



Gaston County Extension and Community Association (ECA)

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Update 06/26/18

Voted on 10/4/18

Gaston County Extension and Community Association (ECA)
STANDING RULES



ARTICLE I. NAME

The name of the organization shall be the **Gaston County Extension and Community Association (ECA)**.

ARTICLE II. MISSION

Mission

Gaston County ECA shall function as a volunteer organization affiliated with the North Carolina Extension and Community Association (NCECA), which is a non-profit organization as defined under Section 501 (c)(3) of the Internal Revenue Code. The mission of Gaston County ECA shall be to strengthen and develop individuals, families and communities through support of Cooperative Extension educational programs, and community service projects.

About Gaston County ECA

ECA donates program supplies and volunteer hours to a variety of community organizations such as:

- Supporting NC Cooperative Extension educational programs
- Providing educational scholarships
- Teaching craft classes-such as quilting, ceramics, scrapbooking, knitting, and sewing
- Supporting CaroMont Regional Medical Center with pillows for surgical patients and baby quilts for neo-natal unit
- Supporting projects of the National Volunteer Organization Network (NVON)

ARTICLE III. CODE OF CONDUCT

It is the responsibility of all volunteers of the Gaston County Extension and Community Association (ECA) to serve as a positive role model in our community and to act with dignity and pride. ECA's mission and reputation reflect the conduct of its members. Our reputation for integrity and excellence requires the highest standards of conduct. Volunteers have an obligation to act in a way that will always merit the continued trust and confidence of our members and general public.

The following standards of behavior have been established when participating in ECA meetings and activities.

Volunteers will:

1. Be tolerant and inclusive of others and learn to appreciate differences.
2. Practice kindness and help others when needed.

3. Treat everyone with respect regardless of race, creed, or ability.
4. Participate in required training programs and use/follow the recommended policies and procedures.
5. Create opportunities for participation in the decision-making process within Gaston County ECA.
6. Dress appropriately for ECA activities and avoid inappropriate dress. This includes, but is not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations and goals of ECA. Examples include: clothing with negative or hateful language or symbols; see-through blouses, shirts or pants, extremely low-cut blouses; exposed undergarments or no undergarments; bare midriff shirts; and excessively short or tight garments.
7. Act in a way that is cooperative, civil, respectful, and productive to support the goals and mission of ECA.

Volunteers will not:

1. Engage in discrimination. All ECA meetings and activities are open to all individuals without regard to race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (as determined by the Civil Rights Act of 1964).
2. Verbally or physically abuse anyone. This includes touching anyone inappropriately or without their permission.
3. Give improper preferential treatment to any person.
4. Use profanity, participate in gossip, tell inappropriate jokes, or share intimate details of one's personal life.
5. Participate in any form of harassment whether verbal, physical, written, or through social media.

Generally, the use of good judgment will serve as proper guidance. However, if a situation arises where it is difficult to determine the proper course of action or if you feel you are being pressured to act improperly, the matter must be discussed with the Gaston County ECA President, Executive Board member, or ECA Liaison.

Compliance with this policy is the responsibility of each and every volunteer.
(Adopted by the ECA County Council – November 2015)

ARTICLE IV. MEMBERSHIP REQUIREMENTS

1. Adhere to the ECA Volunteer Code of Conduct.
2. Members shall complete all requirements as follows and upon completion shall be a "Member in Good Standing" for the year:
 - a. Complete 4 **Educational Hours/Training** annually from the following options:
 - Complete a "Gaston County ECA orientation" session
 - Attend a regular Gaston County ECA monthly meeting
 - Attend special educational programs sponsored by Gaston County ECA and/or NC Cooperative Extension (i.e., annual food safety training)
 - Prepare to teach and or lead a program

- b. Complete **16 combined Gaston County ECA Volunteer Hours and Cooperative Extension Volunteer Hours** annually from the following options:
 - Serve on a standing committee (i.e., Building Center committee, Program committee, Marketing committee), District and State Meetings.
 - Serve on a project committee (i.e., Pie Day, County Commissioners’ Presentation, Make a Difference Day), fulfilling Executive Board Responsibilities.
 - Assist with office coverage/organizational duties
 - Volunteer with a special project of Gaston County ECA (such as, but not all inclusive: RADA sales, collections for Ronald McDonald House, Gaston Co. Schools, First Baptist Mission, Pennies for Friendship, baby quilts/caps, surgical pillows)
 - Serve on the ECA Cultural Arts Committee
 - Assist with an ECA Special Interest Group’s community service project
 - Assist with delivery of NC Cooperative Extension sponsored programs (i.e., 4-H Super Summer, Living Healthy, Living Healthy with Diabetes, A Matter of Balance, and food preservation classes)
 - Assist with program set-up or cleanup
 - Serve as a judge for 4-H presentations
 - Serve as a volunteer for Somethin’ Pumpkin Cooking Contest & Festival
 - Serve as member of Cooperative Extension Advisory Board
 - c. Complete a “Gaston Co. ECA Monthly Report Form” each month – see Appendix H
3. Pay annual Gaston County ECA membership fee(s) – see Appendix A

Member Benefits

1. Access to up-to-date educational information and programs through programs and special projects
2. Fellowship and informal networking with other ECA members.
3. Being part of a county, district, and state organization.
4. Eligible to fire ceramics by paying firing fee (must be Member in Good Standing).
5. Eligible to rent building for personal use at ECA member rate fee with the following criteria:
 - a) New members cannot rent building for the first six (6) months requirements of membership and must be working on “Member in Good Standing”.
 - b) Existing member must be considered a “Member in Good Standing” as determined by membership status based on the past 12 months from the date of rental request.
 - c) Completed requirements are based on information from the monthly “Gaston Co. ECA Monthly Report Forms”.

ARTICLE V. ORGANIZATIONAL STRUCTURE

Section 1. Executive Board

The Executive Board shall consist of the: President, Vice President, Past President, Secretary, Treasurer, and Standing Committee chairpersons.

Section 2. President: Roles/Responsibilities

A. County-level responsibilities:

1. Agree to serve a one-year term when elected and to progress to the office of Immediate Past President.
2. Preside at meetings of Gaston County ECA and shall have the power to appoint such committees, committee chairperson and representatives as necessary. The President shall serve as ex-officio member of all committees.
3. Notify members of Executive Board of the date, place and time of regular and special ECA meetings.
4. Serve as the Gaston County ECA representative or delegate to other organizations for joint projects, activities or functions.
5. Notify Vice President if unable to attend any meeting.
6. Appoint chairpersons for each standing committee based on recommendations from the Executive Board.
7. Appoint ECA members promptly to act as delegates for duties that are part of the President's responsibilities, but cannot be accomplished by the incumbent (one currently holding office) for any reason.
8. Extend invitations to district and state officers residing in the county to attend and participate in Gaston County ECA functions and events.
9. Coordinate, with assistance of Executive Board and the ECA Liaison, the annual calendar of county events and meetings. Be responsible for notifying appropriate members if schedule is later changed and if new meetings are scheduled.
10. Share information received from the National Volunteer Outreach Network (NVON) with members of Gaston County ECA.
11. Maintain complete records and materials pertaining to the office of President and convey them to the incoming President at the end of the term of office.
12. During the last three months of term as President, agree to serve as mentor to the newly elected incoming President.

