

Information about Wisconsin 4-H: 4h.uwex.edu

For assistance with 4HOnline or the enrollment process, contact your local UW-Extension staff.

Important note!!

If you attempt to create a profile, and 4HOnline indicates that your email address is already on file, please DO NOT create a new profile for your family with a different email address. Instead, either use the "forgot my password" option below or contact your county UW-Extension office to have your password reset.

If you are experiencing issues with 4HOnline and you are using Internet Explorer, you must use a different web browser. Click on one of the following:

[Firefox from Mozilla](#)

[Chrome from Google](#)

1. Enter E-Mail and Password

Enter your e-mail and password from when you first created an account. If you have forgotten your password, click the bubble "I forgot my password," enter your e-mail, and click "Send My Password". You will then be sent a temporary password to reset it. If you have forgotten which e-mail you use to log in or are having trouble, contact the Extension Office at 715-346-1462.

- ☒ I have a profile
- ☐ I need to setup a profile
- ☐ I forgot my password

Email:

Password:

Role:


Login

2. Click Login

Left-click "Login" to access the family home screen.




[Contact Us](#) | [Privacy Policy](#) | [Refund Policy](#)



Wisconsin 4-H Youth Development


Logout

Logged in as  Leader

Change Password

My Meetings

Announcements & Newsletters

 [User Roles](#)
Apr 30, 2014 Z-Train County

Continue to Family

Club Leader Login

Select a profile ...
No items available

Password:

Login to Club

Project Leader Login

Select a profile ...

Password:

Login to Project

2. Continue to Family
Left-click "Continue to Family" to see your member list.


If your enrollment status is **Inactive or Incomplete**, click the **Edit** button to review and submit your record for approval.

If your enrollment status is **Pending**, your record is complete and waiting for county office approval.

Leader Family [Edit Family](#)

123 Any Street
Madison, WI 53703
608-123-4567
4hplus.help@ces.uwex.edu
Z-Train County [\[contact info\]](#)

Add A New Family Member

select a member type... 
Add Member






1. Add a New Member

Left-click the drop-down menu and select "Youth."


2. Add Member


Left-click "Add Member" to begin creating the adult's profile.

Member/Volunteer List


	Name	Role	Membership ID	Enrollment Status	Last Active Year	Edit
1)	Chilton Chickens Leader	Adult	563907	Active	2015-2016	Edit 
✓ Volunteer Screening Approved (2013-2014)						
2)	Fruits Leader	Adult	565416	Active	2015-2016	Edit 
✓ Volunteer Screening Approved (2013-2014): No Restrictions						
3)	Garfield Gaggle Leader	Adult	563982	Inactive	2013-2014	Edit 
4)	Jim Bob Leader	Adult		Inactive		Edit 
5)	Test Leader	Adult		Pending		Edit 
☐ Volunteer Screening Pending (2015-2016):						View


Member Reports

Member: **select a member...** 

Report: 

Register A Member In An Event

Member: **select a member...** 

Event: 

Profile Information

* Required Fields

Email:	<input type="text" value="ryan.nelson@nomail.com"/>	joe@4honline.com
* First Name:	<input type="text"/>	
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Test"/>	
Preferred Name:	<input type="text"/>	
* Mailing Address:	<input type="text" value="Aisudghasdgb"/>	
* City:	<input type="text" value="Stevens Point"/>	
* State:	<input type="text" value="Wisconsin"/>	
* Zip Code:	<input type="text" value="54481"/>	12345
* Birth Date:	<input type="text"/>	mm/dd/yyyy
* Gender:	<input type="text" value="Select gender ..."/>	
* Primary Phone:	<input type="text" value="888-888-8888"/>	555-555-1234
Correspondence Preference:	<input type="text" value="Mail"/>	
Cell Phone:	<input type="text"/>	555-555-1234
You wish to receive notices via text message:	<input type="checkbox"/> @ <input type="text" value="Select your provider ..."/>	
* Years in 4-H:	<input type="text" value="1"/>	#
* Parent 1 First Name:	<input type="text"/>	
* Parent 1 Last Name:	<input type="text"/>	
Parent 1 Cell Phone:	<input type="text"/>	555-555-1234
Parent 1 Work Phone:	<input type="text"/>	555-555-1234
Parent 1 Work Extension:	<input type="text"/>	
Parent 2 First Name:	<input type="text"/>	
Parent 2 Last Name:	<input type="text"/>	
Parent 2 Cell Phone:	<input type="text"/>	555-555-1234
Parent 2 Work Phone:	<input type="text"/>	555-555-1234
Parent 2 Work Extension:	<input type="text"/>	
Parent 2 Email:	<input type="text"/>	joe@4honline.com
Second Household Send Correspondence:	<input type="checkbox"/>	

