



For Office Use Only
4-H YEAR: _____ 4-H AGE: _____
LAST NAME: _____
CLUB: _____

For Office Use Only: Residence
1. Farm
2. Rural area or town of less than 10,000
3. Town or city of 10,000-50,000
4. Suburb of a city over 50,000
5. City of over 50,000



UAPB 4-H MEMBERSHIP APPLICATION

YOUTH APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Are you Hispanic or Latino? _____ Race: _____

Do you have a parent or sibling serving in the military? _____ If yes, who, and which branch(es)? _____
 Yes No

Grade: _____ School: _____

Current Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____ Phone: _____ Secondary Phone: _____

Are you a 4-H Volunteer? (Club officer, Junior Leader, etc.) If yes, in what capacity?
 Yes No

PARENT INFORMATION
PLEASE CHECK IF EMERGENCY CONTACT(S) ALSO

Parent 1

Full Name: _____

Relationship to Applicant: _____ Primary Phone: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ ZIP Code: _____

Are you a 4-H Volunteer? (Chaperone, Club Leader, Project Leader, etc.) If yes, in what capacity?
 Yes No

Parent 2

Full Name: _____

Relationship to Applicant: _____ Primary Phone: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ ZIP Code: _____

Are you a 4-H Volunteer? (Chaperone, Club Leader, Project Leader, etc.) If yes, in what capacity?
 Yes No

EMERGENCY CONTACT
IF DIFFERENT THAN PARENT INFORMATION

Full Name: _____

Relationship to Applicant: _____ Primary Phone: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ ZIP Code: _____

CLUB INFORMATION

Which 4-H Club(s) are you joining: _____ Project Choice: _____



For Office Use Only		For Office Use Only: Residence <input type="checkbox"/>
4-H YEAR: _____	4-H AGE: _____	
LAST NAME: _____		
CLUB: _____		<ol style="list-style-type: none"> 1. Farm 2. Rural area or town of less than 10,000 3. Town or city of 10,000-50,000 4. Suburb of a city over 50,000 5. City of over 50,000



**UAPB 4-H MEMBERSHIP APPLICATION
IMAGE RELEASE CONSENT FORM**

As part of our UAPB 4-H Youth Development Program we take photographs and videos of children in action as they participate in the classrooms, meetings, field trips, county and state events, etc. We would like you to indicate below whether you give your consent to the use these images of your child. This is completely up to you. By your signature on this form, you are giving consent for the UAPB 4-H Youth Development Program to use your child’s name, picture, portrait (video or still), written work, art work, voice and verbal statements to help further educate others about the benefits of the UAPB 4-H Youth Development Program. This includes but is not limited to pamphlets, brochures, curriculum, informational booklets, and newspaper publications. Some images may also be used at meetings, lectures, and workshops designed to educate the community about the UAPB 4-H Youth Development Program. Some images of your child may be used on the University of Arkansas at Pine Bluff website. Those who agree understand that there will be no monetary compensation for the use of images, and that the picture, portrait (video or still), written work, art work, voice and verbal statements may be used in subsequent years. They also understand that consent and release have been given without coercion or duress. This agreement is binding upon heirs and/or future legal representatives. If the signees involved wish to rescind this agreement, they may do so at any time with written notice.

I have read the above description and give my consent for the use of the images as indicated above.

-----OR-----

Please do not use ANY images of my child(ren) in ANY way.

Child(ren)'s name(s): (please print)

Parent/Guardian Signature *Parent/Guardian Name (please print)* *Date*



For Office Use Only		For Office Use Only: Residence	
4-H YEAR: _____	4-H AGE: _____	1. Farm	<input type="checkbox"/>
LAST NAME: _____	CLUB: _____	2. Rural area or town of less than 10,000	
		3. Town or city of 10,000-50,000	
		4. Suburb of a city over 50,000	
		5. City of over 50,000	



UAPB 4-H MEMBERSHIP APPLICATION MENTEE CONTRACT

Event Coordinators or designees are encouraged to discuss all rules and regulations governing an event or activity, including the Code of Conduct, with leaders and 4-H members prior to, or at the beginning of each event or activity.

All 4-H members are expected to be responsive to the reasonable requests of the adults in charge.

UAPB 4-H Mentee: I, _____ as a participant in the UAPB 4-H Youth Development Program, a Youth Development Program sponsored by USDA-NIFA and the University of Arkansas at Pine Bluff, do hereby accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities.
2. I will conduct myself in a respectful and courteous manner at all times.
3. I will realize that I will be in constant contact with people from varying cultures and ethnic affiliations, and I will treat those likenesses and differences with the utmost respect.
4. I will not smoke, use tobacco products, or use drugs or alcohol during UAPB 4-H Youth Development Program events, and I understand that if I were to do so, I will be sent home immediately AT MY PARENT’S EXPENSE AND WITHOUT REFUND.
5. I will not engage in fraternization, cohabitation or co-mingling of any kind during the program. Friendships are encouraged from a platonic standpoint only. Any disregard in this matter, or any other infractions may be cause for dismissal from the program, and my parents will be alerted of the misconduct.
6. I understand that I may be held responsible for any damage to equipment or facilities.
7. I understand that all profanity, horseplay, fighting, or inappropriate acts is prohibited.
8. There will be no aggressive behavior tolerated at any time. This includes fighting, bullying, cyber-bullying, undue persuasion, assault, cursing, and general disregard for myself, and the people around me.
9. Student will respect all facilities on and off campus, at all times.
10. The use of cell phones and other handheld devices is strictly prohibited during the presentations. For any such misuse, the instrument will be confiscated until the end of the program.
11. Appropriate attire will include fingertip length shorts or pants. No student will be allowed to wear overly provocative or offensive clothing.
12. If there are any discrepancies of any kind, they should be brought to the attention of the Mentor and/or SAFHS Staff and/or 4-H Staff and handled accordingly. No infractions of any kind should be handled by the students.