B. District and state-level responsibilities:

1. Serve as the voting Gaston County ECA delegate or appoint such delegate at district meetings and State ECA meetings.
2. Attend district and/or state-level officer training workshops as appropriate, and disseminate information/training to Gaston County ECA officers and ECA Liaison.
3. Contact District ECA President each year and cooperate in implementing district projects and programs.
4. Serve as a county-level contact for district and state ECA meetings/functions; obtain county assignments and share information and assignments with Gaston County ECA and ECA Liaison.

Section 3. Vice President

1. Agree to serve a one-year term when elected and to progress to the office of President at the end of the one-year term.
2. Preside at meetings of Gaston County ECA in the absence of the President, as per the President's request.
3. Attend all ECA meetings on county, district and state-level, as possible.

4. Keep complete records and materials pertaining to the office of Vice President and give them to the incoming Vice President at the end of term of office.
5. During the last three months of term as Vice President, agree to serve as mentor for the newly elected incoming Vice President.

Section 4. Secretary

1. Agree to serve a one-year term when elected.
2. The Secretary shall keep minutes and agendas of regular meetings and Executive Board meetings, and perform other duties as requested by the President.
3. Maintain complete records and materials pertaining to the office of Secretary and convey them to the incoming Secretary at the end of the term of office.
4. Attend all meetings and training on the county level to accomplish the duties of the office to the standards and policies of the organization, as possible.
5. During the last months of term as Secretary, agree to serve as mentor to the newly elected incoming Secretary.

Section 5. Treasurer

1. Agree to serve a one-year term when elected.
2. Receive all monies belonging to the county association and keep an accurate written record of all transactions – including checking account and foundation accounts.
3. Pay all Gaston County ECA bills when presented and disbursement is authorized by the budget or Executive Board.
4. Present a financial report, including monies belonging to the County Association and Special Interest Groups at monthly meetings and Executive Board.
5. Be prepared to answer questions about the association's financial status when information is requested by the officers and members of the association.
6. Forward required monies to the district and state treasurers at the direction of the Executive Board.
7. Transfer a memorial of \$10.00 (from the Benevolence/Remembrance Fund) to the Gaston County ECA Scholarship Fund at the death of any (active/current) ECA member or agent.
8. Send annual dues and roster to the NCECA State Treasurer on or before the required deadline each year.
9. Serve as Chairperson of the County Budget Committee and call meetings of the committee as needed. The County Budget Committee shall consist of the Executive Board and standing committee chairpersons.
10. Prepare annual budget proposal for presentation at the October Executive Board meeting of the year with the assistance of the Budget Committee.
11. Attend all meetings and training on the County, District and State level as possible.
12. Serve as a member of the Gaston County ECA Scholarship Fund Committee.
13. Disburse scholarship funds each year to selected applicant's institutions of higher education.
14. Keep a complete record of all activities and transactions completed during the term of office and convey the files to the incoming treasurer.
15. During the last three months of term as Treasurer, agree to serve as mentor for the newly elected incoming Treasurer.

16. Ensures that all signature cards of banking accounts are updated and appropriate to best meet the needs of Gaston County ECA.
17. Receive all monies belonging to the special interest groups of Gaston County ECA and keep an accurate written record of all transactions. *(See Appendix B - Reimbursement Form for Special Interest Groups) Monies in Special Interest Groups to be used only by special interest group.*
18. Upon completion of term as Treasurer, coordinate transfer of all records to new treasurer no later than January 15. If Treasurer leaves office before the end of the year, all records should be delivered to the new treasurer within three business days.

Section 6. Immediate Past President

1. Assist and advise the President in all matters.
2. Serve as coordinator of the County Yearly Activity Report to educate members of the county organization about the programs and encourage their participation. Assume responsibility for submitting county reports to district and state level by established deadlines.
3. Serve as member of the Scholarship Committee
4. Serve as member of the Marketing Committee.
5. Keep a complete file of all materials pertaining to the foregoing duties and give the file to the past president at the end of term of office.

Section 7. Standing Committees

1. All rules governing each standing committee are determined by the members of the individual standing committee with Executive Board.
2. Standing Committees shall be the Building Committee, Program Committee, Scholarship Committee, Ceramic Room Committee, and Marketing Committee. All committee chairpersons shall be responsible for the selection of preferably (3) three committee members.
3. Standing committees are permanent committees established by the organization to deal with recurring business/issues in specific areas that affect the operation and welfare of the association.
4. Members of standing committees serve a one year term.
5. Standing committees will meet as needed throughout the year.
6. The chairperson of a standing committee is expected to report the committee's current status and activities at monthly meetings.
7. Standing committees are expected to make recommendations to the Executive Board in matters pertaining to the specific issue/business of their committee.

A. Ceramic Room Committee

1. The Ceramic Room Committee is a Standing Committee. It consists of members paying a firing fee.
2. The chairperson(s) of the Ceramic Room Committee is appointed by the Extension and Community Association (ECA) County President assisted by the Executive Board.

8. No club members can use the club discounts or add to orders from vendors. Supplies can be purchased for personal use, but do not represent you as Gaston Co. ECA.
9. Firing Schedule:
 - a. Greenware
 - b. Underglaze
 - c. Glaze
 - d. Low Fire Items
 - e. Porcelain, China Paint, Decals, Gold, Silver, Mother of Pearl
10. Firing sequence to fire once a week whatever needs to be fired. Fire on any day, whichever times have the most to fill the kiln. Have extra firing as need.

B. Building Committee

1. The Building Committee is to be comprised of a chairperson and at least two committee members.
2. Committee will meet quarterly prior to Executive Board so that the chairperson can report on any activities.
3. Inventory of entire Lucile Tatum Center will be done every two years.
4. Building to be cleaned each spring. Committee will set a date for spring cleaning. All members will be asked to volunteer to help with cleaning. Cleaning supplies will be furnished.
5. Committee is responsible for supplying kitchen items such as liquid soaps, dish towels, kitchen cleaning supplies, etc.
6. Committee will keep Lucile Tatum Center locker supplied with items for county events, such as coffee, tea, sugar, paper products.
7. Committee is responsible for coordinating seasonal decorating.
8. Committee is responsible for the repair or replacement of any furniture. These expenditures must be approved by Executive Board.
9. Committee will be responsible for sorting donated items for respective special interest group and county projects as needed and keeping the Sewing/Project Room clean and in good order.
10. Remaining donated items will be placed in “Members Use Only” bins for one month. These items are free for any member to use.
11. After one month, unused items will be placed on the “Freebie Table” located at the front window of the Sewing/Project Room for anyone to take. After one month, any unused items will be placed in the dumpster.
12. Program Committee (formerly Lifestyles) items will be stored for up to 18 months. If a class is not held within 18 months the items will go into normal rotation.
13. Previously adopted “Sewing Room Rules” which are posted in Sewing/Project Room will remain in effect.

Updated: September 19, 2016

Management of Project Room:

- a. Sort out donated items to respective County Projects and Special Interest Group projects as needed.

