



**2024-2025 Louisiana 4-H Youth Development Program
4-H Volunteer Enrollment Form
St. John the Baptist Parish**

VOLUNTEER INFORMATION

Do you have youth within your household enrolled in 4-H?? Yes _____ No _____ T-Shirt Size: _____

FIRST NAME (REQUIRED) MIDDLE NAME LAST NAME (REQUIRED)

MAILING ADDRESS, CITY, STATE, ZIP CODE(REQUIRED)

DATE OF BIRTH EMAIL ADDRESS (non-school email address) MOBILE NUMBER

GENDER (REQUIRED)

- _____ Female
- _____ Male
- _____ Prefer Not to Respond

ETHNICITY (REQUIRED)

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino
- _____ Prefer Not to State

RESIDENCE (REQUIRED)

- _____ Farm
- _____ Town Under 10,000 Or Rural – Non-Farm
- _____ Town, City or Suburb 10,000 – 50,000
- _____ City or Suburbs with more than 50,000
- _____ City, Central, more than 50,000

RACE (REQUIRED)

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Pacific Islander
- _____ White
- _____ Other (race not listed)
- _____ Prefer Not to State

EMERGENCY CONTACT INFORMATION

FULL NAME (REQUIRED) RELATIONSHIP TO ADULT (REQUIRED)

PHONE NUMBER (REQUIRED) VALID EMAIL ADDRESS (REQUIRED)

VOLUNTEER ROLE

_____ Club Leader _____ Project Leader _____ Advisory/Foundation Member

NAME OF SCHOOL (If Club Leader is selected): _____

Would you be willing to serve as an overnight chaperone for 4-H events? _____ Yes _____ No

If yes, which overnight event would you like to chaperone? (All volunteers must complete an online overnight chaperone training)

_____ 4-H Summer Camp (Summer 2025) _____ 4-H University (June 17-20, 2025) _____ 4-H Awards Trip (TBD)

TURN OVER AND COMPLETE BACKSIDE

FOR 4-H OFFICE USE ONLY:
Date Entered in 4-H Online: _____
Initial of Extension Staff Who Entered Information: _____

MILITARY SERVICE OF FAMILY MEMBERS (Youth can receive reduced rates due to 4-H partnerships with military branches)

- I am serving in the Military.
- I have a family member serving in the Military
- I have a family member who retired from the Military
- I have a parent serving in the Military

- I have a sibling serving in the Military
- I have a parent who served in the Military
- I have a parent who retired from the Military
- No one in my family is serving in the Military

BRANCH OF SERVICE	
<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Army
<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	Marines
<input type="checkbox"/>	National Guard
<input type="checkbox"/>	Navy
<input type="checkbox"/>	Space Force

BRANCH COMPONENT	
<input type="checkbox"/>	Active Duty
<input type="checkbox"/>	National Guard
<input type="checkbox"/>	Reserves

ALLERGIES OR RESTRICTIONS

Does this individual have any specific dietary needs, food allergies or restrictions (e.g., peanuts, gluten-free), or other health-related conditions, including those requiring medication? If yes, please describe. If no, enter "none."

Yes, describe below No

MEDICAL RELEASE

I, the undersigned parent/guardian of the youth listed on this form (or the adult listed on the form), certify that all information on the Louisiana 4-H Medical/Health Form is current and correct. As the undersigned, I provide the Louisiana 4-H Program and/or an agent, acting on their behalf, to treat and care based on the information I have certified as current and correct. I certify that the youth can safely participate in this activity and that I have disclosed any physical, mental, emotional, and social health issues that might impact his/her participation.

Agree

MEDIA RELEASE

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees, or representatives of the LSU AgCenter and its Louisiana 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination

of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish, or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including a written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may

Agree I Disagree

CONFIDENTIALITY STATEMENT

Respecting the privacy of our members, parents, volunteers, staff, and of Louisiana 4-H itself is a basic value. Personal information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the individual and/or parent/guardian listed on this form unless the individual is involved in the care and supervision of the minor. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Employees and volunteers of LSU AgCenter may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of LSU AgCenter that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Agree (Initial)

To participate in any overnight 4-H events, a volunteer must complete the require Risk Management Training (two trainings) on 4-H Online and complete a background screening (initiated through 4-H Online).