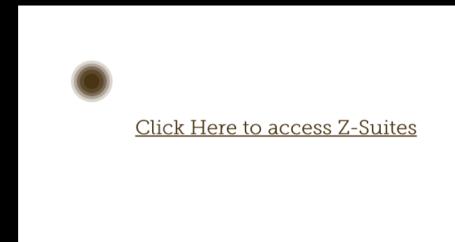




Go to our Private Member Website
Click on Helpful Documents
Click on Annual Training & Program Dues



Scroll down and click on what's shown below





OKLAHOMA COOPERATIVE
EXTENSION SERVICE



Sign up for a new
account and fill out the
information
Choose Oklahoma
County - OSU

Register New Account

State

OKLAHOMA

County

OKLAHOMA COUNTY - OSU

Email

cndysch@gmail.com

Email Confirmation

cndysch@gmail.com

Last Name

Schaefers

Password (Must be 6 or more characters)

Confirm Password

Primary Phone

4052599377

MAILING ADDRESS

Mailing Address Line 1

12050 Jaycie Cir

Mailing Address Line 2

City

MIDWEST CITY

Mailing State

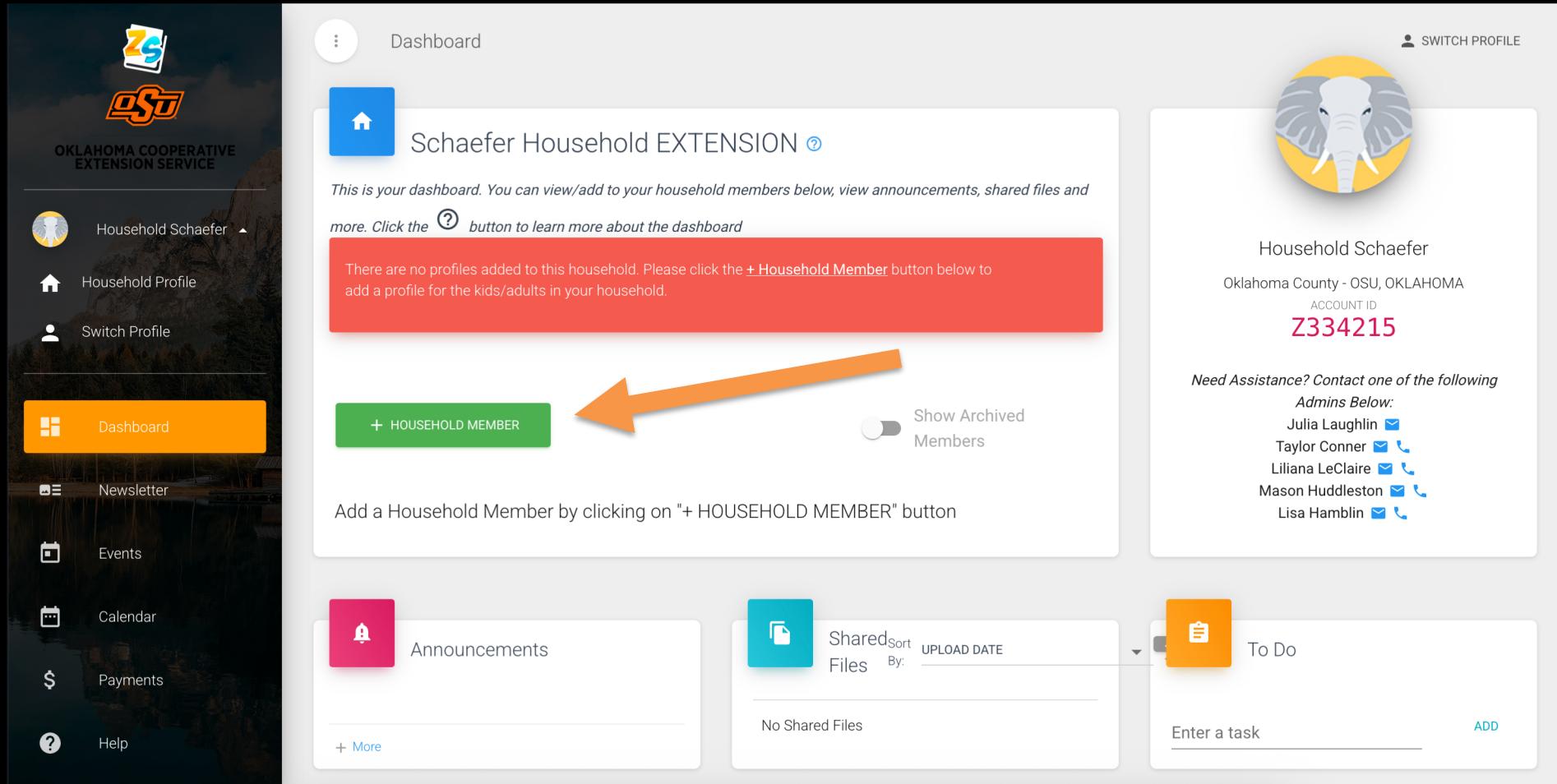
Oklahoma

Zip Code

73130

BACK

LET'S GO



OKLAHOMA COOPERATIVE EXTENSION SERVICE

Household Schaefer

Household Profile

Switch Profile

Dashboard

Newsletter

Events

Calendar

Payments

Help

Dashboard

Schaefer Household EXTENSION

This is your dashboard. You can view/add to your household members below, view announcements, shared files and more. Click the [?](#) button to learn more about the dashboard

There are no profiles added to this household. Please click the [+ Household Member](#) button below to add a profile for the kids/adults in your household.

