

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

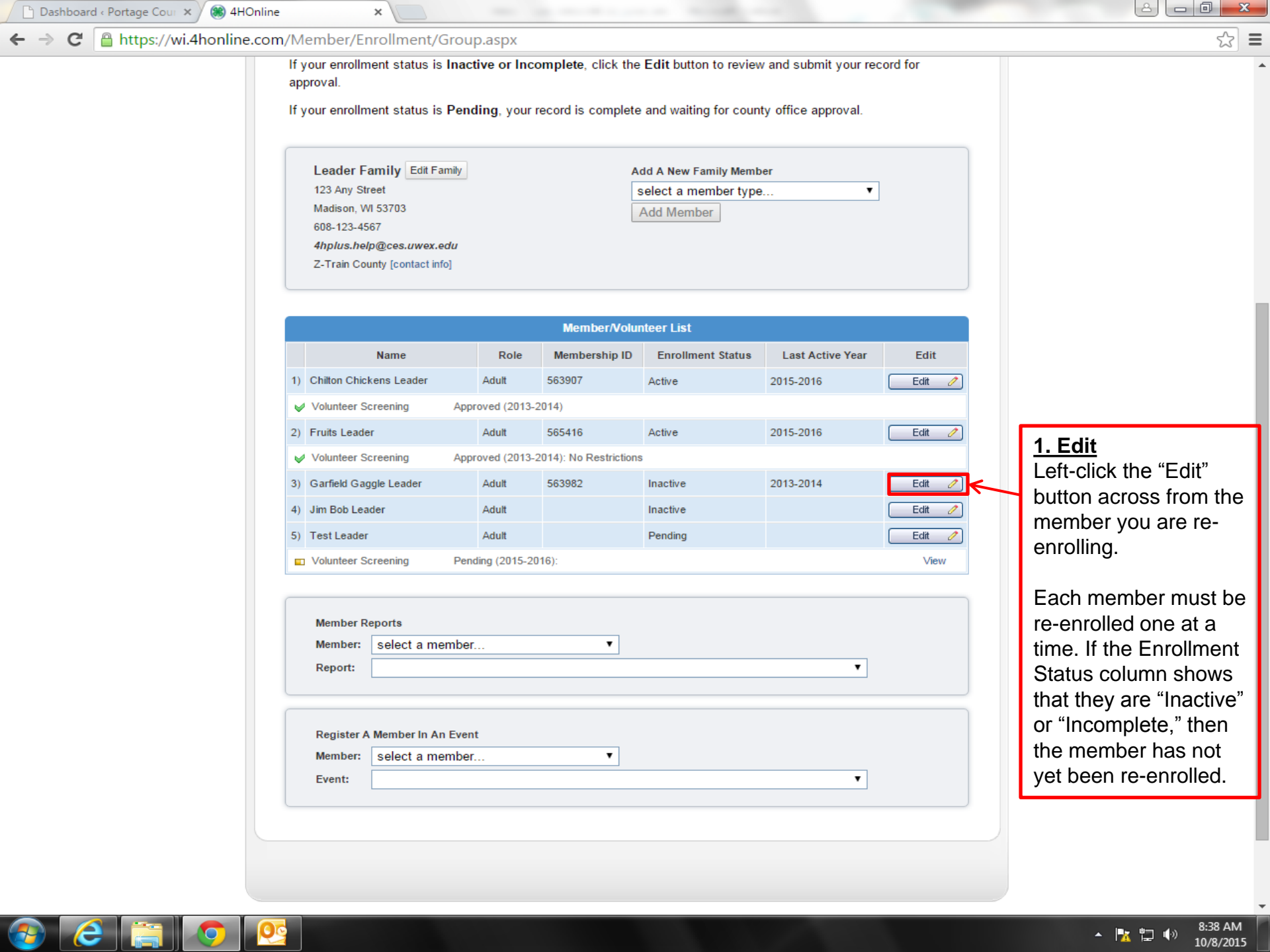
2. Continue to Family

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

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You are connected to TEXAS1-IIS-D 4HOnline v1.1 Revision 644

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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

[Add Member](#)