- b. Same “Sewing Room” rules apply as previously adopted. See rules in Project Room on wall (above cabinet).
- c. Remaining donated items will be placed in bin for “Special Interest Group Use Only” for new projects. Donated items will remain in “Special Interest Group Use Only” bin for one month.
- d. The “donated items will be put in “Members Use Only” bin. These items are free to ANY member of ANY club. These items will stay in bin for one month.
- e. After one month, items will then be placed on the “Freebie Table” for anyone to take.
- f. Program supplies will be reviewed and stored up to 12 months. If a class is not held within 12 months the items will go on into normal rotation.
- g. Members can request supplies for use in special projects, by completing the “*Special Interest Group Request for Donated Supplies*” Form (Appendix G)

Conducting Inventory of Lucile Tatum Center:

- a. Inventory of entire Lucile Tatum Center will be done every two (2) years.

Management of Building: Supplies and Decorations:

- a. Building to be cleaned each spring. Committee is to set a date for spring cleaning. Each Special Interest Group that used the center for monthly meetings or any other activities will be asked for volunteers to help in the cleanup. Cleaning supplies will be provided.
- b. Responsible for supplying kitchen items such as liquid soaps, sponges, dish towels, etc.
- c. Keeping Home Center locker supplied as needed with items for county events, i.e.: coffee, tea, sugar, paper supplies.
- d. Committee is responsible for coordinating seasonal decorating.
- e. Committee is responsible for the repair or replacement of any furniture. These expenditures must be approved by Executive Council.

Handi Quilter Usage Guidelines

- 1. Individual must be an ECA member.
- 2. Individual must take the provided training class given by the Quilters’ Special Interest Group members by appointment.
- 3. Time of usage must be reserved on the schedule which is housed in the Quilters’ Club box located in the Project Room and confirmed with the ECA Liaison to be sure there is no conflict with other scheduled activities.
- 4. Usage of the Handi Quilter project on a weekend must be approved by the ECA Liaison.
- 5. The Handi Quilter must be used and stored in the Project Room.
- 6. Projects must be completed and removed by one week; adhere to the date given on the schedule. User may contact Quilters for approval if an extension is needed.
- 7. Advisement: It is strongly suggested that you review the training notebook that will be found in the project room.

8. The Medium Arm sewing machine is to be used for quilting projects only. Also it is designated to be used with the Handi Quilter, and not regular sewing classes.
Do not adjust tension of the medium arm sewing machine.
9. Guidelines and list of trained members who may use the Handi Quilter are to remain posted in the Project Room, on the Handi Quilter box and on the Medium Arm sewing machine box.

C. Marketing Committee

1. Submit to Tar Heel Homemakers e-News, an electronic newsletter, which is published five times a year. Committee is to submit events, articles, etc. that represents Gaston County. Contact: Geri Bushel, Box 7606 NCSU, Raleigh, NC 27695, email: gbushel@ncsu.edu. Deadlines Dates: February 1st, April 1st, June 1st, August 1st, and November 1st.
2. Take photos pertinent to ECA events, programs, activities and email to ECA Liaison as needed.
3. Assist ECA Liaison with social marketing (i.e., Facebook) of ECA events.
4. Distribute ECA marketing materials (including newsletters) regularly throughout community.
5. Write press releases for ECA events and work with Cooperative Extension for submission.
6. Help distribute fliers and promotional materials to ECA members and special interest clubs, along with community locations (i.e., local churches, etc.)
7. Manage outdoor sign for upcoming events.
8. Communicate ECA happenings to ECA Liaison for monthly newsletter.
9. Represent ECA as needed for public presentation at special events/speaking engagements (i.e., community fairs/events).
10. Members should inform and coordinate all activities with outside organizations.

D. Program Committee

1. Schedule monthly programs for regular ECA club meetings in a timely manner.
2. Schedule monthly classes in a timely manner.
3. Coordinate and set-up all classes scheduled through the Committee. This includes the opening and closing of the Lucile Tatum Center for activities scheduled outside of normal business hours. *See Program Committee: ECA Class Checklist (Appendix J)*
4. Committee will work with ECA Liaison to conduct evaluations of all classes. *See Program Committee: ECA Class Participant Evaluation (Appendix I)*
5. Submit programs/class details to ECA Liaison for monthly newsletter in a timely manner.
6. The committee member responsible for a program will make arrangements with speakers including topic, date of presentation, fees/honorariums, and other applicable expenses.
7. At least one month prior to the presentation, equipment needs will be given to the ECA Liaison, a written request for funds to pay expense will be given to the treasurer, and a speaker bio and program description will be submitted for the newsletter.
8. ECA members wanting to schedule classes should contact a program committee member.

E. Scholarship Committee

1. During January, hold a vote at ECA club meeting to determine number of scholarships to be awarded for the current year.
2. During February, the ECA Liaison sends the scholarship applications (*Appendices C-D*) to public and private high schools in Gaston County, Gaston College, and Belmont Abbey. Liaison will notify the public through local newspapers, ECA newsletter and Facebook.
3. During March, Scholarship Committee members will contact specific schools to ensure that counselors have received scholarship applications.
4. The deadline for scholarship applications to be received will be in April. Typically, it will be the second Thursday, unless Easter falls that week and then the deadline is moved.
5. Chairperson of Scholarship Committee picks up applications to “black out” personal information on applications makes copies of blacked-out applications for each committee member to pick up and review.
6. Judging is done within the first or second week of May (the early, the better due to Awards Day). We usually have two winners and an alternate selected using financial need and scholarship as criteria. See *ECA Scholarship Selection Score Sheet* (Appendix E).
7. A member of the scholarship committee notifies winners and non-winners by sending out a form letter.
8. A member of the scholarship committee contacts school of winner(s) for the date of Awards Day.
9. A member of the scholarship committee attends the Awards Day of the school of the winner to present a certificate.
10. The committee also sees the need for a fundraiser for the scholarship fund. The committee suggests what the fundraiser will be. For example, the annual Community Foundation Run raises funds, given that members support with financial donations.
11. Provide a press release about scholarship process - to be shared with Marketing Committee for distribution.

F. Project Room Committee

1. The Project Room Committee will consist of Martha Spurrier, Patti Wells, Pat Mantooth and Sandy Hamrick until further notice.
2. The Project Room Committee will meet quarterly to discuss topics to be reported to the Board. Additional meetings will be called as needed for committee members to sort through large donations for distribution to the proper project bins. For normal sized donations, a member of the committee will sort and distribute the items on a weekly basis. Members of the committee may at any time during their visits to the Home Center, make these distributions.
3. Donations made to the Home Center are to be placed on the designed black table in the Project Room. No one is allowed to distribute these materials until the Project Room Committee has sorted and distributed everything for the County and Club projects and placed in the appropriate bins or placed on the Freebie Table. All material that is unusable for clubs, projects, Lifestyle projects/classes or Home Center use, shall be placed on the Freebie Table in the Project Room for a period of two

