Southern Region 4-H Volunteer Forum
October 1-4, 2009
http://www.4hserf.org/
Rock Eagle 4-H Center
Eatonton, Georgia

Mission and Purpose: The mission of the Southern Region 4-H Volunteer Forum is to increase the capacity of volunteer and salaried staff to contribute to the achievement of the mission of 4-H Youth Development and the Cooperative Extension system. The primary purpose of the SRVF is to educate and prepare participants to share the information that they learned and practice the skills that they have developed, through participating in the forum, at home in their own 4-H programs and activities. Participants benefit from the experiential learning activities that require them to discuss, use, and apply what they learn. The ultimate application is for individuals and teams to teach others.

Coordination: The SRVF is conducted by the Cooperative Extension Services of the State Land Grant Universities in the thirteen states in the Southern Region, the Cooperative State Research, Education and Extension Service of the United States Department of Agriculture, and the National 4-H Council.

Registration: Oklahoma's registration information is posted at http://oklahoma4h.okstate.edu/volun/duopp.htm.

Registration is coordinated by the state 4-H office. A non-refundable $50 deposit and the registration form are due to the Oklahoma State 4-H Office, by July 18, 2009. The total registration fee of $250 (excluding transportation) is due by August 21. The registration includes all meals and lodging on-site. Materials received on August 22nd, an additional $50 (late fee) will be accessed by Rock Eagle. Total late registration fee as of August 22nd is $300.

Additional fees apply for individuals who plan to arrive at the camp prior to 1:00 p.m. on Thursday, October 2, which cover meals and lodging.

Participants: SRVF delegates include adult volunteers and Extension staff from the 13 states in the southern region, Puerto Rico and the U.S. Virgin Islands.

Lodging: Participants will reside in heated (and air-conditioned) cottages. Towels, linens and blankets are furnished. Dress is casual except for the closing banquet, which is dressy ("Sunday best"). Comfortable shoes are a must! October weather is mild. Midday temperatures range from the mid-50's to 70's while the evening temperatures cool into the 50's and 60's.

Karla Knoepfli
205 4-H Youth Development Building
Oklahoma State University
Stillwater, OK 74078-6063
405-744-8891 (phone)
405-744-6522 (fax)
karla.knoepfli@okstate.edu
Transportation: Each delegate will be responsible for making arrangements for his or her own transportation. In order to keep costs down, a list of suggested flights from Oklahoma City and Tulsa will be made available after the August deadline. Using one of these suggested flights will allow airport transfer fees to be substantially less.

Travel Itinerary: Delegates will depart the morning of October 1 and arrive home on evening of October 4.

Phones: Emergency calls should be made to (706) 484-2831. Cell phone service is improving but is not always reliable. Pay phones are available for delegates to call out. However, delegates are not easily accessible to receive calls.

Trading Souvenirs: This is a popular get-acquainted activity, held on Thursday afternoon. Small trinkets, representative of the delegates’ states, are encouraged for trading. Popular items have included lapel pins, printed buttons, and handmade items. Your local Chamber of Commerce as well as your state’s Department of Tourism, Department of Commerce and Parks Department are all likely sources of good trade items, usually at no cost.
Southern Region 4-H Volunteer Forum  
October 1-4, 2009  
Rock Eagle 4-H Center  
Eatonton, Georgia  
“4-H Volunteers...a Southern Tradition”  
Deposit due July 18  
Remaining fee due August 21st  

REGISTRATION FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<tbody>
<tr>
<td>County</td>
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<td>Address</td>
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<td>City</td>
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<tr>
<td>Gender</td>
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<td>Ethnicity</td>
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| | Phone: | Home ( ) | | Work ( ) | | Cell ( ) | | Fax ( ) |

| | Male | Female | E-Mail |

Emergency Contact & Phone

Is this your first visit to the SRVF? Yes No

Adult Shirt Size S L XL XXL XXXL

Do you plan to drive to Rock Eagle? Yes No

Mail to:  
Southern Region 4-H Volunteer Forum  
Attn: Karla Knoepfli  
205 4-H Youth Development Building  
Stillwater, OK 74078-6063  
Full payment due in the State 4-H Office  
August 21, 2009

Registration and Health forms must accompany Deposit.  
Check made payable to “4-H Conferences - SRVLF.”