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

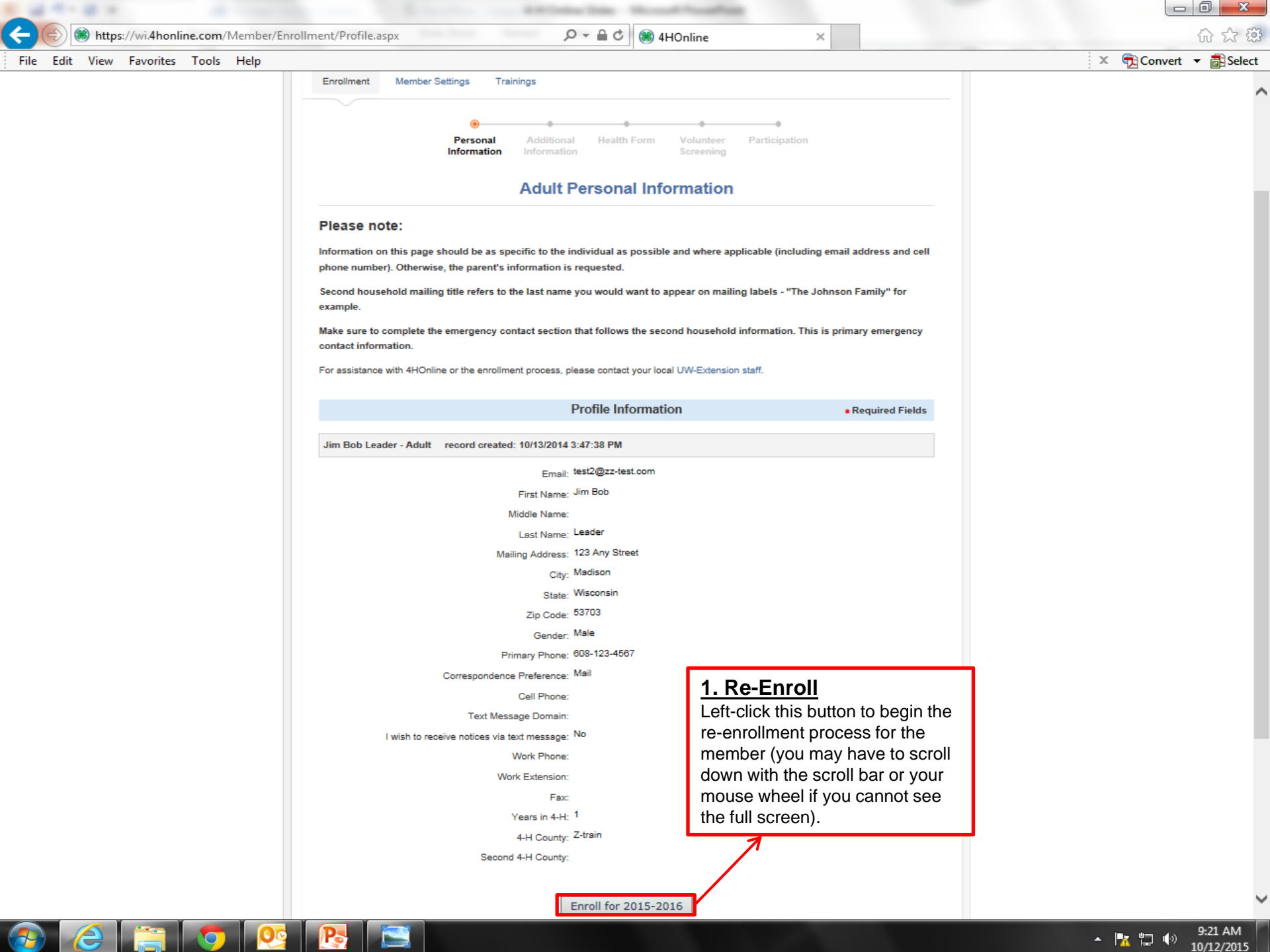
Member:
Report:

Register A Member In An Event

Member:
Event:

1. Edit
Left-click the “Edit” button across from the member you are re-enrolling.

Each member must be re-enrolled one at a time. If the Enrollment Status column shows that they are “Inactive” or “Incomplete,” then the member has not yet been re-enrolled.