+ HOUSEHOLD MEMBER

Show Archived Members

Announcements

Shared Files

To Do

Household Schaefer

Oklahoma County - OSU, OKLAHOMA

ACCOUNT ID

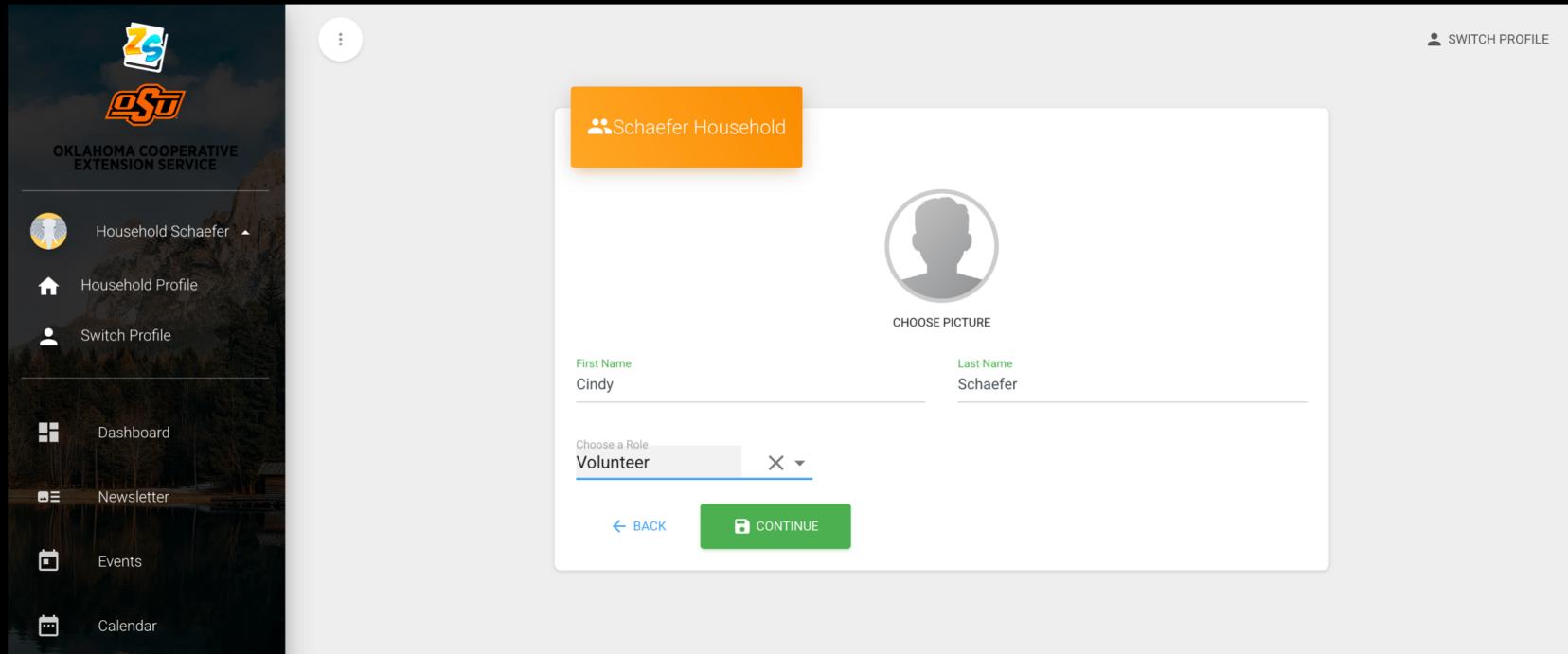
Z334215

Need Assistance? Contact one of the following

Admins Below:

- Julia Laughlin [✉](#) [📞](#)
- Taylor Conner [✉](#) [📞](#)
- Liliana LeClair [✉](#) [📞](#)
- Mason Huddleston [✉](#) [📞](#)
- Lisa Hamblin [✉](#) [📞](#)

Click Add Household Member



Fill in info and select Volunteer

Enrollment for Cindy Schaefer
2025 - 2026

BACK TO DASHBOARD

PERSONAL INFO

WAIVERS

CLUBS

Account Profile Information

Edit in "Household Members" tab under Primary Profile

Name
Cindy Schaefer

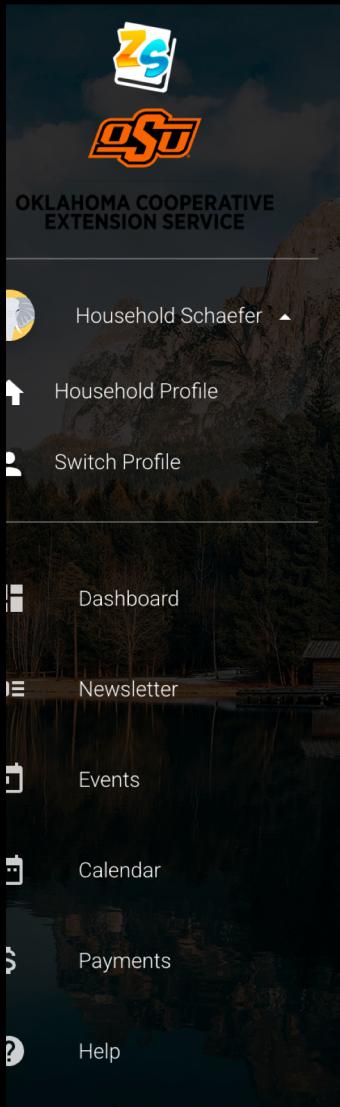
Select what program(s) you participation with extension

Adult Volunteer Age Requirement

Adult Enrollment is only for those who are a "Certified" Extension Volunteer. Certified adult volunteers must be at least 21 years old. All certified volunteers require an initial Criminal Background Check. Background checks will be completed a minimum of every four years.

* I am 21 years old at the time ... X

Fill Out and select
"I'm at 21 Years old..."



Basic information

First Name *

Cindy

Middle Name

L

Last Name *

Schaefer

Family Email *

cndysch@gmail.com

Mailing Address *

12050 Jaycie Circle

City *

Midwest City

State *

Oklahoma

Zip *

73130

Birthdate

12/29/1957



Primary Phone

4052267118

Phone - other than primary

Gender *

Female



Place of Residence *

Community/Town less than 5...



