



4-H Volunteer Enrollment

4-H Year: 2026-2027
October 1, 2026-September 30, 2027

Volunteer Information

Legal First Name		Legal Last Name
Email		
Gender Identity ☐ Female ☐ Male ☐ Prefer Not to Say		
Mailing Address (Line 1)		
Mailing Address (Line 2)		
City	State	Zip Code
Primary Phone	Are you a member of NMSU Collegiate 4-H? ☐ Yes ☐ No	Are you an employee of NMSU? ☐ Yes ☐ No
Number of years in 4-H as a volunteer:	Did you participate in 4-H as a youth member? ☐ Yes ☐ No	If yes, number of years in 4-H as a youth member:

Emergency Contact Information (Not listed above)

Emergency Contact Name
Emergency Contact Phone Number
Emergency Contact Relationship

Demographics

Are you of Hispanic, Latino/a/x, or of Spanish origin?		☐ Yes ☐ No
Race (Choose all that apply):		
☐ American Indian or Alaskan Native	☐ Native Hawaiian or other Pacific Islander	
☐ Asian	☐ White	
☐ Black or African American	☐ Prefer Not to State	
☐ Prefer to Self-Describe	Self-Describe as: _____	

Military Service of Family

Military Service:	
☐ No one in my family is serving in the military	☐ I have a family member who served in the military
If yes, branch of service:	
☐ Air Force	☐ Navy
☐ Army	☐ Marine Corps
☐ Coast Guard	☐ Space Force
Branch component:	
☐ Active	☐ Reserves



New Mexico State University
4-H Youth Development
Volunteer Application Form
(To be completed by all *potential* volunteers)

For County Extension Office Use Only

Date entered _____
Fee Paid ☐ Check ☐ Money Order ☐ Cash
Date _____ ☐ Accepted ☐ Declined ☐ More info needed
Date of Notification Letter _____

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Length of time at current address: _____ (If less than 2 years, please provide previous address below)

(Address) (Length of time)

Phone: Day: _____ Best time to call: _____
Eve: _____ Best time to call: _____
Cell: _____ Best time to call: _____

Email: _____

Work, Education and Volunteer Experience (please list most current experience first)
Employer/Organization Position Title/Volunteer Role Year(s)

Background Disclosure

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicate the charge or finding, the date and the court(s) involved.

1. Convicted of a felony. ☐ Yes ☐ No IF YES, EXPLAIN BELOW

2. Convicted of crimes relating to financial exploitation. ☐ Yes ☐ No IF YES, EXPLAIN BELOW

3. Convicted of crimes related to drugs and/or alcohol, including driving under the influence. ☐ Yes ☐ No IF YES, EXPLAIN BELOW

4. Convicted of any crime against children or other persons. ☐ Yes ☐ No IF YES, EXPLAIN BELOW

I understand a background check will be completed prior to final consideration of my application to volunteer and that volunteering is a privilege and not a right. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with New Mexico State University Cooperative Extension Service and that failure to communicate any change in status related to the above questions to the County Extension Office will result in immediate removal as a 4-H volunteer leader. I understand that I serve at the pleasure of New Mexico State University Cooperative Extension Service and agree to abide by the policies of the New Mexico State University Cooperative Extension Service 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return this application and the Disclosure and Consent Form at your earliest convenience to your local County Extension Office. Contact us if you have any questions or wish further information. Thank you!

Sept 2006



College of Agricultural, Consumer and Environmental Sciences

Cooperative Extension Service
Department of Extension 4-H Youth Development
MSC 3AE
New Mexico State University
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Las Cruces, NM 88003-8003
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state4h@nmsu.edu

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because the New Mexico State University (NMSU) State 4-H Office may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. NMSU State 4-H will use any such report(s) solely for the employment-related purposes.

Consumer Reports or Investigative Reports will be obtained from HireRight, Inc. (HireRight) located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 800-400-2761. Any such reports may contain information bearing on your character, general reputation, and personal characteristics. The types of information that may be obtained include, but are not limited to: social security number, criminal records checks, public court records checks, including civil, driving records, etc. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

For California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

You are given a summary copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 1681 (g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the NMSU State 4-H Office in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the NMSU State 4-H Office by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative reports requested by the NMSU State 4-H Office. I understand that if the NMSU State 4-H Office hires me, it may request consumer reports and/or investigative consumer reports about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the NMSU State 4-H Office at any time. This Disclosure and Consent Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the NMSU State 4-H Office.

Applicant Last Name _____ First _____ Middle _____
Social Security # _____ Date of Birth (for ID purposes only) _____
Present Address _____
City/State/Zip _____
Applicant Signature _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

☐ I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.