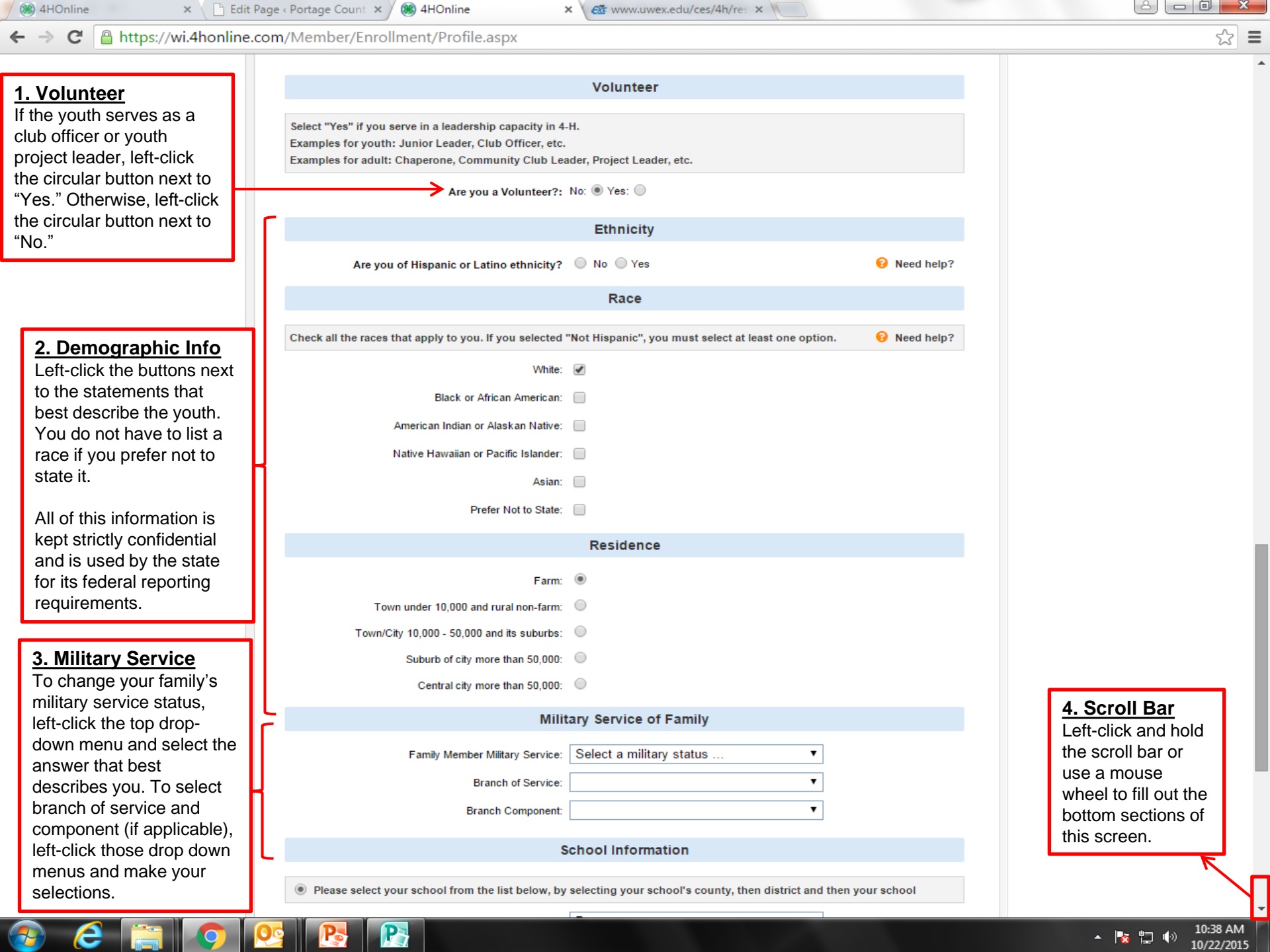
1. Profile Information

Left-click each of the fields and enter the requested information. For drop-down menus, select an option from the ones presented.

The bold fields are **required** before you can proceed.

2. Scroll Bar

Left-click and hold the scroll bar or use a mouse wheel to fill out the next section of this screen.



1. Volunteer

If the youth serves as a club officer or youth project leader, left-click the circular button next to "Yes." Otherwise, left-click the circular button next to "No."

Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H.
Examples for youth: Junior Leader, Club Officer, etc.
Examples for adult: Chaperone, Community Club Leader, Project Leader, etc.

Are you a Volunteer?: No: ☐ Yes: ☐

2. Demographic Info

Left-click the buttons next to the statements that best describe the youth. You do not have to list a race if you prefer not to state it.

All of this information is kept strictly confidential and is used by the state for its federal reporting requirements.

Ethnicity

Are you of Hispanic or Latino ethnicity? ☐ No ☐ Yes [Need help?](#)

Race

Check all the races that apply to you. If you selected "Not Hispanic", you must select at least one option. [Need help?](#)

White: ☒

Black or African American: ☐

American Indian or Alaskan Native: ☐

Native Hawaiian or Pacific Islander: ☐

Asian: ☐

Prefer Not to State: ☐

3. Military Service

To change your family's military service status, left-click the top drop-down menu and select the answer that best describes you. To select branch of service and component (if applicable), left-click those drop down menus and make your selections.

Residence

Farm: ☒

Town under 10,000 and rural non-farm: ☐

Town/City 10,000 - 50,000 and its suburbs: ☐

Suburb of city more than 50,000: ☐

Central city more than 50,000: ☐

Military Service of Family

Family Member Military Service:

Branch of Service:

Branch Component:

4. Scroll Bar

Left-click and hold the scroll bar or use a mouse wheel to fill out the bottom sections of this screen.

School Information

☒ Please select your school from the list below, by selecting your school's county, then district and then your school

Race

Check all the races that apply to you. If you selected "Not Hispanic", you must select at least one option. [Need help?](#)

White: ☒

Black or African American: ☐

American Indian or Alaskan Native: ☐

Native Hawaiian or Pacific Islander: ☐

Asian: ☐

Prefer Not to State: ☐

Residence

Farm: ☒

Town under 10,000 and rural non-farm: ☐

Town/City 10,000 - 50,000 and its suburbs: ☐

Suburb of city more than 50,000: ☐

Central city more than 50,000: ☐

Military Service of Family

Family Member Military Service:

Branch of Service:

Branch Component:

School Information

☒ Please select your school from the list below, by selecting your school's county, then district and then your school

School County:

School District:

School Name:

☐ If you are unable to locate your school in the list above, please enter the school name and type, in the fields below

School Name:

School Type:

Select school grade

Grade:

1. School Information

Left-click the drop-down menus to select your school district or alternative education arrangement.

If the youth's school is not listed, left-click the circular button next to the option "If you are unable to locate your school...", then left-click the field next to "School Name" to type it in.

2. Grade

Left-click the drop-down menu to select the youth's grade. "Post High School Education" indicates the youth is one year or less beyond high school.

3. Continue

If all information is completed, left-click "Continue >>"

4HOnline

https://wi.4honline.com/Member/Enrollment/Additional.aspx

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Additional Information

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT MY ENROLLED COUNTY'S 4-H YOUTH DEVELOPMENT EDUCATOR OF THE UW-EXTENSION. CONTACT INFORMATION CAN BE FOUND BY CLICKING ON THIS LINK.

IF YOUR SON, DAUGHTER OR WARD WILL BE UNDER 18 WHILE PARTICIPATING IN THE ENROLLED COUNTY 4-H YOUTH DEVELOPMENT PROGRAM AT THE UNIVERSITY OF WISCONSIN-EXTENSION IT IS OUR POLICY TO REQUEST YOUR AGREEMENT TO THE BELOW TERMS, ON BEHALF OF YOUR MINOR SON, DAUGHTER OR WARD. I UNDERSTAND THAT MY E-SIGNATURE SHALL HAVE THE SAME LEGAL FORCE AND EFFECT AS MY HAND-WRITTEN SIGNATURE ON EACH AGREEMENT BELOW.

THE COUNTY I SELECTED WHILE SETTING UP MY PROFILE IS MY ENROLLED COUNTY.

For assistance with 4HOnline or the enrollment process, please contact your local extension staff: www.uwex.edu/ces/cty

1. Assumption of Risk

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand there are certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in my enrolled county's 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by my enrolled county's UW Extension, 4-H leaders association, or the Board of Regents of the University of Wisconsin System. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I have read, understand, and agree to the above. ☐ REQUIRED

2. Hold Harmless, Indemnity and Release

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, my enrolled county's UW Extension, 4-H leaders association, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of my enrolled county's UW Extension, 4-H leaders association, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

1. Checkboxes

Read the terms and conditions and left-click each checkbox on this screen to agree.

