



Safety Day Code: _____

Progressive Agriculture Safety Day® 2023 Adult Code of Conduct

During the Safety Day 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. Sexual harassment of minors or volunteers will not be tolerated. Behavior that can be considered sexual harassment includes: 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.
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 -- no a) swearing, b) racial, sexist or ethnic comments, jokes or conversations, and c) comments regarding a physical body and its development.
5. I will not use, possess, 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.
6. I will refrain from smoking and other uses of tobacco to include, 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, short-shorts and excessively low-cut pants are not appropriate. Pants should fit or be belted so that they do not ride down.)
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 Safety Day coordinator.
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 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. I understand that by signing this Code of Conduct I may receive periodic emails from The Progressive Agriculture Foundation regarding Safety Days, volunteer opportunities and newsletters.
13. If I see or hear violation(s) of these requirements I will inform the Progressive Agriculture Safety Day Coordinator. If the violation(s) is/are by the coordinator, I will report this to the Chief Executive Officer for the international Progressive Agriculture Safety Day® program at 888-257-3529 Ext. 701 or 612-232-7903

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 lead Coordinator or their designee before an individual can work with minors to plan, conduct or evaluate a Safety Day.



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Progressive Agriculture Safety Day®
2023 Adult Code of Conduct -- Agreement Form

Attending as: Volunteer Participant

Instructions: Please clearly print the required information and return it to 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: _____

Are you representing any of the following? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Health & Safety Professional | <input type="checkbox"/> FFA |
| <input type="checkbox"/> School Staff/Teacher | <input type="checkbox"/> School Staff/Teacher |
| <input type="checkbox"/> Utility Service | <input type="checkbox"/> Equipment Dealership (Brand): _____ |
| <input type="checkbox"/> Emergency Service (Branch): _____ | <input type="checkbox"/> College Student |
| <input type="checkbox"/> 4-H | <input type="checkbox"/> Agriculture Business (Specify): _____ |
| <input type="checkbox"/> Extension Staff (Dept): _____ | <input type="checkbox"/> Other (Specify): _____ |

Have you completed any additional volunteer screening, criminal background checks, or safety of minor's clearances for this role, or any other role while working with youth?

- Yes
- No

Have you participated in a PAF Safety Day before?

- Yes (If so, how did you participate?) Coordinator Volunteer Participant
- No (*circle all that apply*)

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

I need the following accommodations: _____

By signing this form, I acknowledge that:

- 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.

Signature of Volunteer/Participant _____

Date _____