



Alaska 4-H Volunteer Service Application and Agreement

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email Address _____

Male _____ Female _____ Emergency Contact Information: Name _____

Phone _____

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

What brings you to an interest in sharing your time with 4-H? _____

Were you a 4-H member? _____ If so, where? _____

Have you volunteered with 4-H before? _____ If so, where? _____

Do you prefer to work directly with ___ youth ___ adults ___ both How did you hear about 4-H? _____

Tell us about:

Previous involvement with 4-H or other organizations/activities: _____

Skills, training, education: _____

Hobbies or interests: _____

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

Organizational Leader _____ Project Leader _____ Activity Leader _____ Resource Volunteer _____

Other Roles _____ Projects you'd like to help with _____

Age of youth 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 _____

If so, do you have a valid driver's license? Yes _____ No _____

Do you have auto insurance? Yes _____ No _____

IF YOU: Have no direct contact with youth, vulnerable older citizens or persons with physical/mental limitations and are volunteering on a one-time-only basis, or serving in the same role once per year, (examples may include committee/council/board member, judge, one-time presenter at club meeting or a person under supervision while setting up/cleaning up an event), you may stop here and submit your application.

Signature: _____ Date: _____

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"To Make the Best Better"**



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IF YOU: Have direct contact with youth, vulnerable older citizens or persons with physical/mental limitations (examples may include club/project leader, coach, chaperone, camp counselor), please continue with application process.

Additional information:

Please Circle

- 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)

An arrest or conviction record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

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: _____ Email: _____

Name: _____ Contact Phone: _____ Email: _____

Name: _____ Contact Phone: _____ Email: _____

I authorize contact of the references listed and understand that information from these references or others contacted is confidential. I waive my right to review this information. I understand that falsification or omission of facts requested is cause for nonappointment or dismissal as a volunteer. I further understand that until the application process is complete, I may be denied access to youth activities.

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 authorized to lead a 4-H group.
- I am not authorized to use the 4-H name or emblem.
- I am not covered by 4-H leader's liability insurance.

I understand the omission or misrepresentation of information requested may result in nonappointment or dismissal as a 4-H volunteer. I also understand that UAF Extension may contact other individuals as needed to verify my fitness and experience in working with youth. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Signature: _____ Date: _____

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4-H leader positions are evaluated yearly. A new application and agreement form will be submitted every five years 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 with 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. Work cooperatively with the District 4-H and Youth Development Agent and other Cooperative Extension Service faculty/staff to develop and maintain a 4-H program which will best serve the needs of youth in the area.
3. Represent the Cooperative Extension Service and the 4-H program in a wholesome manner establishing a positive atmosphere in my community.
4. Participate in and complete required New Leader Training within one year.
5. 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.
6. Verify my application information at least every five years.
7. 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.
8. Serve at the request of the UAF, CES. I understand that request could be withdrawn for any reason or no reason at any time.
9. Be courteous, and respect the individual rights of all participants.
10. Be a positive role model at all times, and exhibit good sportsmanship.
11. Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
12. Strive for a minimum of two adults at any activity involving 4-H youth. An adult should not be left alone with one child unless the leader is the parent or guardian of that child.
13. Handle fund raising and finances in an ethical manner.
14. Not leave youth under my supervision, without notifying another adult in charge of the event or delegation.
15. Not use or be under the influence of alcohol, tobacco, or illegal drugs, while present at youth programs or while having responsibilities at Extension programs.
16. Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it to the Extension staff.

I have read and understand the Adult Agreement. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with UAF Extension 4-H or my removal from the program activity. I understand that being involved with youth participants in Extension programs is a privilege, not a right.

Signature: _____ Date: _____

For Office Use Only:

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 Youth Development Agent

Date

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Alaska 4-H Volunteer Service Background Check Form

Information about the federal privacy and data security laws such as the Fair Credit Reporting Act and the Gramm-Leach-Bliley Act are available at www.ftc.gov or by calling 1-877-382-4357.

- I consent to the electronic background check through ChoicePoint, a UAF contracted service, which will conduct the local, state and national review at a cost of \$6.50 to me. In order to facilitate this process, the following information is provided:

Printed Name _____
(First) (Middle) (Last)

SSN _____ - _____ - _____ Date of Birth (XX/XX/XXXX) _____ / _____ / _____

Physical Address _____

- The report will be destroyed/erased so that the information cannot be read or reconstructed in accord with the 'Disposal Rule' of the Federal Trade Commission (FTC).
- If there is information reported which negatively impacts your application to be a 4-H volunteer leader, you will be informed of the information, provided a copy of the report, and your rights to dispute any information with ChoicePoint. You will also be provided a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" as prescribed by the FTC.

- I do not consent to a background check through ChoicePoint and elect to:
 - Obtain A Person of Interest (APSN) statewide review from the Alaska State Troopers at an approximate cost of \$20, AND
 - Obtain a FBI National Crime Information Center (NCIC) review at the cost of \$18.

To obtain a FBI NCIC report:

Mail a signed letter requesting the national review including your name, date of birth, place of birth, copy of a government form of identification, return address, a complete set of fingerprints and a certified check or money order in the amount of \$18 (no personal checks accepted) to the CJIS at the following address and allow 4-6 weeks for processing:

Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services (CJIS)
Division 1000 Custer Hollow Road
Clarksburg, West Virginia 26306

Fingerprints can be obtained through local businesses at an approximate cost of \$20 and 10 minutes time. Fingerprints cannot be obtained directly from law enforcement agencies.

Applicant Signature

Date

University of Alaska Cooperative Extension Service will not distribute your personal information.

For office use only:

Applicant is: Approved _____ Not Approved _____ as a Volunteer Leader.

Agent Signature

Date



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4-H Volunteer Leadership Roles

Organizational Club Leader

Provides leadership in helping members and their families determine an annual club plan, the resources needed to carry out the plan and annual enrollment, and serves as a liaison between the club members and the district Extension office. A club may offer a variety of projects involving youth of various ages and several project leaders. Members may come together for activities, service projects and leadership training, and may also meet separately in various project clubs or complete individual projects.

Project Leader

Provides leadership for a group that focuses on one specific project or is organized around a specific activity or need. Your district Extension office has a list of projects and available materials. Project Leaders teach young people in a variety of settings — clubs, in-school enrichment programs, afterschool clubs, camps, etc.

Activity Leader

Activity Leaders organize a 4-H activity or event such as a camp, fashion revue, community service project, hiking trip, showmanship clinic, talent show, shooting sports shoot, fund-raiser or other related activity. Activity Leaders may serve a short-term role for a specific activity.

Resource Volunteer

Resource Volunteers act as resources for the 4-H program, serving in roles such as:

- a) Judge — Evaluates 4-H members' accomplishments at contests and county fairs.
- b) Chaperone/Driver — Accompanies/transportes groups of 4-H members to 4-H events and participates with them.
- c) Business Owner — Invites 4-H members to explore and learn about potential careers and types of business/industry.
- d) Council Member — Provides input and direction in planning, implementing and evaluating aspects of the 4-H program.

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