Adult Personal Information

Please note:

Information on this page should be as specific to the individual as possible and where applicable (including email address and cell phone number). Otherwise, the parent's information is requested.

Second household mailing title refers to the last name you would want to appear on mailing labels - "The Johnson Family" for example.

Make sure to complete the emergency contact section that follows the second household information. This is primary emergency contact information.

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

Profile Information

Required Fields

Jim Bob Leader - Adult record created: 10/13/2014 3:47:38 PM

Email: test2@zz-test.com

First Name: Jim Bob

Middle Name:

Last Name: Leader

Mailing Address: 123 Any Street

City: Madison

State: Wisconsin

Zip Code: 53703

Gender: Male

Primary Phone: 608-123-4567

Correspondence Preference: Mail

Cell Phone:

Text Message Domain:

I wish to receive notices via text message: No

Work Phone:

Work Extension:

Fax:

Years in 4-H: 1

4-H County: Z-train

Second 4-H County:

1. Re-Enroll

Left-click this button to begin the re-enrollment process for the member (you may have to scroll down with the scroll bar or your mouse wheel if you cannot see the full screen).

Enroll for 2015-2016

For assistance with 4HOnline or the enrollment process, please contact your local [UW-Extension staff](#).

Profile Information

* Required Fields

Email:

joe@4honline.com

* First Name:

Middle Name:

* Last Name:

* Mailing Address:

* City:

* State:

* Zip Code:

12345

* Gender:

* Primary Phone:

555-555-1234

Correspondence Preference:

Cell Phone:

555-555-1234

You wish to receive notices via text message: ☐ @

Work Phone:

555-555-1234

Work Extension:

#

Fax:

555-555-1234

* Years in 4-H:

#

* 4-H County:

Volunteer

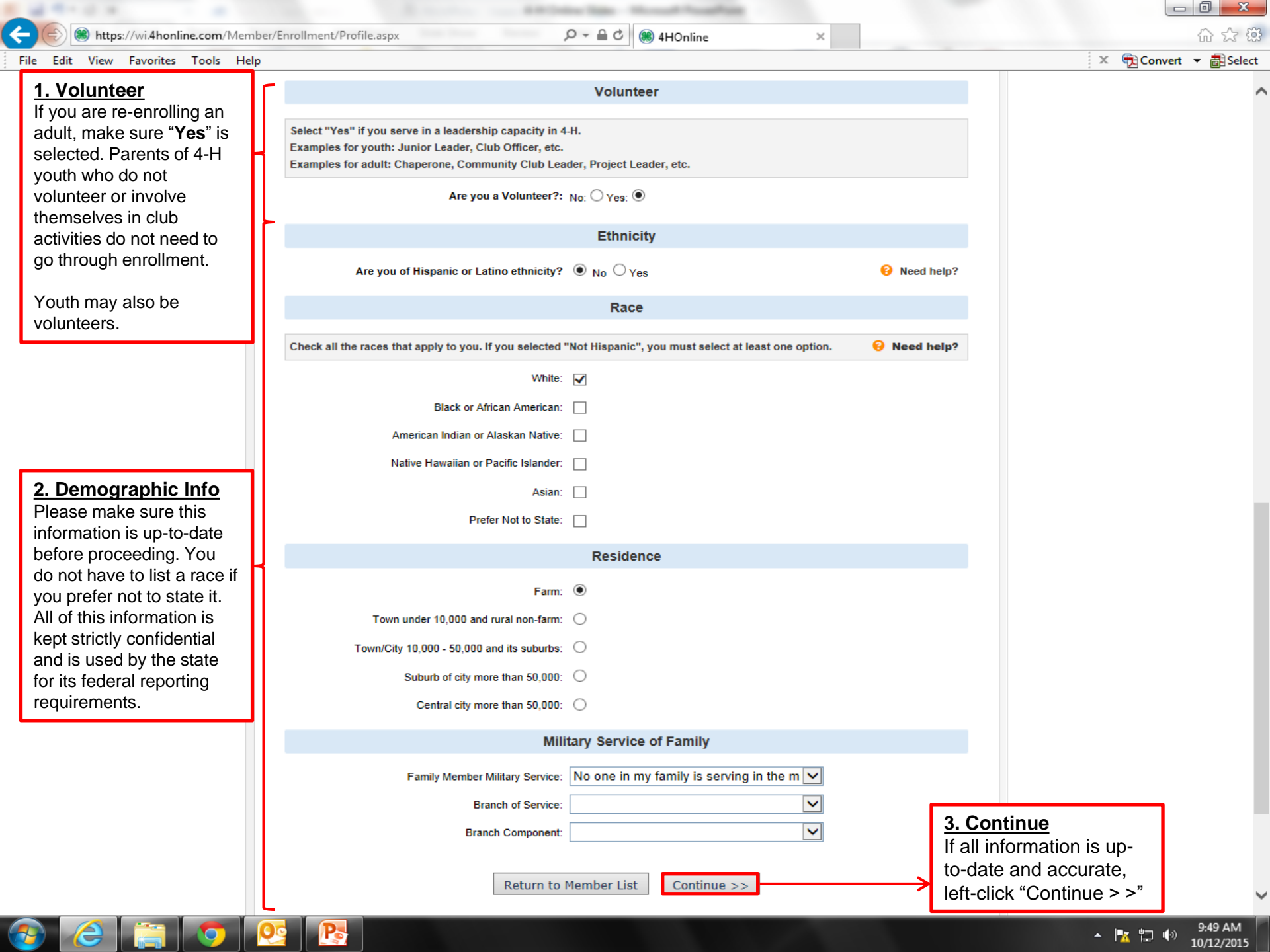
Select "Yes" if you serve in a leadership capacity in 4-H