New Mexico 4-H Adult Medical and Liability Release

Code of Conduct Contract and Media Release Form

Please Print

First Name:		Last Name:	
Gender: ☐ Male ☐ Female	Date of Birth:		Age:
Address:			
City/State:		Zip Code:	County:
Home/Work Phone:	Cell Phone:	Email:	
As a participant do you need an accommodation for a disability? ☐ Y ☐ N If yes, please list:		Do you have any food allergies? ☐ Y ☐ N If yes, please list:	
Have you had any change in criminal status since your most recent 4-H background check? ☐ Yes ☐ No			
*If your answer is yes, please contact your County Extension Office for a new background check.			

New Mexico 4-H Code of Conduct for Adults

The positive influence of caring, capable and responsible adults plays an important role in the lives of youth and the 4-H Youth Development Program. Adults working with 4-H youth are charged to lead by example and create a sense of belonging for the youth they support. Therefore, the adult, by signing this form agrees to conduct him or herself in a responsible manner and abide by all expectations as stated. **Participation may be terminated at the discretion of authorized CES Agent or the State 4-H Program Leader pursuant to rules and regulations established by New Mexico 4-H.**

Expectations

- To cooperate with, support and empower adult staff and youth leadership as they facilitate the 4-H program.
- To oversee the health, safety, and whereabouts of the young people I am responsible for.
- To act as an informal mentor to young participants and model appropriate behavior.
- To abide by the same rules as the youth, spelled out in the Code of Conduct and Clothing Guidelines; including full participation and no use or possession of alcohol, drugs or weapons, before, during or after an event and until the youth are released from my responsibility.
- To orient youth participants as to expectations of dress, manners, safety, punctuality, etc., for the event and to answer concerns and questions of the youth.
- To enforce all written and signed behavior expectations established for youth participating in the 4-H Youth Development Program.
- To consult with local and/or state 4-H program contacts in determining appropriate disciplinary action in the case of inappropriate youth behavior.
- To refrain from causing or demonstrating conflict with other parents, volunteers, chaperones or agents in front of the youth.
- To act in the best interest of the youth in the event of an emergency.
- To communicate with fellow adults and youth in an appropriate manner with no swearing, cursing or abusive language in all forms of communication, including social media.
- To not use my position of trust for personal advantage or profit/gain through any form of communication, including social media.
- To avoid sexual contact of any type with youth and/or personal displays of affection with other adults in the presence of youth.
- To not ignore situations involving bullying, hazing or harassment, nor fail to intervene if youth are being threatened, humiliated or intimidated by other youth or adults.
- If I will be transporting youth for any 4-H activity, I certify that I:
 - Have a valid driver's license.
 - Understand the responsibilities of safe driving.
 - Have vehicle insurance, individual liability and medical coverage:
 - Insurance Company _____ Policy # _____
 - Have no prior convictions for driving while impaired or driving while under the influence of alcohol or drugs.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that as an adult I should model positive behaviors and lead by example. Also, I understand that my behavior not only affect the youth under my direct supervision but the entire 4-H Youth Development Program and that I represent myself, my club, county and state as well as the overall 4-H Program. Therefore, I have read and understand the expectations related to the Code of Conduct for Adults and agree to be bound by it.

Signature

Date



New Mexico State University
New Mexico 4-H Media Release

COOPERATIVE EXTENSION SERVICE

U.S. Dept of Agriculture 300.A-4 (R- 2017)

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph my image and/or voice for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you **DO NOT** consent to media release, please initial this line _____

New Mexico 4-H Medical Information
Medical Emergency Contact Information

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

Physician & Insurance Policy Information

I am covered by health insurance: ☐ Y ☐ N	
Insurance Company:	Policy/Plan #:
Policy Holder's Name:	Relationship to Participant:
Physician Name:	Physician Phone:

Health Information

Please indicate if you have any of the following medical conditions (check all that apply):

☐ Asthma	☐ Ear Infections	☐ Diabetes/Hypoglycemia
☐ Hay Fever	☐ Migraine Headaches	☐ Stomach/Intestinal
☐ Bronchitis	☐ Convulsions/Seizures	☐ Heart/Cardio Vascular
☐ Fainting Spells	☐ Muscular/Skeletal	☐ Emotional/Mental Disorders
☐ Skin Disease	☐ Eye/Ear/Nose/Throat	☐ Chronic Bone, Muscle or Joint Injuries
☐ Other condition(s): Please specify: _____		

Allergies or Reactions (check all that apply):

☐ Aspirin	☐ Penicillin	☐ Dairy	☐ Gluten	☐ Peanuts
☐ Insect Bites/Stings	☐ Ivy/Oak/Sumac	☐ Other (please list): _____		

Please list any medications (prescription or non-prescription) you are currently taking:

Release of Liability and Medical Authorizations

The health history provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office. If an injury or other medical condition occurs or arises and I am incapacitated, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat me. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

Signature _____	Date _____
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