- weeks. After the two week period, items on Freebie Table will be donated to different churches or organizations that can use it. Donated items that are soiled or have an odor will be thrown into the trash. The Project Room Committee and Home Center Director shall work closely together to determine trash from good usable supplies. If a new club project has been voted on, a Club Request for Donated Items must be completed and given to a member of the Project Room Committee.
4. All classes taught at the Home Center shall be taught under Lifestyles. The Lifestyle Committee shall store their supplies in the first storage cabinet on the right side of the Project Room for no more than one year for any gained supplies; giving plenty of time to schedule classes for the different supplies. All Lifestyle supplies gathered each month will be dated and stored in the Lifestyle cabinet. The Lifestyle Committee shall work diligently to schedule classes with supplies gathered or donate them to another worthwhile project. (ex. If another club/group is having a workshop and Lifestyles has supplies for that same class, and Lifestyles is having a hard time scheduling a class, consider donating these supplies to this workshop so that the space allotted to Lifestyles is not overstocked.) The Lifestyle Committee shall inventory their supply cabinet every six months and keep a list of supplies posed on the outside of the cabinet where contents are in view. Every ECA member should know the contents in case these supplies are needed for classes.
 5. When Lifestyle supplies are dated over one year, the Project Room Committee, Lifestyle Committee and the Home Center Director shall decide on how to disperse them.
 6. A Sign In/Sign Out section in the black Project Notebook is for individuals, instructors and groups who use sewing or serger machines for any purpose. Please list the responsible person's name, machine number, club, project, checkout/check-in date on the sheet. If a machine fails to operate properly, the Project Room chairman or Home Center Director should be notified. Repairs can be made only if the Project Room Committee or Home Center Director knows that repairs are needed. All machines are listed on the Machine Serial Number listing pages in the black Project Room Notebook. Please do not make any repairs to any machine. Users may replace broken or damaged machine needles, but other repairs should be made by committee members and/or authorized repairman.
 7. All machines shall be returned to their appropriate storage space. All irons should be emptied of water and returned to storage space to cool after use. All ironing boards should be folded up and returned to designated storage space. All rulers, stencils and cutting mats should be returned to appropriate storage space.
 8. NO MACHINE SHALL BE TAKEN OUT OF THE HOME CENTER UNLESS FOR REPAIRS AND ONLY THEN WITH THE KNOWLEDGE OF THE HOME CENTER DIRECTOR.

Section 8. Special Project Committees

1. Special project committees of the organization are established by the Executive Board.
2. Special project committees are temporary in nature and charged with a specific task or goal to be accomplished before a given date, extensions may be granted by the appointing authority on an as needed basis.
3. Special project committees are accountable to the Executive Board.

4. A special project committee shall consist of a chairperson and preferably three (3) members in good standing.

Section 9. Special Interest Groups

1. Special interest groups of the organization are informal groups consisting of Gaston County ECA members focused on a topic of mutual interest. Special interest groups meet on a regular basis and will post their activities in the monthly Gaston County ECA newsletter. Special interest groups will provide information to the ECA Liaison, Program Committee, and Marketing Committee about their goals and current activities.
2. Special Interest Groups will identify one (1) ECA member to serve as a contact representative for the group. Each special interest group will be responsible for keeping the Gaston County ECA Executive Board and ECA Liaison updated with the name of its contact person.
3. Special dates, i.e. activity dates or workshop dates, for Special Interest Groups asking for exclusive use of the facility will be determined in consultation with the ECA Liaison.
4. Special interest groups will provide the Gaston Co. ECA Executive Board with names and contact information for two (2) individuals in each group who are authorized to request their group's funds from Gaston Co. ECA Treasurer. This information should be updated as necessary.
 - o Funds may be requested by phone call, e-mail or in person from one authorized person, to be followed up as soon as possible with a completed *Special Interest Group Request for Reimbursement Form* (Appendix B) signed by the other authorized person and applicable receipts. Payment will be made or check issued as quickly as possible by Gaston Co. ECA Treasurer or their backup. For emergencies, a signed check will be made available at the Lucile Tatum Home Center.
 - o Special Interest Groups are allowed to maintain petty cash within their group in an amount not to exceed \$100.00. This petty cash may be replenished upon receipt of a completed and signed *Special Interest Group Request for Reimbursement Form* (Appendix B).
 - o Any funds received by special interest groups during the year that will exceed the petty cash authorized amount are to be given to the ECA County Treasurer for deposit and group will be given a receipt for said funds.

ARTICLE VI. ONGOING PROJECTS

Ongoing projects are supported and voted on annually. The list will be published in the monthly newsletter.

ARTICLE VII. SPECIAL PROJECTS/ACTIVITIES

1. Voting for the upcoming year's special projects will be done at the October business meeting.
2. Special projects will be coordinated with a called committee and chairperson.

ARTICLE VIII. BENEVOLENCE/REMBRANCE FUND

1. A memorial of \$10.00 (from the Benevolence/Remembrance Fund) is transferred from the Gaston County ECA Budget to the Gaston County ECA Scholarship Fund at the

death of any (active/current) ECA member or agent. The President will appoint an ECA member to send a sympathy card to the family of the deceased person.

2. A get well card is sent to members and county agents in the hospital or with an extended illness at home.

ARTICLE IX. VOLUNTEER HOUR REPORTS

1. The ECA Liaison will collect and record club activities and volunteer hours.
2. Individual members are to complete the *Individual ECA Member Volunteer Hours & Activities Form* (See Appendix H) each month and submit to ECA Liaison.

ARTICLE X. INCLEMENT WEATHER POLICY

All ECA club meetings, lifestyle classes or any other ECA activity scheduled at the LTEHC will follow these guidelines during episodes of inclement weather:

All ECA meetings, classes and activities (including both morning and evening events) will be cancelled during inclement weather. We will follow the Gaston County School System cancellation schedule for classes and activities:

1. The ECA Liaison will be responsible for updating the phone message system to reflect cancellations or delays in scheduled ECA activities.
2. *During school cancellation:* If the school system is closed during inclement weather, all ECA meetings, classes and activities will be cancelled.
3. *During school delays in schedule:* If the school system is on a delayed schedule, ECA activities not affected by the delay will continue as scheduled. If the ECA activity is scheduled prior to the beginning of the delayed school schedule – these events will be cancelled.
4. When ECA activities are cancelled, it is the ECA club president’s responsibility to notify members of the cancellation. The ECA Liaison will be responsible for working with Lifestyle Class instructors to ensure that all participants are notified of delays/cancellations.
5. The decision to close schools or delay schedule is announced by 6:00am. The school system posts closings on the following TV and Radio Stations:

Television Stations

GCS21-Education Station (cable 21)
WBTV - Channel 3 (cable 2)
WSOC-TV - Channel 9 (cable 4)
WCNC-TV - Channel 36 (cable 6)
WCCB -TV - Channel 18 (cable 11)
News 14 Carolina - Cable 14

FM Stations

88.1 WPIR-Claremont
89.5 WTJY-Asheboro
89.9 WDAV-Davidson
90.7 WFAE-Charlotte
91.3 WXRI-Winston Salem
91.7 WSGE-Gaston College
91.9 WRCM-Charlotte
96.9 WKKT-Charlotte
99.3 WBT-Charlotte
99.7 WRFX-Charlotte

AM Stations

960 WZRH – Dallas
1050 WLON – Lincolnton

100.3 WNCW-Charlotte
101.9 WBAV-Charlotte
102.9 WLYT-Charlotte

1110 WBT – Charlotte
1270 WCGC – Belmont
1390 WADA – Shelby
1420 WGAS – Gastonia
1590 WCSL- Cherryville

103.7 WSOC-Charlotte
104.7 WKQC-Charlotte
106.1 WNMX-Charlotte
107.9 WLNK-Charlotte

ARTICLE XI. BUILDING RENTAL BY GASTON ECA MEMBERS

Members who want to rent the Lucile Tatum Center as a member must be an ECA member in good standing. Refer to Article IV for membership requirements.