1. Profile Information

Confirm that this information is up-to-date. To update any information, left-click the field next to it. For drop-down menus, select an option from the ones presented. For written fields, hold the backspace key to clear the field and type a new response.

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. Volunteer

If you are re-enrolling an adult, make sure "Yes" is selected. Parents of 4-H youth who do not volunteer or involve themselves in club activities do not need to go through enrollment.

Youth may also be volunteers.

2. Demographic Info

Please make sure this information is up-to-date before proceeding. 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.

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: ☒

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: ☐

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:

[Return to Member List](#)

[Continue >>](#)

3. Continue

If all information is up-to-date and accurate, left-click "Continue >>"

4HOnline

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

Enrollment

Member Settings

Trainings

Personal Information

Additional Information

Health Form

Volunteer Screening

Participation

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

UW-Extension volunteers are expected to abide by the following behavior standards established by UW-Extension and to conduct themselves as positive role models for program participants. All UW-Extension volunteers are ultimately accountable to UW-Extension for their UW-Extension related activities.

As a UW-Extension volunteer, I will:

- Cooperate with and support UW-Extension staff to jointly further the mission of the UW-Extension.
- Accept supervision and guidance from UW-Extension staff or designated management volunteers.
- Conduct myself in a manner that is in the best interest of program participants and UW-Extension and will not use the volunteer position or title for purposes of private or personal gain.
- Use appropriate University research based resources/information.
- Make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, sex, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status.
- Abide by all local, state and federal laws and UW-Extension and U.S.D.A. rules, policies and guidelines.
- Conduct myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, treating others with respect, and demonstrating reasonable conflict resolution skills.
- Not consume or be under the influence of alcohol or illegal substances while in the role of a UW-Extension volunteer, nor allow youth participants under my supervision to do so.
- When transporting youth or adults, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license and the legally required insurance. I will comply with all motor vehicle-related state regulations and laws.
- Treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- Report suspected verbal, sexual, physical abuse and neglect of youth to local authorities.
- Not conceal carry firearms and/or weapons while acting in a volunteer role. I understand that if I am a 4-H Youth Development shooting sports volunteer, I am expected to openly carry/transport 4-H shooting sports equipment in designated areas.
- Immediately notify my county UW-Extension Educator/Agent of any changes with my status (e.g. contact information, criminal arrest, charge or conviction history, driving privileges, etc.)

I have read and understand and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position as a volunteer will result if I do not meet these expectations.

