

FAMILY INFORMATION						
County:		Address:				
Family Name:		Address 2:				
Family Email:		City:				
Mobile Phone Number:		State:	TX	Postal Code:		
MEMBER INFORMATION			DEMOGRAPHICS			
First Name:			Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town Under 10,000 and Rural-Non Farm <input type="checkbox"/> Town, City or Suburbs 10,000 to 50,000 <input type="checkbox"/> City or Suburb More Than 50,000 <input type="checkbox"/> City - Central, More Than 50,000		
Middle Name:				Are you of Hispanic or Latino ethnicity?	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Prefer Not To State	
Last Name:					Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (race not listed) <input type="checkbox"/> White <input type="checkbox"/> Prefer Not To State
Preferred Name:			Member Email:			
Birth Date:				Member Mobile Phone:		
Member Email:			Previous Years in Program:			
Member Mobile Phone:				Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Previous Years in Program:						
VOLUNTEER TYPE			EMERGENCY CONTACT			
<input type="checkbox"/> Program Volunteer	<input type="checkbox"/> AgriLife Extension Employee (NOT 100% county-funded positions)		Emergency Contact Full Name:			
<input type="checkbox"/> Project Volunteer	<input type="checkbox"/> Certified Shooting Sports Coach <input type="checkbox"/> Livestock Mentor (Master Volunteer) <input type="checkbox"/> Project Leader		Relationship to Member:			
<input type="checkbox"/> Club	<input type="checkbox"/> Club Manager <input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)		Emergency Contact Phone:			
			Emergency Contact Email:			
ABOUT YOU			EMERGENCY CONTACT 2			
Job Title:			Emergency Contact Full Name:			
Employer:			Relationship to Member:			
Work Phone:			Emergency Contact Phone:			
Work Extension:			Emergency Contact Email:			
CLUBS						
Club		Club Volunteer Type				
		<input type="checkbox"/> Club Manager	<input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)			
		<input type="checkbox"/> Club Manager	<input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)			
		<input type="checkbox"/> Club Manager	<input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)			
		<input type="checkbox"/> Club Manager	<input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)			
		<input type="checkbox"/> Club Manager	<input type="checkbox"/> Parent Volunteer/Activity Leader (Most common)			
PROJECTS						
Project	Club	Project Volunteer Type			Years in Project	
		<input type="checkbox"/> Certified Shooting Sports Coach	<input type="checkbox"/> Livestock Mentor (Master Volunteer)	<input type="checkbox"/> Project Leader		
		<input type="checkbox"/> Certified Shooting Sports Coach	<input type="checkbox"/> Livestock Mentor (Master Volunteer)	<input type="checkbox"/> Project Leader		
		<input type="checkbox"/> Certified Shooting Sports Coach	<input type="checkbox"/> Livestock Mentor (Master Volunteer)	<input type="checkbox"/> Project Leader		
		<input type="checkbox"/> Certified Shooting Sports Coach	<input type="checkbox"/> Livestock Mentor (Master Volunteer)	<input type="checkbox"/> Project Leader		
		<input type="checkbox"/> Certified Shooting Sports Coach	<input type="checkbox"/> Livestock Mentor (Master Volunteer)	<input type="checkbox"/> Project Leader		

MILITARY			
Military Service:	<input type="checkbox"/> I Am Serving In The Military <input type="checkbox"/> I Have A Family Member Serving In the Military	<input type="checkbox"/> I Have Retired From The Military <input type="checkbox"/> 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"/> DOD Civilian	<input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Not Applicable <input type="checkbox"/> Space Force
Branch Component:	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Reserves
OTHER		COMMUNICATION INFORMATION	
Years as a 4-H volunteer including this year?		Secondary Email:	
Communication Preference:	<input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	Residence Address City, State, Zip Code: (If different than mailing address)	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
EMPLOYMENT INFORMATION			
Place of Employment:		Length of current employment:	
Occupation:		Employment City/Town:	
Employment Address, City, State, Zip Code:			
VOLUNTEER INFORMATION			
Shooting Sports Project Enrollment:	<input type="checkbox"/> Not In Shooting Sports <input type="checkbox"/> Archery	<input type="checkbox"/> Hunting Skills <input type="checkbox"/> Muzzeloading	<input type="checkbox"/> Pistol Rifle <input type="checkbox"/> Shotgun
What county do you LIVE in?			
4-H FRIENDS & ALUMNI INFORMATION			
Are you a 4-H Alumnus?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are willing to receive information from the Texas 4-H Friends and Alumni Association?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what state?			
If yes, what county?			
REFUND POLICY			
<b>PARTICIPATION FEES AND VOLUNTEER APPLICATION FEES</b>			
<ul style="list-style-type: none"> <li>Participation fees are nonrefundable once the membership or application has been approved by the county office.</li> <li>Once a Volunteer Application has been SUBMITTED into the system the application fee is nonrefundable.</li> </ul>			
<b>EVENT AND ACTIVITY REGISTRATION</b>			
<ul style="list-style-type: none"> <li>The general refund policy for the Texas 4-H Program is that no refunds are provided to a 4-H member or family once the registration is APPROVED. In extreme circumstances, such as death in immediate family, severe illness/accident, or cancellation of event, refunds will be provided, minus any expenses already incurred by the event/activity.</li> <li>It is the decision of the event coordinator for that particular event if a refund is provided or not, with approval of Texas 4-H Youth Development Program Director. Contact your Local County Extension Office with questions about refunds.</li> </ul>			
<b>ANIMAL VALIDATION (ONLY APPLIES TO YOUTH PROFILES)</b>			
<ul style="list-style-type: none"> <li>All fees paid are non-refundable once an animal validation has been accepted.</li> </ul>			
Signature to confirm that you have read the refund policy above: _____			
FORMS			
<input type="checkbox"/> Waiver, Indemnification, and Medical Treatment Authorization	<input type="checkbox"/> Volunteer Code of Conduct	<input type="checkbox"/> Media and Photograph Release	