1. A new member must be a member for at least six months.

ARTICLE XII. REIMBURSEMENT OF APPROVED EXPENDITURES

1. Financial reimbursements for ECA members will be provided as approved by annual budgeted expenditures.
2. Members will complete the Membership Reimbursement Form (see Appendix F).
3. Reimbursement Forms and receipts are to be submitted to the Treasurer by placing in the Treasurer's mail box (inside Project Room).

ARTICLE XIII. LUCILE TATUM CENTER KITCHEN

1. Completion of the Gaston County Health Department form "Employee Health Policy Agreement" and other forms as required by FDA Food Code. (see Appendix N)
2. Hair nets must be worn in kitchen when food is being prepared and served. You may wear a clean hat in place of hair net. Hair must be covered. No bangs or hair hanging out.
3. No drinking or eating or chewing gum in the kitchen when food is being prepared.
4. No purses are allowed in kitchen when food is being prepared.
5. No visitors in kitchen – if you are not preparing food or part of the kitchen staff please stay out.
6. If you are sick do not help prepare food or serve food. (This is a health code violation.)
7. Use the proper sinks – you must wash hands in the hand sink not the dish washing sink.
8. If you spill something clean it up.
9. Before preparing food, always check sanitizer for the correct strength. Strips to do this in the cabinet with a label. (cabinet on the right side of dish washing sink)
10. Clean the counter tops before preparing food or setting out pies.
11. Keep pies that need refrigeration in refrigerator until ready to serve.
12. Remember no bare contact with ready to eat foods.
13. No jewelry needs to be worn if serving or handling food; this includes rings, bracelets (including medical bracelets, and watches). Anything that may come into contact with food.
14. After preparing foods always sanitize the counter tops again.

ARTICLE XIV. PROCEDURE FOR AMENDING STANDING RULES

1. Each standing Committee is responsible for amending their designated section in the Standing Rules. Changes are presented to the Executive Board for approval, with no other approval required. Amendments are presented at the regular ECA meeting for information only.

2. Recommendations for amendments to the remaining Standing Rules may be made by any ECA member or Special Interest Group to the Executive Board.
3. Following their approval or recommendation, the amendment/s is presented at a regular ECA meeting for approval by a simple majority. All members shall receive a copy of the revision at least one month prior to the meeting date and vote.

ARTICLE XV. COMMUNICATIONS POLICY

1. ECA's primary source of sharing updates and happenings is done through the monthly newsletter. The newsletter includes meeting minutes and information about upcoming programs and events. Newsletters are distributed primarily via email, but mailed to members without email.
2. Members are responsible for notifying ECA Liaison of any changes in email address.
3. Members with problems receiving the newsletter by email should contact the ECA Liaison.
4. Email is used to share information. If you do not use email, you are responsible for connecting with an ECA member who does and ask that information be shared with you.

Presented Oct. 24, 2016

Adopted Nov. 2016

Updated Sept. 6, 2018

Handi Quilter updated Oct. 4, 2018

ARTICLE XVI. ECA COMPUTER EQUIPMENT POLICY

1. Laptop may be used for ECA business only.
2. Laptop is to be secured in the ECA Liaison Agent's office.
3. Laptop and/or Projector can be reserved for an ECA meeting or Special Interest Group meeting through the ECA Liaison Agent. Reservations must be made at least two days prior to meeting.
4. Treasurer or Secretary may take laptop home for a maximum of three days.
5. Members may borrow laptop for a maximum of three days with the approval of President or Vice President for ECA business only.

ARTICLE XVII. RETURNING ECA PROPERTY

9. Ordinarily, ECA property should be used within the Lucile Tatum Center. A request to borrow ECA property for a special ECA project must be submitted to the ECA Executive Board. During the course of fulfilling ECA officer, special interest group, or special project responsibilities, an ECA member may have ECA property in their possession. Upon completion of a project or fulfillment of officer responsibilities, all ECA property should be returned to the Lucile Tatum Center within five business days.

Adopted Sept. 5, 2019

APPENDIX A - MEMBERSHIP FORM

**GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION
2021 MEMBERSHIP FORM**

Instructions: Please mail this completed form along with membership fees (check made payable to Gaston Co. ECA) to Gaston Co. ECA, 959 Osceola St., Gastonia, NC 28054.



MEMBERSHIP TYPES:

- Active Member - \$20 (this includes \$10 State ECA Dues)
- Family - \$15 (for each additional member in same household)
- Alumni - \$10 (for former active members who are unable to attend meetings)

OPTIONAL SERVICES:

CERAMIC ROOM FIRING FEE (January - December 2021)

- \$30 - Yes, I would like to use the kiln for firing ceramics.

TOTAL AMOUNT DUE: \$ _____

~ PLEASE PRINT ~

NAME: _____
First Name Middle Initial Last Name

ADDRESS: _____
Street Address

City State Zip Code

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

EMERGENCY CONTACT: _____

Please check all ECA Special Interest Group(s) that you may be interested in and would like to receive more information:

- Creative Needlers Group Lucile Tatum Group Martha Goebel Group
- Scrappers Unlimited Group Quiltmakers Group Use of Ceramic Room

Has any of the above information changed since last year's application? YES OR NO

May your contact information (address, phone number, and email) be listed in the Gaston Co. ECA directory to share with all Gaston Co. ECA members? YES OR NO

Completion of this section is optional:

AGE: 18-25 26-35 36-45 46-55 56-65 over 65 over 85

RACE: _____ **GENDER:** _____

BIRTHDAY: Month _____ Day _____



North Carolina State University and North Carolina A&T University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation.

APPENDIX B

REIMBURSEMENT REQUEST FORM - SPECIAL INTEREST GROUP FUNDS

Gaston Co. Extension & Community Association Reimbursement Request Form - Special Interest Group Funds			
Date Submitted:	_____		
Your Name:	_____		
Your Mailing Address:	_____		
	(Street Address)		
	_____	_____	_____
	(City)	(State)	(Zip Code)
Phone Number:	_____	Email:	_____
Amt to be Reimbursed:	_____		
Item Description:	_____		
Please list the name of the Special Interest Group for this reimbursement: _____			

Approved By: _____

Be sure to attach your receipt! If receipts are not attached, this expense cannot be reimbursed until approved by the ECA Executive Board at the next regular meeting.

Note: See "Appendix O" for Reimbursement Request Form – County Funds.



APPENDIX C
GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION (ECA)
MEMORIAL SCHOLARSHIP 2021
Gaston Co. High School Senior - APPLICATION

Instructions: Please read and answer all questions with complete information. Applications should be submitted along with reference letters and academic transcripts.

