



Progressive Agriculture Safety Day® 2024 Volunteer Code of Conduct

During my participation with the Progressive Agriculture Safety Day® (PAF Safety Day) program or while working with minors to plan, set-up, clean-up, and/or evaluate the Safety Day, I agree to the following requirements. I understand that these are required not only to protect minors, but to protect me from possible undeserved accusations.

1. I will not engage in behavior that can be considered sexual harassment including a) sexual flirtations, advances, or propositions, b) any unwanted affection or physical contact (which includes tickling, wrestling, piggyback rides, massage, back scratching, etc.)
2. I will not put myself in a position where I am alone with a minor. If I find myself alone with a minor, I will immediately go to a location where I am visible to others or locate another adult.
3. I will not bring or access any sexually oriented materials during the Safety Day.
4. I agree to refrain from using inappropriate language/humor in the presence of minors. This will include a) no swearing, b) no racial, sexist, or ethnic comments, jokes or conversations, and c) no comments regarding a physical body and its development.
5. I will not use, possess, or be under the influence of alcohol, illegal drugs, or any substance used for its intoxicating effects, nor will I provide any of these items to minors or peers.
6. I will refrain from smoking and other uses of tobacco or nicotine including, but not limited to, cigarettes, cigars, pipes, snuff/chewing tobacco, vape, or any similar device.
7. I will dress appropriately (shirts and shoes are required. Low-cut tops, tops that show bare midriffs, clothing with inappropriate language, short-shorts, and excessively low-cut pants are not appropriate.)
8. I will not administer over the counter or prescription medications to a minor. This must be done by a health professional or person designated by the coordinator.
9. I will speak to minors in a respectful manner and will not speak in a way that is harsh, demeaning, or abusive.
10. I will not discipline a minor physically. If a verbal request does not result in acceptable behavior, I will refer the problem to the PAF Safety Day Coordinator(s).
11. I understand that photographs, audio and/or videos of participants may not be permitted by a parent. I will use caution and work with the PAF Safety Day Coordinator(s) to identify these participants and assure I do not take nor use photographs, audio and/or video of those participants on social media, websites, print media and/or promotional materials for both myself and the organization I represent.
12. If I see or hear violation(s) of these requirements I will inform the PAF Safety Day Coordinator. If the violation(s) is/are by the coordinator, I will report immediately to a Progressive Agriculture Foundation staff member at 888-257-3529 Ext. 700 or safetyday@progressiveag.org.

This *Progressive Agriculture Safety Day® Code of Conduct for Volunteers* is to be given to all volunteers who participate in a Progressive Agriculture Safety Day®. A signed *Code of Conduct for Volunteers Agreement* must be returned to the PAF Safety Day Coordinator before an individual can work with minors to plan, conduct or evaluate a PAF Safety Day.



Safety Day Code: _____

Progressive Agriculture Safety Day® 2024 Adult/Volunteer Code of Conduct Agreement Form

Instructions: Please clearly print the required information and return it to the Safety Day Coordinator. If you have any special requests/accommodations, share with the coordinator.

First Name: _____ Last Name: _____

Employer/Organization (*please do not abbreviate*): _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship to You: _____

Which best describes your age (check one): Under 18 years old 18 years or older

Type of Volunteer (check all that apply):

- Presenter/Instructor On-site logistics (i.e., registration, meal prep, set-up/clean-up)
 Group Leader Photographer/Videographer Planning Committee
 Other: _____

Please select which best describes you (check all that apply):

- Health & Safety Professional FFA
 School Staff/Teacher Veteran (active or retired military)
 Utility Service Equipment Dealership (Brand): _____
 Emergency Services (Branch): _____ College Student
 4-H Agriculture Business (Specify): _____
 Extension Staff (Dept): _____ Other (Specify): _____

Have you completed any child abuse clearances, criminal background checks, or safety of minor's training (i.e., for this role, another volunteer position, or your current job)?

- Yes No Unsure

Have you participated in a PAF Safety Day before as either a participant or volunteer?

- Yes No Unsure

Estimate the number of hours of time with this event. (please include pre-planning, travel to and from the Safety Day, and the duration of the event): _____

By signing this form, I acknowledge that:

1. I have received and read a copy of the Progressive Agriculture Safety Day® *Code of Conduct for Volunteers* and agree to conduct myself according to this Code.
2. As a PAF Safety Day volunteer, I understand I may receive periodic correspondence from the Progressive Agriculture Foundation in the form of thank you e-mails, newsletters, etc.

Signature of Volunteer/Participant _____ Date _____