

2024 Ohio 4-H Health HEROES Adult Mentor Contract

Ohio 4-H Healthy Living

I, _____ agree to actively participate as an Ohio 4-H Health HEROES Adult Mentor. I understand that I must follow the Ohio 4-H Code of Conduct. If at any time I feel I cannot fulfill my responsibilities as a Health Hero Adult Mentor, I will immediately notify the State 4-H Healthy Living Educator.

As an Ohio 4-H Health Hero Adult Mentor, I agree to the following (Please ✓ once you've read):

Roles & Responsibilities

- ___ Complete 1-hour required online training for Ohio 4-H Health HEROES Adult Mentor (see website).
- ___ Encouraged to attend virtual touch-base meetings. Do not need to attend in-person trainings.
- ___ Be an approved Ohio 4-H Volunteer or OSU Extension Employee.
- ___ Be available to serve as an Adult Mentor to a 4-H Health Hero from October 2023 through August 2024.
- ___ Answer quick pulse surveys about how your Health Hero is doing throughout the year.
- ___ Communicate with State 4-H Staff and Ohio 4-H Healthy Living Educator as to any needs, questions, or barriers that arise.
- ___ Keep up-to-date on 4-H Health Hero activities by consistently checking in with the progress of your Health Hero.
- ___ Be interested in learning about healthy eating, leading an active lifestyle, and other health-related topics.
- ___ Be excited to teach others about nutrition, physical activity, mental health, and drug prevention.
- ___ Assist the Health Hero in creating an "Action Plan" to impact health in their local community, record activities conducted, and report to State 4-H Healthy Living Educator.
- ___ Help prepare their results and findings of conducting your "Action Plan" at the Ohio State Fair on Health Day.

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Contract continued...

As an Adult Mentor for an Ohio 4-H Health Hero, I agree to the following (please ✓ once you've read):

Character Agreement

- ___ Be responsible and trustworthy.
- ___ Be passionate about making a difference in your community.
- ___ Actively share the message of Healthy Living within your local 4-H clubs and/or school clubs.
- ___ Model healthy eating and physical activity to family, friends, and 4-H members.



I have read this contract and understand the roles, responsibilities, and character I will be expected to fulfill as an Ohio 4-H Health Hero Adult Mentor. If I fail to meet any of these commitments, I understand that I may be removed as an Ohio 4-H Health Hero Adult Mentor by the State 4-H Healthy Living Educator.

Signature

Date

Parent/Guardian Signature

Date



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