities Awards Groups Training

Keyword(s) (4-H Age, Address, Birthdate, Email, First Name, Preferred Name, Last Name, Primary Phone)
 Warwick Search Clear Filters

Travis Enrollment Date From To Clear Dates Flagged Yes No Gender Male Female

Role Status Volunteer
☒ Adult ☐ Contact ☐ Custom ☐ Youth ☒ Active ☒ Archived ☐ Inactive ☐ Incomplete ☐ Not Participating ☐ Pending ☐ Short-Term ☐ Yes ☐ No

3 records returned

Flag Options Add Flagged Add Family Email to Flagged Members Email to Search Results

Name	V	Years	Member #	County	Status	Grade	Role	Gender	Primary Club	Enrollment	Approved	Login
Warwick, Collin	V	8	15528	Travis	Inactive		Adult	Male	Hill Country Austin 4-H	Aug 10, 2018		Login
Warwick, Tina	V	4	15523	Travis	Active		Adult	Female	River City 4-H	Sep 19, 2018	Sep 19, 2018	Login
Warwick, Trent	V	10	16091	Travis	Inactive		Adult	Male	River City 4-H	Sep 07, 2017	Sep 20, 2017	Login

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 You are connected to TEXAS 4-H 4HOnline v1.3 Revision 2018.06.12.335

Step 4 – scroll down to Member Reports

Member/Enrollment/Group.aspx

load Center - Zo... eCampus - Learning... Google Scholar https://www.google.c... Getting Started Sign In Training Curriculum D... Texas 4-H | States 4-H Internation... Division of Human Re...

Manager Control Panel

View: Active Records

Find Member: Order member name... Clear

Find Family: Order family name... Clear

Create New Family (enter family name): Create Family

Warwick Family

Member: Collin Warwick (17) *Collin Warwick (21) Tina Warwick *Tina Warwick (25) Add Adult Add Youth

Member Reports

Report: select a member... Report

Register & Member In An Event - Only Members with an 'Active' Enrollment Status May Register

Member: select a member... Event:


Step 5 – Select member from *Member:* drop down menu

Step 6 – Select a report from *Report:* drop down menu (click on any of the reports below and the report/certificate will appear)

- Child Protection Certificate – note the Date of Completion, must be within two years of the start of a program for minors
- Volunteer Screening Certificate – note the Year Screened and the Screening Expiration, must be within three years of the start of a program for minors

- Health Form – Waiver, Indemnification, Authorization for Medical Care, Emergency Contact (IF completed AND signed)

Certificate of Completion	
CHILD PROTECTION TRAINING Course Name	TRAINING COURSE APPROVAL #: CPM12-0066 Texas Department of State Health Service
Tina Warwick Name of Recipient	
Date of Completion: 01/10/2014	Score: 100
Course Facilitator: 4-HCONNECT Signature	06/14/2019 Date
Texas 4-H & Youth Organization	State 4-H Office Position
 THE TEXAS A&M UNIVERSITY SYSTEM	 TEXAS 4-H
 TEXAS A&M AGRI LIFE EXTENSION	

AgriLIFE EXTENSION Texas A&M System	
The Texas 4-H and Youth Development Program hereby acknowledges	
Tina Warwick as a Texas AgriLife Extension Service 4-H and Youth Development Program Volunteer.	
This certificate is official notification that the individual named above has been screened through the Youth Protection Standards Program and can serve fully, or in part (as indicated below), as a volunteer.	
2016-2017 Year Screened	2019-2020 Screening Expiration
	
No Restrictions	
Individual programs of the Texas AgriLife Extension System are open to all people without regard to race, color, sex, disability, religion, age, or national origin. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners County of Texas are hereby certified as equal opportunity providers.	

Member - Health Form

4-H Year: 2019-2020

4hOnline

Joe 4-H Member

Gonzales

abc.email@def.com

Name	County	Family Email
First Name	Joe	Middle Name
Last Name	Member	Mailing Address
City	City	State
Zip Code	12345	Birth Date
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Primary Phone
Cell Phone	555-555-5555	Grade

Parent / Guardian 1

First Name	Mr.	Last Name	Member
Cell Phone	555-555-5555	Work Phone	
Work Extension			

Parent / Guardian 2

First Name	Mrs.	Last Name	Member
Cell Phone	555-555-5555	Work Phone	
Work Extension			

Second Household

Family Name	First Names
Primary Phone	

Emergency Contact

Name	Mr. Member	Phone	555-555-5555
Email		Relationship	Father

Health Questions

TEXAS 4-H AND YOUTH DEVELOPMENT PROGRAM EVENTS AND ACTIVITIES

4hOnline

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“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 while participating in this activity, while travelling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES. 2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my participation and conduct in this activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does 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 sponsor, a governmental unit of the State of Texas, 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 associated with this activity 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 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, 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, 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 while receiving medical care or in deciding to seek medical care, including while travelling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES. 6. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.7. 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. For youth engaging in extracurricular activities: I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

Signed this day	08/22/2019	Participant Signature (Please type name)	Joe 4-H Member
Participants Date of Birth	00/00/2000	Parent or Legal Guardian Signature: (if participant is under 18 years old)	Mr. Member
Parent or Legal Guardian Printed Name: (if participant is under 18 years old)	Mr. Member		
EMERGENCY CONTACT			
In case of emergency, contact	Mr. Member	at the following number	555-555-5555
IF THE PARTICIPANT HAS MEDICAL INSURANCE, PLEASE INDICATE:			
Insurance Company	Insurance Company name	Policy/Group Number	
Name of Primary Policy Holder	Primary Policy Holder Relationship to Participant		
Participants Primary Care Physician	Participants Primary Care Physician Phone		
GENERAL HEALTH INFORMATION			
My child's allergies, physical or medical conditions, and current medication(s) are as follows:			

Member - Health Form**4-H Year: 2019-2020**

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As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: Mr. Member

Date:

08/22/2019