

Alaska 4-H Volunteer Service Application and Agreement
Cooperative Extension Service
University of Alaska - Fairbanks

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Male _____ Female _____ Social Security (optional) _____

Email Address _____

Emergency Contact Information _____

Cooperative Extension Service will not distribute your personal information to business entities or to the general public. The 4-H Leader Directory will only be distributed to other 4-H Leaders.

Please describe your volunteer activities in the past. Use back of sheet, if necessary. If none, skip to the next paragraph.

Where and what type? _____

Supervisor name, address, and phone number _____

What type(s) of volunteer efforts are you interested? (See accompanying position descriptions)

Organizational Leader _____ Project Leader _____ Resource Leader _____

Other Roles _____

Projects you could lead _____

Age of youth and projects you would enjoy working with:

Youth grades: K-2 _____ 3-5 _____ 6-8 _____ 9-12 _____

Do you have a club with which you wish to work? Yes _____ No _____

Is it a(n) _____ new club or _____ existing club?

What is the club name? _____

Do you have your own transportation? Yes _____ No _____

Are you willing to transport youth to and from events? Yes _____ No _____

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Additional information:

Please Circle

1. Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

Yes No

Examples include but are not limited to: convictions for driving while intoxicated, or repeated other driving offenses, assaults, sexual assaults, sexual abuse, child neglect or abuse, unlawful exploitation of a minor, indecent exposure in any degree, endangering the welfare of a minor in any degree, contributing to the delinquency of a minor, or any drug convictions.
 (If yes, explain below)

References:

Please list those who are familiar with your character as it relates to working with youth. List only those who are not family members or relatives through marriage.

References will be checked.

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

I realize that I must participate in and complete required new Leader Training, AND until this application is approved by the District 4-H Agent/Cooperative Extension Service:

- *I am not covered by 4-H leader's Liability Insurance*
- *I am not authorized to use the 4-H name or emblem*
- *I am not authorized to lead a 4-H group*
- *I am not authorized to receive 4-H mailings after October 1st (the official beginning of new 4-H program year) until I have submitted this form to the District Office of the Cooperative Extension Service.*

4-H Volunteer Leaders
"To Make the Best Better"

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4-H leader positions are for a period of one year. A new application and agreement form will be submitted each year for review and renewal if the applicant wishes to continue as a volunteer. Please read the following and acknowledge your agreement by signing.

If accepted as a volunteer 4-H leader in the Alaska 4-H program, I agree to:

1. Assist young people, their families and other volunteers to become productive and self-directed by developing their practical skills and knowledge.
2. Uphold the mission of 4-H to provide personal growth to young and adult volunteers by utilizing the research based information and knowledge of the land grant universities and the U.S. Department of Agriculture.
3. Support the maintenance and growth of 4-H clubs throughout the district in which I serve.
4. Work in partnership with the faculty and staff of the Cooperative Extension Service to develop and maintain a 4-H program, which will best serve the needs of youth in the area.
5. Represent the Cooperative Extension Service and the 4-H program in a wholesome manner establishing a positive atmosphere in my community.
6. Participate in and complete required New Leader Training within one year.
7. Recognize that leaders are involved in the district 4-H decisions but that CES has final authority on decisions affecting the overall 4-H program.
8. Recognize that I will be working cooperatively with the District 4-H and Youth Development Agent.
9. Participate in a background check at my own expense whether it is obtained through a UAF contracted entity or self-initiated with the Alaska State Troopers and the FBI. 10/06 PENDING.
10. I understand I serve at the request of the UAF, CES. That request could be withdrawn for any reason or no reason at any time.

I understand that:

- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or an organization that may have information concerning me. I hereby release and agree to hold harmless the University of Alaska, Cooperative Extension Service and the Alaska 4-H Program and the officers, employees, and volunteers thereof.
- b. In signing this application, I affirm that the information I have given is true and correct.

Signature of Applicant

Date

Based on the information provided above, information received from references and/or past experiences, the following action is taken:

_____ Applicant is approved as a 4-H volunteer

_____ Applicant is not approved as a 4-H volunteer

Signature of 4-H and Youth Agent

Date

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