APPLICANT PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street

_____ *City State Zip Code*

Phone Number: _____ Email Address: _____

Date of Birth: _____

Please list the college or university that you are applying to attend in the Fall:

Institution Name: _____

City, State: _____

Have you been accepted by this institution at this time? YES or NO

Major of Study _____

Career Objective _____

Please explain why you are choosing to attend this college/university? _____

List all high schools and any post secondary schools (i.e., Gaston College) that you have attended as follows:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended</i>
-----------------------	-------------------	-----------------------

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____
Address: _____
Street

City State Zip Code
Occupation: _____

Parent/Legal Guardian Name: _____
Address: _____
Street

City State Zip Code
Occupation: _____

Do you have brothers and/or sisters? YES or NO

If yes, how many are living at home? _____ How many currently in college? _____

Where are they attending college? _____
Name of Institution

City, State

FAMILY/GUARDIAN FINANCIAL INFORMATION

Do your parents own property? YES or NO

If yes, please list the approximate value of property:

Personal property value: _____ Business property value: _____

Approximate family income per year (Check one):

Below \$25,000 \$ 40,000 - \$60,000 \$80,000 - \$100,000

\$25,000 - \$40,000 \$60,000 - \$80,000 Above \$100,000

(Copy of previous year tax return)

APPLICANT'S FINANCIAL INFORMATION

Have you received any scholarships and/or grants to assist with your college expenses?
YES or NO

If yes, please provide the following information:

Name of Scholarship/Grant

Amount Awarded

How do you plan to finance the balance of your college expenses? (Check all that apply:)

- Educational loans
- Educational grants
- Other: _____
- Other: _____

Please list your estimated expenses for the Fall 2020 – Spring 2021 year:

Tuition: _____

Room/Board: _____

Other: _____

Please provide any additional financial information that will be useful to the scholarship committee in reviewing your application: _____

EXTRACURRICULAR ACTIVITIES

List all *activities* in the community, church, or school, which have been meaningful to you.

<i>Activity</i>	<i>Description</i>	<i>Dates</i>
-----------------	--------------------	--------------

List all *honors and special achievements* (community, school, church, etc.) you have received:

<i>Honor/Achievement</i>	<i>Description</i>	<i>Dates</i>
--------------------------	--------------------	--------------

List all *offices or elected/appointed positions* in which you have served (community, church, school, etc.)

<i>Office/Position</i>	<i>Organization</i>	<i>Dates</i>
------------------------	---------------------	--------------

Do you have an Extension and Community Association (ECA) member in your family?
YES or NO

If yes, give the following information:

Name of ECA Member _____

Name of ECA Club _____

Relationship to Applicant _____

I hereby certify that the information provided here is complete and accurate. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

*Reminder of items to return as part of application packet:

- Completed scholarship application
- Copy of previous year federal income tax return (Social Security numbers may be blacked out)
- 3 reference letters (in sealed, signed envelopes)
- Official transcripts (in sealed, signed envelopes)

INSTRUCTIONS TO SUBMIT APPLICATION

This application and all required documents must be *received or postmarked no later than Thursday, April 8, 2021*. Applications can be mailed, emailed, or dropped off as follows:

- MAIL: Lucile Tatum Extension Center, 959 Osceola St., Gastonia, NC 28054
- EMAIL: Pam Bryson, ECA Liaison at pam.bryson@gastongov.com
- DROP OFF: Lucile Tatum Extension Center located at 959 Osceola St., Gastonia, NC 28054 between the hours of 8:30am – 11:30am and 1:00pm – 4:30pm Monday through Thursday.
Please note the building is closed from 12-1PM and closed all day on Friday.

CONTACT INFORMATION:

Pam Bryson
Gaston County ECA Liaison
Phone: 704.865.3291
Email: pam.bryson@gastongov.com



APPENDIX D
GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION

MEMORIAL SCHOLARSHIP (2020- 2021) APPLICATION
Gaston Co. Adults and Currently-Enrolled College Students

Instructions: Please read and answer all questions with complete information. Applications should be submitted along with reference letters and academic transcripts.

APPLICANT PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street

_____ *City State Zip Code*

Phone Number: _____ Email Address: _____

Date of Birth: _____

Please list the college or university that you are applying to attend in the Fall:

Institution Name: _____

City, State: _____

Have you been accepted by this institution at this time? YES or NO

Major of Study _____

Career Objective _____

Please explain why you are choosing to attend this college/university? _____

List all high schools and any post-secondary schools (i.e., Gaston College) that you have attended as follows:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended</i>
-----------------------	-------------------	-----------------------

SPOUSE INFORMATION OR PARENT OR GUARDIAN IF YOU ARE A DEPENDENT

Spouse or Parent/Legal Guardian Name: _____
Address: _____
Street

City State Zip Code
Occupation: _____

Parent/Legal Guardian Name: _____
Address: _____
Street

City State Zip Code
Occupation: _____

Do you have children YES or NO Dependents do you have brothers/sisters YES or NO If yes, how many are living at home? _____ How many currently in college? _____

Where are they attending college? _____
Name of Institution

City, State

FINANCIAL INFORMATION

Do you own property? YES or NO Dependent does your parents own property? YES or NO

If yes, please list the approximate value of property:
Personal property value: _____ Business property value: _____

Approximate family income per year (Check one):
 Below \$25,000 \$40,000 - \$60,000 \$80,000 - \$100,000
 \$25,000 - \$40,000 \$60,000 - \$80,000 Above \$100,000

(Copy of previous year tax return)

APPLICANT'S FINANCIAL INFORMATION

Have you received any scholarships and/or grants to assist with your college expenses? YES or NO

If yes, please provide the following information:

Name of Scholarship/Grant

Amount Awarded

How do you plan to finance the balance of your college expenses? (Check all that apply:)

- Educational loans
- Educational grants
- Other: _____
- Other: _____

Please list your estimated expenses for the Fall 2020 – Spring 2021 year:

Tuition: _____

Room/Board: _____

Other: _____

Please provide any additional financial information that will be useful to the scholarship committee in reviewing your application:

EXTRACURRICULAR ACTIVITIES

List all *activities* in the community, church, or school, which have been meaningful to you.

<i>Activity</i>	<i>Description</i>	<i>Dates</i>
-----------------	--------------------	--------------

List all *honors and special achievements* (community, school, church, etc.) you have received:

<i>Honor/Achievement</i>	<i>Description</i>	<i>Dates</i>
--------------------------	--------------------	--------------

List all *offices or elected/appointed positions* in which you have served (community, church, school, etc.)

<i>Office/Position</i>	<i>Organization</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment present and previous (employer and number hours worked per week)

<i>Employer</i>	<i>Location</i>	<i>Avg. Number Hrs. Worked Weekly</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hobbies and special interests:

PERSONAL LETTERS OF REFERENCE

Instructions: Please provide names and addresses of three individuals who will be submitting recommendations on your behalf:

1. _____
2. _____
3. _____

Applicants should request that reference letters be returned to them in a sealed envelope. Please ask the individual providing the referral to seal the envelope and place their signature over the seal. All three envelopes are to be submitted with your application packet.

TRANSCRIPTS

Attach all official academic transcripts from high school and post secondary schools attended.