I agree ☒ 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 ☐

Alumni

Were you in 4-H as a youth?: Yes

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. Accommodation

If your disability accommodation status has changed, left-click this field and select a new option.

3. Continue

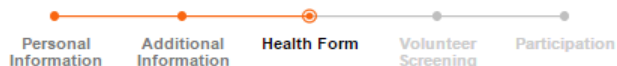
When all checkboxes are selected and information is updated, left-click "Continue >>"



Logged in as Leader: Practice

Home | My Member List

Enrollment Member Settings Trainings



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: Select an item ...

Diabetes: Select an item ...

Epilepsy: Select an item ...

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

1. Health Form

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

Left-click the fields to enter new or updated 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.

4HOnline x
https://wi.4honline.com/Member/Enrollment/HealthForm.aspx

#1 Dosage (mg):

#2 Medication

#2 Name of Medication:

#2 Reason:

#2 Dosage (mg):

#3 Medication

#3 Name of Medication:

#3 Reason:

#3 Dosage (mg):

#4 Medication

#4 Name of Medication:

#4 Reason:


#4 Dosage (mg):

Consent for Medication Administration and Medical Treatment

By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the event/camp/program activity.
- I attest that all information on this form is correct.
- 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 my actions in the course of the event/camp/program.

Sign by typing your name.:

Date:  mm/dd/yyyy

<< Previous Continue >>

2. Date

If you have made updates to 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 for the first time, left-click the blank field and type your **legal name**. If you are completing a youth's health form for the first time, you will also have to type their name in a box that will appear below.

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

Volunteer Screening

Identification

Driver's License Number:

Date of Birth: mm/dd/yyyy

1. I am applying to be a 4-H volunteer and acknowledge and understand that, through this application, my record will be checked.

I agree.: ☐

2. Have you been a full time resident in Wisconsin during the past 3 years?

:

3. If "no" to above, list non-Wisconsin address(es), including county and state, of residence(s) during the past 3 years:

:

4. If you have not lived in Wisconsin during the past 3 years, please list 3 people (not relatives) who can comment on your work with youth:

Reference 1

Name:

Relationship to you:

Phone:

555-555-1234

Address:

Reference 2

Name:

Relationship to you:

1. Volunteer Screening

NOTE: This screen will only appear if you are re-enrolling as an adult volunteer for the first time, or if you are re-enrolling as an adult volunteer and have not completed a background check in four years. If you do not see this screen, skip the current page and the next page in these instructions.

Left-click the fields next to each applicable item and type your answer. Questions 3 and 4 are required only if you have not been a full-time resident in Wisconsin during the past 3 years.

2. Scroll Bar

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

Relationship to you:

Phone:

555-555-1234

Address:

5. Has your driver's license been suspended or revoked within the last 10 years?

:

6. Have you been convicted of crime involving a minor (including a deferred imposition of sentence)?

:

7. Have you used or been known by any other names, e.g., maiden name, previous marriage, or legally-changed name?

:

If "yes," what names have you used?:

8. I acknowledge and agree that I or UW-Extension may terminate the volunteer agreement at any time. I certify to the best of my knowledge that these responses are true and complete. I hereby authorize UW-Extension to conduct a police and court investigation of my background.

I agree.: ☒

Leader enrollment is not complete until you have attended a volunteer orientation and a background check has been completed.

<< Previous

Continue >>

1. Continue: If you are on the Volunteer Screening screen, click "Continue >>" to save your work and proceed to the last section. ***If you were not presented with the Volunteer Screening screen after the Health Form screen, skip this page in the instructions.***



Logged in as Leader: Practice

Home | My Member List

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Clubs

Projects

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:

Add Club

Club List

[New Look]