**TEXAS 4-H YOUTH DEVELOPMENT  
VOLUNTEER SCREENING FORM**

**4-H Year: 2021- 2022**

Information REQUIRED in support of the Texas 4-H Youth Development Program’s commitment to continually guarantee the safety of the members during 4-H participation.			
<b>PERSONAL INFORMATION</b>		<b>REFERENCES</b>	
Other Names (including maiden name):		<b>Reference 1</b>	
Date of Birth:		Reference Name:	
<b>FIRST FIVE</b> digits of SSN:		Address:	
<b>TRANSPORTION</b>		City:	
Do you currently hold a valid Drivers License?	<input type="checkbox"/> YES <input type="checkbox"/> No	State:	
Drivers License Number (Enter numbers only):		Zip Code:	
Do you have current vehicle liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> No	Phone Number:	
<b>PREVIOUS SCREENING</b>		<b>Reference 2</b>	
Have you been previously screened including a criminal background check?	<input type="checkbox"/> YES <input type="checkbox"/> No	Reference Name:	
If yes, by who?		Address:	
When:		City:	
For what purpose:		State:	
Did you pass:	<input type="checkbox"/> YES <input type="checkbox"/> No	Zip Code:	
If not, what restrictions were imposed?		Phone Number:	
<b>LEGAL INVOLVEMENT</b>		<b>Reference 3</b>	
Have you ever been convicted for an offense?	<input type="checkbox"/> YES <input type="checkbox"/> No	Reference Name:	
Date of Conviction:		Address:	
Type of Offense (Misdemeanor or Felony)		City:	
Description of Offense (Do not use abbreviations)		State:	
Date of Conviction:		Zip Code:	
Type of Offense (Misdemeanor or Felony):		Phone Number:	
Description of Offense (Do not use abbreviations):		<b>COUNTY OFFICE USE ONLY</b>	
		Last Approved Screening Year:	
		Screening Expiration Year:	
<b>My acknowledgement below indicates that:</b>			
<ul style="list-style-type: none"> <li>I hereby authorize veriFYI and/or its Service Provider and the Texas A&amp;M AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my present and Past Employers. I authorize the Texas A&amp;M AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas A&amp;M AgriLife Extension Service.</li> <li>The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.</li> <li>I further release and discharge veriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.</li> <li>I understand that I have the right to make written request within a reasonable period of time to veriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.</li> <li>AGREE TO ALL TERMS AND CONDITIONS OF THE ABOVE STATEMENT.</li> </ul>			

VOLUNTEER SIGNATURE		VOLUNTEER PRINTED NAME		COUNTY		DATE	
County Office Use Only		Received in County Office:		Entered in 4HOnline:			

# TEXAS 4-H YOUTH DEVELOPMENT 2021-2022 VOLUNTEER CODE OF CONDUCT



The following guidelines assist volunteers in understanding personal conduct expectations during the course and scope of their duties. 4-H Volunteers must abide by all applicable Texas A&M AgriLife Extension Service procedures.