*(Applicants should request that academic transcripts be returned to them in a sealed and signed envelope. Please ask the individual providing the transcript to seal the envelope and place their signature over the seal.)

Do you have an Extension and Community Association (ECA) member in your family?
YES or NO

If yes, give the following information:

Name of ECA Member _____

Name of ECA Club _____

Relationship to Applicant _____

I hereby certify that the information provided here is complete and accurate. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

INSTRUCTIONS TO SUBMIT APPLICATION

This application and all required documents must be *received or postmarked no later than Thursday, April 8, 2021*. Applications can be mailed, emailed, or dropped off as follows:

- MAIL: Lucile Tatum Extension Center, 959 Osceola St., Gastonia, NC 28054
- EMAIL: Pam Bryson, ECA Liaison at pam.bryson@gastongov.com
- DROP OFF: Lucile Tatum Center located at 959 Osceola St., Gastonia, NC 28054 between the hours of 8:30am – 11:30am and 1:00pm – 4:30pm Monday through Thursday. ***Please note the building is closed from 12-1PM. Friday.***

CONTACT INFORMATION:

Pam Bryson
Gaston County ECA Liaison
Phone: 704.865.3291
Email: pam.bryson@gastongov.com

APPENDIX E

ECA SCHOLARSHIP SELECTION SCORESHEET

This form is just a tool to help you select your top candidates for our scholarship. As you read each candidate’s application, consider that candidates’ financial needs; if he/she are super needy, give that person the top number of points in that category...35; if there is a need buy you don’t feel the candidate is in dire straits, score less than 35!! (0-34)

As you read others, you may go back and re-evaluate...giving more points or less points. Follow the same procedure for grades, applicant’s statement and extra activities. Then total the score for each candidate and see if it reflects who you feel should be awarded the scholarship. When we compare and discuss our choices, if we have several students all in our #1 and #2 choice slot and can’t make up our minds, we look to see if any have ECA connections and factor that in our decision.

Remember, this is a worksheet to help you. You don’t have to use it if you have another method that works for you!

Candidate #	Need Score	Grades Score	Applicant’s Statement	Extra Activities	Total Points

APPENDIX F

REIMBURSEMENT FORM - COUNTY ECA FUND

Gaston Co. Extension & Community Association Reimbursement Request Form (from Gaston Co. ECA Budget)			
Date Submitted:	_____	_____	_____
Your Name:	_____		
Your Mailing Address:	_____		
	<i>(Street Address)</i>		
	_____	_____	_____
	<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
Phone Number:	_____	Email:	_____
Amt to be Reimbursed:	_____		
Item Description:	_____		
Purpose/Program:	_____		
Please list the ECA budget line item for this reimbursement: _____			

ECA President's signature _____
Or
Liaison signature _____

See "Appendix B" for Reimburse Form - Special Interest Group Funds.

APPENDIX G

**SPECIAL INTEREST GROUP REQUEST FOR DONATED SUPPLIES
(FOR ECA COUNTY AND/OR SPECIAL INTEREST GROUP PROJECTS)**

Instructions: ECA groups that are working on an ECA County and/or club project may request supplies (i.e., fabric, yarn, buttons, etc.) which have been donated to the project room. Complete the following information and submit form to Pam Bryson, who will provide it to the Project Room Coordinator.

ECA Group Name: _____

ECA Group and County Projects: _____

Please list supplies needed and for what project below:

Supplies needed:

Project:

Contact person, if donations are received for your group sooner:

Name _____ Phone# _____

Donations are sorted out as needed each month. Groups can pick up their supplies for their projects after sorting.

APPENDIX H
GASTON CO. ECA MONTHLY REPORT 2021
INDIVIDUAL MEMBER FORM

Directions: Please bring or mail this form to the Lucile Tatum Center after the monthly club meeting. Forms are needed by the last business day of each month. (IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTION, PLEASE ATTACH AN EXTRA SHEET.)

Member Name: _____ Month/Year: _____
 Phone: _____ Email: _____

Volunteer Activity	Volunteer Hours
Assist with Extension/ECA Programs <i>(i.e., Healthy Living series, Matter of Balance, cooking classes, etc.)</i>	
Building/Office Coverage <i>(support ECA Liaison)</i>	
Cancer Pillows <i>(cut fabric, sew, stuff, deliver pillows)</i>	
Club Meeting <i>(monthly ECA club meeting)</i>	
Cultural Arts <i>(lead or assist with event – does not include creating an entry)</i>	
ECA Orientation <i>(attendance at an orientation)</i>	
ECA Program <i>(lead, coordinate, or attend a learning opportunity that supports ECA)</i>	
Education/Training <i>(lead, coordinate, or attend a learning opportunity that supports ECA)</i>	
Executive Board <i>(fulfill of duties of board member)</i>	
Extension Advisory Committee Meeting	
Judge at 4-H presentation <i>(volunteer time listening and judging 4-H presentations)</i>	
Lead program/activity <i>(lead or assist the lead for any ECA program or activity – i.e., card making class, paint class, shirt saver sewing day, lead for inventory day)</i>	
School Donations <i>(donate, collect, deliver)</i>	
Special Interest Group Activity <i>(special interest group meeting or any event done as a group)</i>	
Special Project Committee Meeting <i>(i.e., Achievement day, District Day)</i>	
Standing Committee Meeting <i>(i.e., Building, Marketing, Program, Ceramic Room, or Scholarship Committee)</i>	
Volunteer for Somethin' Pumpkin	
Other (ECA event/activity not listed above or any non-ECA community service activity. Ex: knit/crochet scarves for Operative Gratitude, support church food bank, assist Boy/Girl Scouts activity, drive an ill neighbor to the doctor, etc.)	
Other:	

APPENDIX I
PROGRAM COMMITTEE: ECA CLASS PARTICIPANT EVALUATION

ECA Class Participant Evaluation

Instructions: Please provide us with your feedback on today's program, so that we can provide additional classes and continue to improve current classes. Thank you!

Name of Class: _____ Date: _____

1. How did you learn about this program?

ECA member newspaper friend other: _____

2. If a registration fee was charged for the class - was it a reasonable amount?

YES or NO (if no, what fee would you suggest: _____)

3. Please rate the class instructor - please circle only one response

	Poor	Fair	Good	Excellent
Instructor was able to teach the Class effectively and clearly Explain all steps of the project.	1	2	3	4
Instructor was prepared and Organized.	1	2	3	4

4. Were you able to complete the class project during this session? YES or NO

5. Would you recommend this class to a friend? YES or NO

If no, please explain: _____

6. Please check all classes that you would be interested in attending in the future:

- | | |
|--|---|
| <input type="checkbox"/> Knitting/crocheting classes | <input type="checkbox"/> Sewing classes |
| <input type="checkbox"/> Quilting | <input type="checkbox"/> Cooking classes |
| <input type="checkbox"/> Jewelry classes | <input type="checkbox"/> Ceramic classes |
| <input type="checkbox"/> Holiday crafts | <input type="checkbox"/> Other (please list: _____) |

Please indicate the time you prefer to attend classes:

- During the weekdays Evenings
 Saturdays

APPENDIX J

PROGRAM COMMITTEE: ECA CLASS CHECKLIST

Directions: ECA Liaison to review checklist with class instructors:

- ECA class instructors please remember the following items for your classes:
- If project cannot be completed in one class - please communicate this to participants PRIOR to the class. (*It would be helpful to schedule additional class sessions to allow time for project completion with instructor's assistance.*)
- Have participants to register on the **sign-in sheet***
- Have participants to complete the **photo release forms***
- Provide **ECA brochure & newsletter** to non-ECA participants*
- Have brief introduction to ECA & NC Cooperative Extension provided (as applicable)
- Have volunteer(s) take photos of participants in action – ECA Liaison to provide camera
- Provide **participant evaluation forms** to each participant*
- Return sign-in sheet, photo release forms, class evaluations, and camera to ECA Liaison

*(*Forms to be provided by ECA Liaison.)*

Thank You for Your Assistance in Providing Great Classes for ECA!