Event Options

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<thead>
<tr>
<th>Event Options</th>
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<tbody>
<tr>
<td>Full Time Delegate (received by August 21)</td>
<td>$250.00</td>
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<tr>
<td>Full Time Delegate (received after August 21)</td>
<td>$300.00</td>
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<tr>
<td>Early Arrival on Wednesday for Dinner</td>
<td>$8.50</td>
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<tr>
<td>Early Arrival on Wednesday for Lodging</td>
<td>$25.00</td>
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<tr>
<td>Early Arrival on Thursday for Breakfast</td>
<td>$7.00</td>
<td></td>
</tr>
<tr>
<td>Early Arrival on Thursday for Lunch</td>
<td>$8.00</td>
<td></td>
</tr>
<tr>
<td>Airport Transportation, Atlanta to Rock Eagle</td>
<td>$80.00*</td>
<td></td>
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<tr>
<td>Airport Transportation, Rock Eagle to Atlanta</td>
<td>$80.00*</td>
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Total Fees $_______

* Airport fee is shared between Oklahoma delegates coordinating transportation to and from airport.

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Georgia 4-H Medical Information & Release
Event or Activity Date of Event/Activity

Name: ____________________________________________________________

Address: __________________________________________________________________________________________________________

City: ______________________________________________________________________ State: Oklahoma Zip: __________

Phones: Home: ____________________ Cell: ____________________ Work: __________________

Date of Birth: __________________________________ Gender: ____________________

Please list the names of two adults who may be contacted in case of emergency.

Name: __________________________________ Home Phone: ______________ Work/Cell Phone: ______________

Name: __________________________________ Home Phone: ______________ Work/Cell Phone: ______________

Medical Information

Name of Physician: __________________________________ Phone: ______________________

Date of Last Physical Examination: ________________________________

Drug Allergies: __________________________________________________

Other Allergies: ___________________________________________________

Describe any physical limitations: ________________________________________

Describe any recent illness or injury: ________________________________

Is there a history of heart condition ______ diabetes ______ asthma ______ epilepsy ______ rheumatic fever ______

AGREEMENT:
I understand that should a health problem arise, my emergency contact will be notified but that if he or she can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service’s arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, on my own behalf arising from or in any way connected with my participation in 4-H volunteer activities. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out my child’s participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that I am participating in the SRVF with my knowledge and consent. I have read and understand all of the above policies.

____________________________________       _____________
Signature                  Date

INSURANCE COVERAGE INFORMATION

INFORMATION

Insurance for SRVLF has been purchased as indicated. For complete details of coverage, please contact the State 4-H Office.

Insurance for SRVLF at Rock Eagle State 4-H Center

☐ American Income Life Insurance (Plan 3)
☐ American Income Life Insurance (Dollar a Year Plan)
☐ Other Insurance Plan ______________________________

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Over the Counter & Prescription Medication Summary

Name ____________________________________________  State _OK____ County ____________________

Please list any/all medication currently being taken by the 4-H volunteer or staff including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H’er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel.

4-H volunteers and staff are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

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<th>Describe dosage and special instructions:</th>
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Signature                                 Date

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PLEASE COMPLETE BOTH SIDES

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ADULT VOLUNTEER ACTIVITY AND EVENT FORM
Volunteer Statement of Understanding, Publicity Release and Release of Claims

A Volunteer is a person who, of his/her own volition, gives his/her services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Langston University, Oklahoma State University and/or 4-H event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the Program, Extension Service, Universities and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers’ compensation insurance coverage.

I acknowledge that even though I am a Volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma 4-H Program. I further acknowledge that my services can be terminated at any time, without notice or reason, and that as a Volunteer, I am not guaranteed any future employment with the Program, Extension Service, Universities and/or event organizers, nor am I guaranteed any future Volunteer position.

Publicity Release:
I authorize the Oklahoma 4-H Program, Oklahoma Cooperative Extension Service, Langston University and/or Oklahoma State University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.

Assumption of Risk and Release of Claims:
Being fully familiar with the activities of the 4-H Programs, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the Oklahoma 4-H Program, the Oklahoma Cooperative Extension Service, Langston University, Oklahoma State University, the governing Board of Regents of the universities, and all officers, agents, and/or employees thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer activities and/or my participation in the activities or events thereof. I further understand that any accident insurance policy, if any, carried by the 4-H Program or 4-H event organizers through American Income Life Insurance Co. or other insurance company will provide minimum coverage only, and I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.

I acknowledge that I have read the above Understandings, Releases and Assumption of Risk and understand and agree with the statements contained therein and agree to be fully bound by the same.

Dated this _____ day of __________, 2009.

By: ____________________________  Witness ____________________________

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