## A 4-H VOLUNTEER IS EXPECTED TO:

- Respect the individual rights, safety, and property of others.
- Carry-out the assigned position responsibilities that he or she has accepted. Volunteers should be provided with a written position description to which they agree. One copy should be kept on file in the county Extension office and one given to the volunteer.
- Participate in routine volunteer training opportunities and activities pertinent to their duties.
- Be committed to the core values, education goals, and standards of the 4-H Youth Development Program.
- Support the 4-H Youth Development Program and its rules and guidelines.
- Recognize and support the responsibilities of the 4-H Youth Development Program staff in setting program standards, priorities, and direction.
- Support the non-discrimination practices of the 4-H Youth Development Program, including: race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity.
- Make reasonable efforts to provide access to 4-H related information and equal opportunities to youth in their community to participate in project activities, awards programs and other events and activities.
- Adhere to Texas laws on the use of motor vehicles.
- Not consume alcohol and/or illegal drugs (or to be under the influence thereof) while involved or en route to or from any 4-H event, meeting or activity.
- Serve as good examples for youth in both public and private life. This includes appropriate dress, language and moral conduct in accordance with the generally recognized standards of our society.
- Maintain direct supervision of 4-H members and not leave their delegation unsupervised unless approval was received from the individual in charge of the overall event or delegation.
- Not sign a lease agreement, use permit with schools or other public or private facilities, or grant or order contracts on behalf of Texas A&M AgriLife Extension Service. All such agreements shall be forwarded to the local office of Texas A&M AgriLife Extension Service for review and forwarding to appropriate official for signature.
- Recognize Texas Law requiring all adults to report suspected child abuse to proper law enforcement or county child protective services.
- Safeguard and hold confidential any information gained through administrative duties involving supervision of personnel or other information identified by the program as being confidential.
- Not physically or verbally abuse a youth member or use corporal punishment to reprimand 4-H members for inappropriate behavior.
- Understand that falsifying enrollment information, budgets, documents or records is a breach of the Code of Ethics.
- Not engage in sexual activity with youth members.
- Adhere to fiscal responsibility and financial best management practices as outlined by the Texas A&M AgriLife Extension Service.
- Register as a volunteer in only one county
- Not receive compensation for professional services provided in support of youth 4-H activities (excluding reimbursement for expenses).

## CONSEQUENCES FOR INFRACTIONS

Volunteers' infractions of the Texas 4-H Volunteer Code of Conduct must be reported to the 4-H Youth Development staff and/or Texas A&M AgriLife Extension Service Office. Consequences may include:

- Discussion of the inappropriate actions with the 4-H leader, clarification of the policy.
- Reassignment or suspension of volunteer.
- Termination as a 4-H volunteer.
- Notification of incident to the appropriate law enforcement agency.

A volunteer may be reassigned or dismissed at the sole discretion of the Texas A&M AgriLife Extension Service with or without cause. Examples of conduct which could lead to disciplinary action include, but are not limited to: illegal activity, behavior which compromises the health and safety of youth, violating an Extension policy, violation of 4-H Rules and Guidelines, willfully violating or causing children to violate rules, being habitually disruptive to the overall program, unwilling or unable to work amicably with agents and/or other volunteers, exhibit conduct which is harmful to the 4-H program's reputation, or failure to rotate the leadership role. The nature and seriousness of the infraction or violation will determine whether the option of reassignment or dismissal should be considered. An adult volunteer who is unable to grasp the overall philosophy of youth development may be asked to leave and/or counseled toward other avenues of volunteering. A child who has a parent dismissed as a 4-H volunteer is still eligible to participate in 4-H.

## IMMEDIATE REMOVAL OF AN ADULT FROM AN EVENT

Any adult may be required to immediately leave any 4-H function for using abusive language, threatening any individual, becoming violent, causing or threatening bodily harm to any minor (including their own child) or adult, or exhibiting signs of being under the influence of alcohol or drugs.

VOLUNTEER SIGNATURE

VOLUNTEER PRINTED NAME

COUNTY

DATE

# 2021-2022 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

2022 Camp Clover - Camp and Franklin Counties

## CAMP & ENRICHMENT PROGRAM

### WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature:  
(If participant is under 18 years old) \_\_\_\_\_

Parent or Legal Guardian Printed Name:  
(If participant is under 18 years old) \_\_\_\_\_

**In case of emergency, contact  
at the following number** \_\_\_\_\_

**If the participant has medical insurance, please indicate:**  
**Insurance Company:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Name of Primary Policy Holder:** \_\_\_\_\_

**Please list any special services your child may require:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



AgriLife Research

AgriLife Extension

**STANDARD MEDIA RELEASE FORM, ADULTS and MINOR CHILDREN**

I am the parent or legal guardian of the children listed below. I grant the Texas A&M AgriLife and its officers, agents, volunteers, and employees the irrevocable right to record, use, display, and broadcast my and these children’s likenesses (still or moving) or words (written or spoken) for any legal purpose, in any medium, and to allow others to do so.

I also grant Texas A&M AgriLife and its agents, volunteers, and employees the irrevocable right to use my and these children’s names in connection with our likenesses and words and to allow others to do so.

I waive any right that I may have to inspect or approve the finished product in which my or these children’s likeness, words, or names are used.

I understand that signing this release is voluntary and I do not expect compensation for the use of my or these children’s likeness, words, or names.

I release Texas A&M AgriLife, their regents, agents, volunteers, and employees from any liability related to the use of my or these children’s likeness, words, or names. I agree to indemnify Texas A&M AgriLife from any claims made by my minor child when they reach the age of majority, if any.

I certify that I have the legal authority to grant the rights on behalf of these children.

I understand that by signing this release I am releasing certain of my and these children’s legal rights, and that if I have any questions about those rights or this release I should consult my own attorney before signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names and Ages of Minor Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

*Please sign and submit to:*

Kevin Helmer  
Ethics & Compliance Coordinator  
Texas A&M AgriLife Administrative Services  
Office of Ethics & Compliance  
[Kevin.Helmer@ag.tamu.edu](mailto:Kevin.Helmer@ag.tamu.edu)