APPENDIX K

GASTON COUNTY ECA WORKSHOP/PROGRAM RESERVATION FORM

Please submit the following information to Pam Bryson before the 10th of each month so that it can be posted in the monthly ECA newsletter and shared with the ECA Marketing Committee. Submit form by email or in writing—no verbal info will be accepted.

Name of Workshop/Program: _____

Date(s) of Workshop/Program: _____

Minimum # participants: _____ **Maximum # participants:** _____

Time(s) of Workshop/Program: _____ **Registration Deadline:** _____

Registration Fee (includes \$1.00 for Lucile Tatum Ctr. fee): _____

Instructor's Name: _____

Instructor's Email/Phone: _____

Name of Instructor/Organization Receiving Payment (*as applicable*): _____

Special Instructions:

Supplies Needed: _____

Description of Class: _____

Additional Reminders: If you coordinate a workshop, please provide the following handouts to the instructor. All forms are available in the Project Room at the Lucile Tatum Center:

- Evaluation sheets
- Workshop checklist
- Photo release forms
- Sign-in sheets

APPENDIX L
PHOTO RELEASE FORM

NC Cooperative Extension and Gaston County
Photographic, Video, and Audio Optional Publicity Release

I do _____ or do **NOT** _____ give permission to North Carolina State University, through its Cooperative Extension program for Gaston County Extension Staff, to take photographs and /or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional and that participants who do not give permission will remain eligible for Cooperative Extension services, benefits and privileges the same as those who do give permission.



(Please Print)

Name: _____

Signature: _____

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian Signature: _____

Parent/Guardian name (please print): _____

Date: _____

**APPENDIX M
ECA PROGRAM REGISTRATION FORM**

ECA Program Registration Form

Please list each program you plan to attend. Submit this form with registration payment.

Name of Program	Date(s)	No. of Participants	Cost of Program	Total Cost

Please provide the following participant contact information.

Name of Participant(s)	Phone	Email

Submit Payment to: **(Check Only—NO CASH OR CREDIT CARDS)**

- Drop-off at Lucile Tatum Center: Mon. - Thurs., 8:30am-12pm & 1pm-5pm (Closed daily from 12pm-1pm)
- Mail to Gaston Co. ECA, 959 Osceola St., Gastonia, NC 28054

Refunds will not be provided for cancellations made after registration deadline.

APPENDIX N HEALTH POLICY AGREEMENT

Please note that this is a standard form provided by Gaston County Environmental Health. Although ECA members are not “employees” these guidelines apply to all individuals preparing food in the kitchen of the Lucile Tatum Center.

Employee Health Policy Agreement

Food Facility: _____

REPORTING SYMPTOMS OF ILLNESS

The employee agrees to report to the manager when experiencing ANY of the following symptoms:

- Diarrhea
- Stomach cramps
- Vomiting
- Sore throat and fever
- Jaundice (yellowing of eyes or skin)
- Infected cuts, wounds or boils with pus on the hands or wrists

Manager to immediately notify local health department when aware of 2 or more food employees ill with gastrointestinal symptoms and continue to monitor employees for signs of illness. (CALCODE Section 113949.5)

IF SYMPTOMS OF ILLNESS OCCURS

If symptoms occur at work:

- Stop work immediately
- Report to management
- See a medical provider/physician
- Go home, return to work after 48-72 hours has passed since symptoms ended

If symptoms occur before reporting to work:

- Notify management
- Do not report to work until at least 48 hours has passed since symptoms have ended

Call in Procedure:

Manager must maintain a detailed record of all employee calls with acute gastrointestinal symptoms and action taken. Manager has final approval on all Employees returning to work and verifying they have been symptom free for at least 48 hours prior to return.

REPORTING DIAGNOSED ILLNESS

Employee agrees to report to the manager when they have been diagnosed by a medical professional with:

- Norovirus
- Hepatitis A
- Shigella spp.
- Shiga Toxin-Producing E.coli
- Salmonella Typhi (typhoid fever)
- Nontyphoidal Salmonella
- Entamoeba Histolytica
- Any other communicable diseases transmissible through food

Manager notifies local health department about an employee with a diagnosed illness. (CALCODE Section 113949.2)

IF DIAGNOSED ILLNESS OCCURS

- If Employee is restricted from work they are allowed to come to work, but their work duties may be limited to (non-food handling and non-utensil handling).
- If Employee is excluded from work they are NOT allowed to come to work.
- If Employee is excluded from work for being diagnosed with one of the illness listed above the Employee will not be able to return to work until Health Department and Health Officer Approval is granted.

Manager may restrict or exclude Employee from work based on the type of symptoms reported and the severity. (CALCODE Section 113950)

No _____ (food facility) Employee, including conditional Employees, shall work in a _____ (food facility) with any of the above listed health conditions, per _____ (food facility) policy and State and Local Health Department food safety regulations.

I have read and understand all of the information contained in this document. I understand that I have a responsibility to follow each step and will be held accountable by California Retail Food Code, (CALCODE Sections 113949-113950.5) and by way of documentation, and/or should I choose to violate any of the steps outlined in this document. I also understand that these safety procedures are in place to protect me, other Employees, and our Guests, as well as the (food facility) _____ and my own personal livelihood.

Employee Printed Name: _____ Employee Signature: _____ Date: _____

Manager Printed Name: _____ Manager Signature: _____ Date: _____

**APPENDIX O
OUTSTANDING ECA LEADER APPLICATION**

The selection of “*Outstanding ECA Leader*” is based on the individual’s ECA activities as an officer and/or chair of a committee for the 2020 year (Dec. 1 Through Nov. 30th). The individual should have served in a leadership role, such as an officer and/or committee chair at the special interest group or county level. Any member may nominate an active member for Outstanding ECA Leader. THIS IS NOT DESIGNED FOR SELF-NOMINATION. We realize you may not have all the information but please put the information you have. All information will be considered.

Please attach additional pages and number each item clearly. Please print.

Name of Nominee_____

Name of member nominating individual for this award_____

1. Why do you consider your nominee to be an outstanding leader?

2. List all ECA offices held, committees chaired, or leadership roles in projects this year that you are aware of.

3. List ECA activities your nominee was involved in without having a leadership role.

4. What difference do you think this person’s contributions made?

Updated December 2020