For Office Use Only		For Office Use Only: Residence <input type="checkbox"/>
4-H YEAR: _____	4-H AGE: _____	
LAST NAME: _____		
CLUB: _____		
<ol style="list-style-type: none"> 1. Farm 2. Rural are or town of less than 10,000 3. Town or city of 10,000-50,000 4. Suburb of a city over 50,000 5. City of over 50,000 		



Here are some clear examples of major and minor offenses:

Major Offenses

The following acts of misconduct are considered major offenses that may result in immediate removal from an activity or event. When a UAPB 4-H member is found to have committed a major offense, he or she could possibly be suspended from participation in county, district, state, regional, national, and international 4-H activities for a period of up to 12 months or greater. The disciplinary action will be determined and issued by the UAPB 4-H Director.

- Possession or use of illegal drugs or alcoholic beverages.
- Theft, misuse or abuse or destruction of public or personal property.
- Sexual misconduct.
- Possession of unauthorized weapons or fireworks.
- Unauthorized absence from the premises of the event.
- Assault or threatening a person with a weapon or bodily harm.
- Smoking or using tobacco products.
- Violating the International Association of Fairs and Expositions National Code of Show Ring Ethics

Minor Offenses

The following acts of misconduct are considered minor offenses that may require the 4-H member to appear before the UAPB 4-H Director and the UAPB 4-H Staff.

- Breaking curfew hours or disturbing others. "Curfew" means in own room and not disturbing others. Males and females may not be in the same sleeping room at any time except in rooms reserved for families.
- Unexcused absence from the activities of the event.
- Unauthorized use of vehicle during the event.
- Use of foul or offensive language.
- Reckless behavior.
- Visitation by non-registered persons.

I will adhere to these and all other rules of the UAPB 4-H Youth Development Program.

Signatures (Both signatures are required for participants under 18 years old)

I have read and understand the above Contract and will abide by the expectations described in said contract. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

4-H Member Signature _____ Date _____

I have discussed and reviewed the Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which include no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that if I refuse to pick up my child, if I am unavailable, or if I fail to make timely arrangement to retrieve my child, 4-H program event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent /Guardian's Signature _____ Date _____

Phone numbers where Parent or Guardian may be reached:

(Note: Failure to have this form with the required bona fide signatures above on file in the county UAPB Extension office shall be sufficient reason to disqualify a member from further participation in the 4-H program and may result in disciplinary action for the UAPB County Extension 4-H Director.)



For Office Use Only

4-H YEAR: _____ 4-H AGE: _____
 LAST NAME: _____
 CLUB: _____

For Office Use Only: Residence

1. Farm
2. Rural area or town of less than 10,000
3. Town or city of 10,000-50,000
4. Suburb of a city over 50,000
5. City of over 50,000



Check here if special attention is required.

**UAPB 4-H MEMBERSHIP APPLICATION
HEALTH FORM**

County _____

Member's Name _____ Age _____ Gender _____

Address _____ Phone (____) _____

In case of emergency notify: Name _____ Address _____ Phone (____) _____

Relationship to above member : _____

Alternate Contact in Emergency: Name _____ Phone (____) _____

Special Food/Dietary Restrictions _____

Do you have any health problems or disabilities that require special attention? Yes _____ No _____

If yes, please describe _____

Family Physician or Clinic _____ Address _____ Phone (____) _____

Health History

Member has or is subject to: (check if yes)

Allergies or reactions to: (check those appropriate)

Member has difficulty with: (check if yes)

- Asthma
- Convulsions
- Fainting Spells
- Bronchitis
- Diabetes
- Heart Trouble
- Other (list) _____

- Drugs
 - Penicillin
 - Aspirin
 - Other (list) _____
- Foods (what foods) _____
- Hay fever
- Insect bites or stings
- Ivy, oak and/or sumac poisoning

- Eyes, ears, nose, throat
- Digestion
- Menstrual problems
- Lungs
- Bed wetting
- Sleep walking
- Other (list) _____

List any specific activities to be restricted: _____

When necessary, Extension personnel may give my child over-the-counter medications (examples: aspirin, Benadryl, Tylenol, etc.)

- Yes
- No



For Office Use Only		For Office Use Only: Residence
4-H YEAR: _____	4-H AGE: _____	
LAST NAME: _____		
CLUB: _____		1. Farm 2. Rural area or town of less than 10,000 3. Town or city of 10,000-50,000 4. Suburb of a city over 50,000 5. City of over 50,000



UAPB 4-H MEMBERSHIP APPLICATION HEALTH FORM, continued

Date of last Tetanus Immunization: _____

- Tetanus antitoxin
- Tetanus toxoid

Member has a condition now requiring medication:

- Yes
- No

If yes, please indicate condition _____

Is medication in possession of member?

- Yes
- No

Name of medication(s) _____

When water sports are a part of the activity, my child may participate in:

Swimming:

- Yes
- No

Diving:

- Yes
- No

Canoeing or Boating:

- Yes
- No

Parent Authorization

(Must be signed below by either Parent or Guardian.)

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas at Pine Bluff, the Arkansas 4-H Foundation, the UAPB Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity. I understand and accept the above statement and further authorize each of the following:

- A. The health history listed above is correct and the above-named member has my permission to engage in all program activities except as noted.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the UAPB Cooperative Extension Service in order to process claims.
- D. I understand that I am financially responsible for charges not covered or paid by the 4-H event insurance and hereby guarantee full payment to the attending physician(s) and/or health care unit(s).

Signature of Parent or Guardian _____ **Date** _____