Charleston/Dorchester 4-H Returning Volunteer Form

Use this form only if you are a returning 4-H volunteer that has an existing Volunteer Application on file with the County Office. Please review the South Carolina 4-H Volunteer Application to verify no information has changed. If changes are needed refile the SC Volunteer Application. Note you will still need to file the Background check or disclosure statement each year.

Volunteer Name: ____________________________ County: ________________

Email: ________________________________________________

Date: __________

PHOTO/ MEDIA RELEASE
I give my permission for staff of SC Cooperative Extension, SC 4-H, and/or ______________ County Extension to take photographs, record video, or audio of me or my property for use in promotional, and/or marketing materials. Neither individual address nor phone numbers will be published within these materials.

Signature ______________________________________________________________ Date ____________________

TRANSPORTATION
Do you have access to a car? _____ Do you have a valid driver’s license? ___________

Drivers license number and state DL# __________________ State____________________________

Date of Expiration ________/______/__________

Have you ever received a traffic violation? ____________
If yes, please explain:

Have you taken Defensive Driving? _____ Yes _________ No If so, on what Date? ___/___/____

I understand that I am covered under the State Tort Claims Act for tortious acts committed by me unless my conduct is outside the scope of official duties or the conduct constitutes actual fraud, actual malice, intent to harm or a crime involving more turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities Clemson’s automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage. I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen’s compensation coverage of Clemson nor does Clemson provide any medical insurance.

Signature ______________________________________________________________ Date ____________________

VOLUNTEER CODE OF CONDUCT
I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right. To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

✓ Uphold an individual's right to dignity, self-development, and self-direction.
✓ Accept supervision and support from professional staff while involved in the program.
✓ Participate in required training programs and use the recommended policies and procedures.
✓ Conduct him/herself in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
✓ Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
✓ Not abuse any participant by physical or verbal means and will report such abuse, if observed, accordance with 4-H policies and procedures.
✓ Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
✓ Comply with equal opportunity and anti-discrimination laws.
✓ Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
✓ Preserve the confidentiality of information about program participants.
✓ Refrain from using 4-H volunteer status for personal or business financial gain.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code of Conduct is grounds for the suspension and/or termination of my volunteer status with Clemson University 4-H.

Signature _____________________________________________ Date ______________________

Record of Trainings:

<table>
<thead>
<tr>
<th>Mandatory — (1 time only)</th>
<th>Trainer/Delivery Mode</th>
<th>Date of Training</th>
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<tbody>
<tr>
<td>County Orientation</td>
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<tr>
<td>Child Abuse Prevention Training</td>
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<tr>
<td>Risk Management Training</td>
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<tr>
<td>Positive Youth Development and Behavioral Management</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional</th>
<th>Trainer/Delivery Mode</th>
<th>Training Date</th>
<th>Exp. Date</th>
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</thead>
<tbody>
<tr>
<td>First Aid Training (good for 4 yrs.)</td>
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<tr>
<td>CPR Training (good for 2 yrs.)</td>
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<tr>
<td>Driver Improvement Program* (good for 3 yrs.)</td>
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<tr>
<td>DMV Driver License Screening* (good for 1 yr.)</td>
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4-H Agent Signature _____________________________________________ Date ______________________