Fill Out Basic Information

Ethnicity *
Not Hispanic or Latino X ▾

Years as a Certified Extension (FCS, MG, 4-H) Volunteer

*
10+ years X ▾

Background Check Process: The county Extension office will submit your name and email to Sterling Volunteers (SV) for a Background Check. SV will send an invitation to login and complete the questions necessary to initiate the search. Each volunteer must have their own "unique" email. Family members cannot share the same email address. Each volunteer will get a copy of the Background Check. To comply with OCES guidelines, I understand a formal background check will be completed by a designated third-party agency 1) the initial year of certification, 2) every fourth year and/or 3) some reported adverse action would require an additional background check.

*
Agree to a Background Check X ▾

Race *
White ▼

Type in how many years you have been a volunteer

Have you ever been convicted of a crime; a criminal traffic offense, other than a minor traffic offense?

*
No X ▾

Have you ever been convicted of child neglect, abuse or assault?

*
No X ▾

Fill Out Personal Info And agree to a Background Check

Agree to a Background Check X ▾

Have you ever been convicted of child neglect, abuse or assault?

No X ▾

Do you use illegal drugs or misuse legal/controlled substances.

No X ▾

Emergency Contact Information

Emergency Contact Name *
Karl Schaefer

Emergency Contact Phone Number *
4052266224

Emergency Contact Relationship *
Husband

[BACK TO DASHBOARD](#) SAVE FOR LATER NEXT

Fill Out Basic Information

Enrollment for Cindy Schaefer

2025 - 2026

[BACK TO DASHBOARD](#)

PERSONAL INFO

WAIVERS

CLUBS

Read over and complete the following releases

[Extension Volunteer Agreement](#)



Extension Volunteer Agreement

Volunteer Agreement

Volunteers are fundamental to the many successful programs of the Oklahoma Cooperative Extension Service. Volunteers provide invaluable support to broaden the reach of Extension and improve its resources.

The Cooperative Extension Service is a nationwide system funded and guided by a partnership of federal, state and local governments that delivers information to support residents through the land-grant university system.

Extension offers programs in agriculture and natural resources, family and consumer science, 4-H youth development, community economic development and community health. These areas of educational programming address the economic, social and health challenges residents face.

The purpose of this document is to clearly define the rights and responsibilities of the two parties in this agreement: Extension volunteers and the Oklahoma Cooperative Extension Service.

Extension Volunteer Statement of Understanding:

- A volunteer is a person who, of their own volition, gives their services without any express or implied promise or expectation of remuneration or compensation. I acknowledge that my services to Oklahoma Cooperative Extension Service programs and/or event organizers are entirely voluntary, and I do not expect, nor am I entitled to, nor will the program, Extension service, university and/or event organizers pay or be responsible for, any wages, other compensation or remuneration, or any other benefit, including, but not limited to, workers' compensation insurance coverage.
- I acknowledge that even though I am a volunteer, it is my responsibility to conduct myself in a manner that will properly represent the Oklahoma Cooperative Extension Service. I further understand I am not guaranteed any future employment with the program, Extension service, university and/or event organizers, nor am I guaranteed any future volunteer position.
- To comply with Oklahoma Cooperative Extension Service guidelines, I understand a formal background check will be completed by a designated third-party agency every four years, and/or if some adverse action was reported, it would require an additional background check.
- I understand that as an Extension volunteer, it is my responsibility to maintain records of my volunteer activities/training/certifications through the online management system or provide such documentation to my county OSU Extension office.
- I understand that my status as an Extension volunteer is subject to the discretion of the Oklahoma Cooperative Extension Service and I, as a volunteer of the program, may be reassigned and/or my volunteer services ended at any time for any reason or for no reason.

As an Extension Volunteer candidate, I agree:

- To provide a safe and positive educational environment that will enable communities to grow, learn and develop healthy relationships.
- To serve at the pleasure of the Oklahoma Cooperative Extension Service with pride and dignity, behave appropriately, exhibit good sportsmanship and demonstrate reasonable conflict management skills.
- To work cooperatively with youth, families, volunteers, OSU Extension faculty and staff, and others in a courteous, respectful manner demonstrating behaviors appropriate of a positive role model.
- To respect, adhere to and enforce rules, policies and guidelines established by the Oklahoma Cooperative Extension Service and OSU; this includes all state and federal laws related to child abuse, substance abuse, civil rights policies and regulations, etc.
- Under no circumstance, allow or consume alcohol, illegal drugs or any form of medical or marijuana products at Extension programs. Understand the use of or being under the influence of alcohol or legal/illegal drugs while in the presence of youth and/or at Extension programs are grounds for termination as a volunteer or Extension educator.
- Strongly discourage the use of tobacco and vapor products in the presence of youth and/or during youth programs, as the use of these products is illegal by minors.
- To recognize that verbal, mental or physical abuse, hazing or committing criminal acts, and/or being aware of such without reporting the same are grounds for termination as a volunteer or Extension employee.
- To operate machinery, vehicles and other equipment in a safe and responsible manner when working with youth and adults participating in Extension programs.
- To treat animals humanely and encourage youth and adults to provide appropriate and ethical animal care.
- **Equal Opportunity Statement (EEO):** “Oklahoma State University, as an equal opportunity employer, complies with all applicable federal and state laws regarding non-discrimination. Oklahoma State University is committed to a policy of equal opportunity for all individuals and does not discriminate based on race, religion, age, sex, color, national origin, marital status, disability or veteran status with regard to employment, educational programs and activities, and/or admissions. For more information, visit <https://eo.okstate.edu>.

Assumption of Risk for OSU Extension Employees serving as an Extension Volunteer:

- As an OSU Extension Employee (which includes any campus or extension of OSU in Oklahoma, including a program assistant, support staff and other non-exempt OSU staff), I acknowledge that I am serving as an Extension volunteer by providing services at an Extension function which is not part of my normal daily work routine and is not within the scope of my employment with OSU. The event may include chaperoning or participating as an individual. As such, I acknowledge that I am doing so of my own free will and do so as a volunteer without compensation. I also acknowledge that if I participate during normal work hours, I will be required to use approved leave, or I may lose normal compensation.

By Entering my Name I Agree to the Above Release

Name

Cindy Schaefer

Date

08/31/2025



Assumption of Risk and Release



Publicity Release



Medical Release and Prescription Medications



PREVIOUS

BACK TO DASHBOARD

SAVE FOR LATER

NEXT

After completing enrollment
Click on Assumption of Risk and
Release

Assumption of Risk and Release

Being fully familiar with the activities of the Oklahoma Cooperative Extension Service, I further acknowledge that the performance of the volunteer work and participation in the activities involved in said work and/or events are not without some inherent dangers, hazards and risks of injury, including bodily injury and death. As such, I do hereby agree to assume all of the risks and responsibilities surrounding my volunteer activities and I do for myself, my heirs, and personal representatives hereby agree to release, waive, forever discharge and covenant not to sue the OSU/Langston Extension Service, Oklahoma State University/Langston University, the governing Board of Regents of the universities, and all officers, agents, and/or employees thereof from and against any and all claims, demands, and actions or causes of action on account of damage to personal property or personal injury or death which may result from the performance of my volunteer duties, my activities and/or my participation in the activities or events thereof. I further understand I will be responsible for the costs associated with my care and treatment related to any such accident, injury or loss.

Consent

I have read and understand the University's
Assumption of Risk and Release

*

Agree

Click Agree

Publicity Release

I authorize OSU/Langston Extension Service and/or Oklahoma State University/Langston University to photograph, film, audio/video record and/or televise my image and voice, and, to reuse, publish, perform, reproduce, adapt, distribute, or transmit the same, in whole, in part, or in composite, through any medium, and for any purpose whatsoever, without restriction, and to use my name in connection therewith.

Consent

Consent

Decline- do not use name a...

X ▾

You can accept or decline



Medical Release and Prescription Medications

Oklahoma State University/Langston University and the Oklahoma Cooperative Extension Service (OCES) need accurate information to provide and/or seek appropriate Medical treatment for adults participating in some Programs. In cases where medical attention is necessary, the Emergency Contact will be contacted when possible; however, in the event of an emergency, the OCES staff/volunteer will seek medical care for any Participant until which time a legal representative can assume responsibility for the individual's care and treatment.