Primary

Club

Edit



Chilton Chickens

Delete

<< Previous

Continue >>

Submit Enrollment

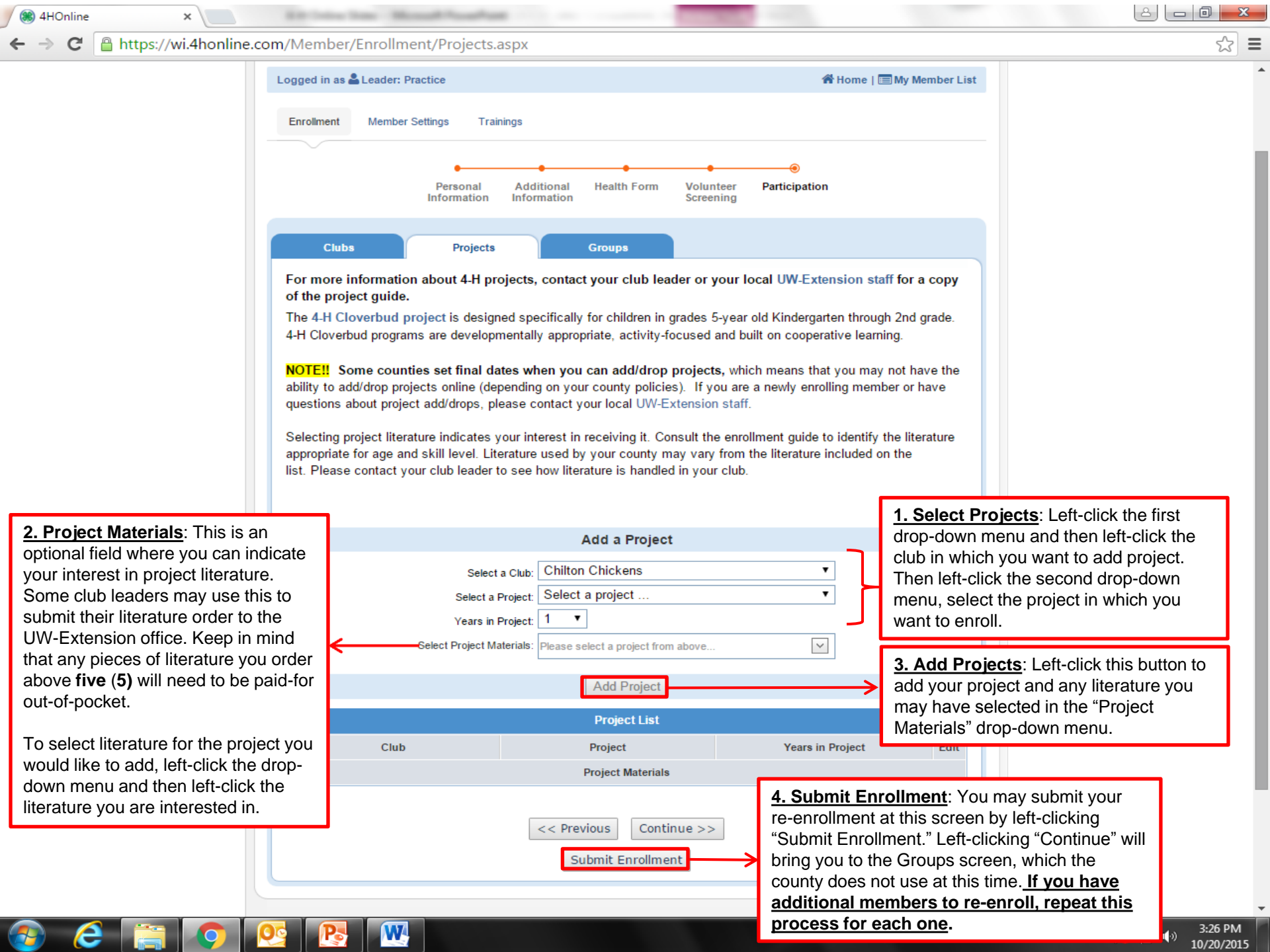
1. Club Status: At this screen, you can change your primary club, remove yourself from a club's roster, or add secondary clubs.

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

To remove a club, left-click the "Delete" button next to that club on your club list.

To change your primary club, left click the circular button in the leftmost column next to the club of which you intend to be a primary member.

2. Continue: Once you are satisfied with your club selection (or if you have no changes to make), left-click "Continue >>"



2. 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 add project. Then left-click the second drop-down menu, select 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 selected in the "Project Materials" drop-down menu.

4. Submit Enrollment: You may submit your re-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. **If you have additional members to re-enroll, repeat this process for each one.**