2. Scroll Bar

Left-click and hold the scroll bar or use a mouse wheel to fill out the bottom sections of this screen.

1:30 PM
10/20/2015

4. Code of Conduct

Wisconsin 4-H Youth Development Code of Conduct

As a 4-H participant, I will:

- adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
- conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide a positive role model.
- comply with local, state and federal laws.
- abstain from use of alcohol, illicit drugs, and tobacco during 4-H events and activities.
- fully participate in scheduled activities and orientations.
- respect others' property and privacy rights.
- abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- accept personal responsibility for behavior including any financial damage.
- adhere to safety rules.

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- suspension of membership.
- sanctions on participation in future 4-H events.
- forfeiture or repayment of financial support for the event.
- removal from leadership positions held.
- loss of status as a "member in good standing."

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

REQUIRED

5. Photo Release

I grant 4-H Youth Development, UW-Extension and the University of Wisconsin Board of Regents the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of its programs.

Yes ☒
No ☐

Accommodations

Do you require an accommodation for a disability to participate in this program.: No

<< Previous

Continue >>

1. Checkboxes

Continue reading the terms and conditions and left-click the checkboxes to agree. The photo release is not required.

2. Status Info

Left-click this drop-down menu and left-click the option best describing the youth.

3. Continue

When all checkboxes are selected and information is updated, left-click "Continue >>"



Logged in as Leader: Practice

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Health Form

Please note: This form is not required at the time of enrollment, but you may be asked to fill it out when registering for certain events/camps/programs.

Your Age:

X

Emergency Contact

Name:

Relationship:

Primary Phone Number:

555-555-1234

Secondary Phone Number:

555-555-1234

Street Address:

City:

State:

Zip:

12345

Health Conditions

Do you have any of the following conditions?

Asthma:

Diabetes:

Epilepsy:

Any dizziness, light-headedness or fainting associated with exercise within the past year:

1. Health Form

An updated health form is not required at the time of enrollment, but you will be asked to update it if the youth attends a camping trip or another applicable event.

Left-click the fields to enter information.

2. Scroll Bar

Left-click and hold the scroll bar or use a mouse wheel to fill out the bottom sections of this screen.

Consent for Medication Administration and Medical Treatment

TO THE PARENT(S) OR LEGAL GUARDIAN

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin-Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below:

Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the previous section of this form.:

Select an item ...

Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage, and instruction.:

Select an item ...

No medication(s) has been brought to event/camp.:

Select an item ...

• I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.

• I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant, material, and important changes to any information in this form to event/camp staff no later than check-in.

• I am stating that I am aware of and accept the risk inherent in the event/camp/program activity.

• I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Extension, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp/program.

Participant Name:

Signature of Parent or Legal Guardian:

Date:

mm/dd/yyyy

<< Previous

Continue >>

2. Date

If you complete the health form, left-click the field and enter the current date in **mm/dd/yyyy** format. You can also left-click the calendar icon and select today's date on the window that appears.

1. Signature

If you have filled out the health form, left-click the blank fields and type the youth's legal name and your legal name, respectively.


3. Continue: Left-click "Continue >" to save your changes and proceed to the next screen.

4HOnline

https://wi.4honline.com/Member/Enrollment/Clubs.aspx

☆

☰



Wisconsin 4-H Youth Development

Logout

Logged in as Leader: Practice

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Groups

You must select one club. If you are new to 4-H and have not already connected with a club, contact your local UW-Extension staff to help identify a club that will meet your needs.

IMPORTANT!! - please read this BEFORE deleting a Club:
When deleting a club, all Project enrollments associated with that Club will also be deleted. If you desire to switch Clubs, contact your local UW-Extension office and they can change your club without deleting your projects.
If you are a Project Leader in a club, then select your club here, but leave leader type blank. You will select your project and select Project Leader on the next page.

Add a Club

Select a Club

Select a club...

Add Club

Club List

[New Look]

Primary	Club	Edit	Delete
<input checked="" type="radio"/>	Chilton Chickens		

<< Previous

Continue >>

Submit Enrollment

1. Club Status:
To add clubs, left-click the drop-down menu to present your options. Then left-click the "Add Club" button.