Medical History – I understand it is my responsibility to provide complete and accurate information regarding mental, physical, or medical conditions to participate in this Program. If uncertain about any pre-existing medical condition(s), it is my responsibility to consult with my physician prior to participating in this Program. As a participant, it is my responsibility to disclose relevant information that may result in harm to the Participant and/or others during this Program. Furthermore, it is my responsibility to notify the OCES and/or Oklahoma State University/Langston University of any changes in the mental, physical, or medical condition of the Participant which may impact their participation in the Program.

Medical information disclosed will not be used by University personnel, employees, the Extension program, or volunteers to determine a Participant's ability to participate safely in the Program. This information will be kept in strict confidence and will only be shared with my permission or as necessary in the event of an emergency.

I understand that, if Participant chooses to participate in activities, it is done voluntarily and of my own accord.

It is my responsibility to provide a current or updated health form (online or paper) as needed to participate in Programs.

 [UPLOAD COMPLETED FORM](#) 

I understand the position of OSU, Langston and OCES in my care and treatment.

I have been informed and understand that OSU and OCES representatives will seek medical attention for any person in their care, until which time a legal representative can assume responsibility for this individual's treatment.

Click on "I understand..."

Management of Adult Medical Form

Online Health Form Management - The family chooses to manage and update this member's Health Form Online. The form will be completed below

CHOOSE NOT TO COMPLETE the online Health Form. Scroll directly to header, "Health Information Management/Authorization"

Adult Medical Form

Insurance Information

Emergency Contact Information

Health History and Medical Records

You can choose not to submit
medical information

Enrollment for Cindy Schaefer

2025 - 2026

[BACK TO DASHBOARD](#)

PERSONAL INFO

WAIVERS

CLUBS

Optional: Click the Add Club button to add one or more Clubs
If you are not participating in 4-H you can skip adding a club and click "Submit" to
submit your enrollment.

[+ ADD CLUB](#)

[PREVIOUS](#)

[BACK TO DASHBOARD](#)

[!\[\]\(eca9dca13a2688a2d5e75f35d4cc16aa_img.jpg\) SAVE FOR LATER](#)

[!\[\]\(6d4cdef06d803dcd63aa9aa8840a2ace_img.jpg\) SUBMIT](#)

Skip this and Click on Submit

Enrollment for Cindy Schaefer

2025 - 2026

[BACK TO DASHBOARD](#)

CLUBS

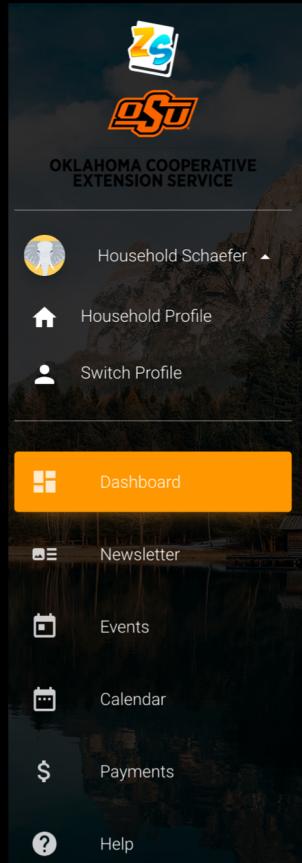
one or more Clubs
g a club and click "Submit" to



Success!

You have successfully submitted your enrollment.

OK



Dashboard

Schaefer Household EXTENSION

This is your dashboard. You can view/add to your household members below, view announcements, shared files and more. Click the  button to learn more about the dashboard

 + HOUSEHOLD MEMBER

 Cindy Schaefer VOLUNTEER (PENDING APPROVAL)

 UPDATE ENROLLMENT

 Show Archived Members

 Announcements

 Shared Files Sort By: UPLOAD DATE

No Shared Files

 To Do

Enter a task ADD



 SWITCH PROFILE



Household Schaefer

Oklahoma County - OSU, OKLAHOMA

ACCOUNT ID
Z334215

Need Assistance? Contact one of the following

Admins Below:

- Julia Laughlin  
- Taylor Conner  
- Liliana LeClaire  
- Mason Huddleston  
- Lisa Hamblin  

Enter a task ADD