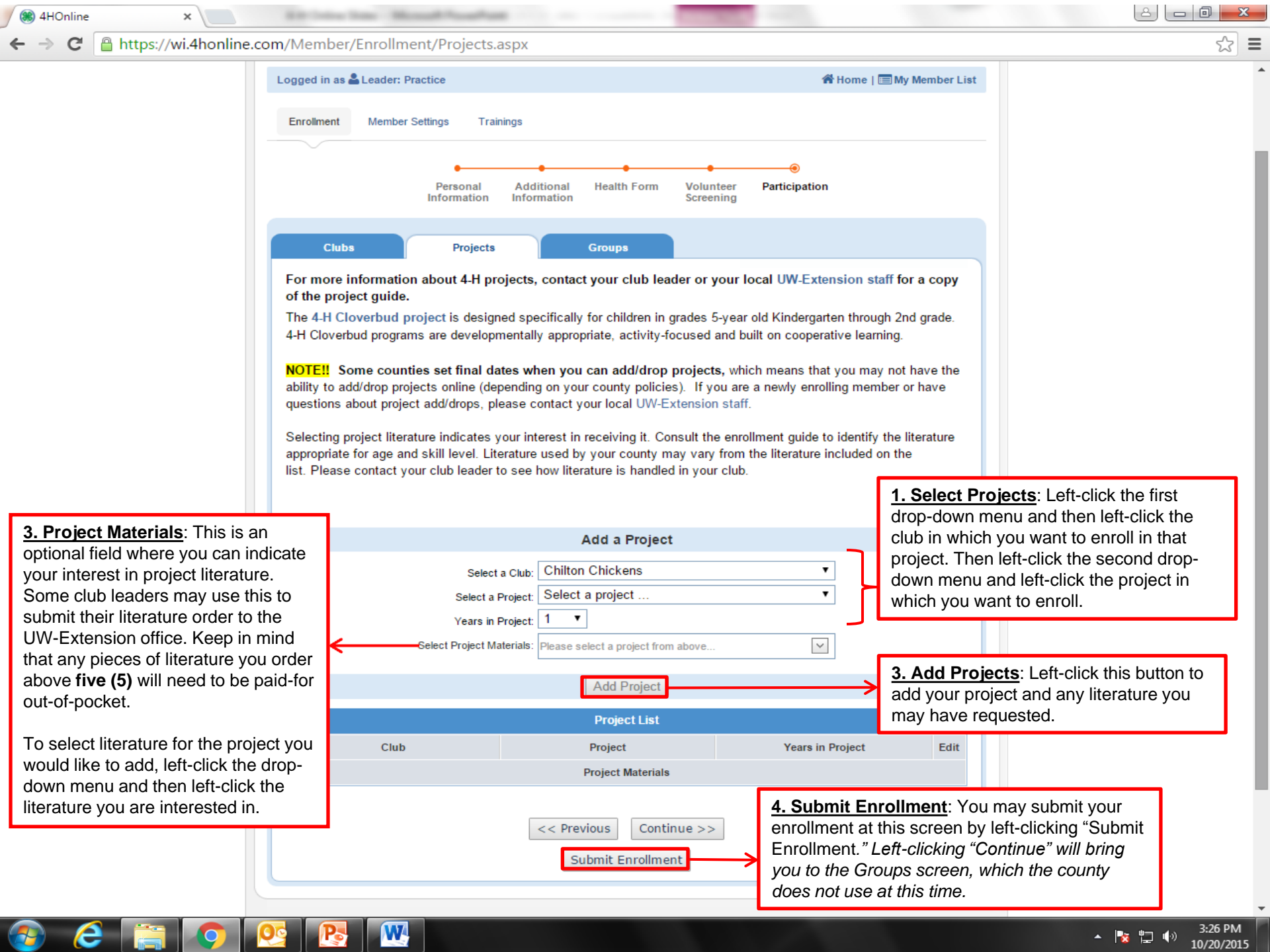
2. Primary Club Status:
If you have added multiple clubs, you must select one as your "Primary" club. Left click the circular button next to the club you would like to have as your "Primary" club.

3. Continue: Once you are satisfied with your club selection, left-click "Continue > >"

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3:16 PM

10/20/2015



3. Project Materials: This is an optional field where you can indicate your interest in project literature. Some club leaders may use this to submit their literature order to the UW-Extension office. Keep in mind that any pieces of literature you order above **five (5)** will need to be paid-for out-of-pocket.

To select literature for the project you would like to add, left-click the drop-down menu and then left-click the literature you are interested in.

1. Select Projects: Left-click the first drop-down menu and then left-click the club in which you want to enroll in that project. Then left-click the second drop-down menu and left-click the project in which you want to enroll.

3. Add Projects: Left-click this button to add your project and any literature you may have requested.

4. Submit Enrollment: You may submit your enrollment at this screen by left-clicking "Submit Enrollment." Left-clicking "Continue" will bring you to the Groups screen, which the county does not use at this time.