

Oregon State University Extension Service 4-H Volunteer Screening and Education Process

Screening Process Rationale:

The Extension Service is committed to providing a safe environment for young people participating in its programs. With this in mind, the Extension Service will provide the needed screening and education for potential volunteers to feel comfortable and safe in taking on various roles within the 4-H Youth Development Program. In addition, extensive media coverage has enhanced our society's awareness of child protection issues. Because of concerns surrounding these issues, most major youth serving agencies have instituted screening, orientation and training processes.

Purpose of screening and education for potential 4-H volunteers:

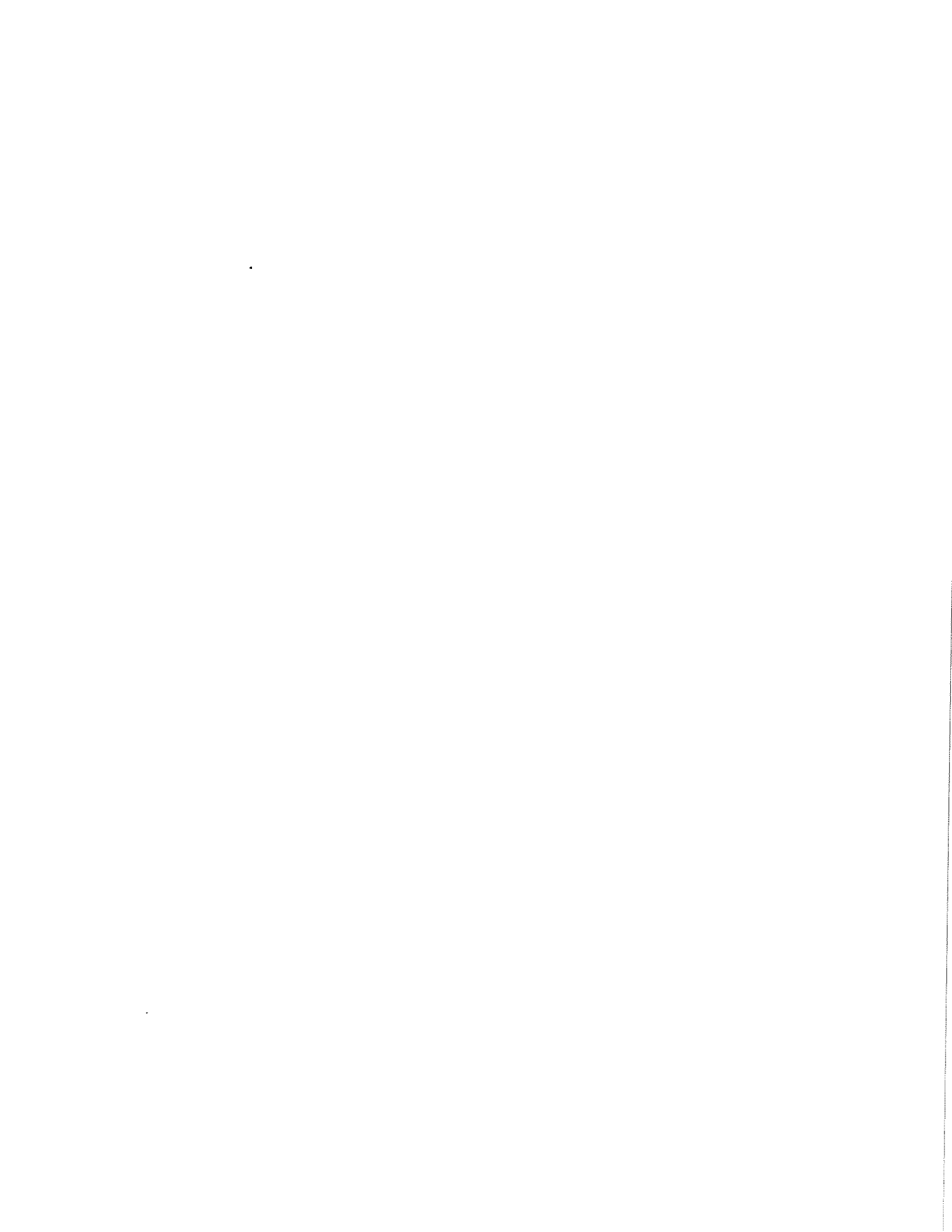
- To provide a safe environment for young people and adults involved in the 4-H Youth Development Program.
- To help insure the selection and placement of qualified volunteers for the 4-H Youth Development Program.
- To help potential volunteers feel ready for their role as a 4-H leader.
- To help potential volunteers understand the 4-H program in order to make informed decisions about their involvement.

The Oregon 4-H Youth Development Program Screening Process Includes:

- All potential volunteers will be required to complete a 4-H Volunteer Service Application—this includes providing the names, addresses, and phone numbers of three references.
- All potential volunteers need to understand that this volunteer service position is subject to the successful completion of background checks, which may include credit, criminal, and motor vehicle history background checks. Routinely this will include looking for the following types of convictions:
 - Crimes involving offenses against children
 - Crimes involving physical harm to another person
 - Crimes involving a firearm
 - Crimes involving mistreatment or abuse of animals
 - Crimes involving theft or dishonesty—within the past ten years
 - Crimes involving possession of a controlled substance—within the past ten years
- All potential volunteers will be required to participate in a minimum of 2 hours of training related to their volunteer role.
- Individual counties and project areas may have additional requirements related to becoming a 4-H volunteer.

The Oregon 4-H Youth Development Program

***4-H is a community of young people across America who are learning
leadership, citizenship and life skills.***



**Oregon State University Extension Service
4-H Volunteer Service Application**

Personal Information

Legal Name: _____
(Last) (First) (Middle)

Address: _____
City State Zip

Length of time at above address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Name of nearest elementary school: _____

Occupation: _____ Employer: _____

Do you have special needs for assistance in this application process: _____

Education, Training, Experience

If a student, school attending: _____

Education and/or special training: _____

Languages spoken (other than English): _____

Special skills, interests and/or hobbies: _____

Have you had CPR training? (when): _____ Have you had First Aid training? (when): _____

Background in 4-H and Other Youth Programs

Have you been a 4-H leader before? Yes: ___ No: ___ If yes, where and how long? _____

Are you a 4-H alumni? Yes: ___ No: ___ If yes, which state/county? _____

Experience in other youth programs: _____

Memberships in other organizations: _____

References (employer, minister, etc. - not family members/relatives) - Please include complete mailing address.

1. Name: _____ Phone: _____ Email: _____

Address: _____
City State Zip

2. Name: _____ Phone: _____ Email: _____

Address: _____
City State Zip

3. Name: _____ Phone: _____ Email: _____

Address: _____
City State Zip

Please complete other side →

Adult Volunteer Expectations

The Oregon State University Extension Service strives to provide quality leadership for youth participating in 4-H programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the OSU Extension Service 4-H Youth Development Program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Abide by policies and guidelines of the Oregon State University Extension Service state and county 4-H programs.
3. Obey all laws of the locality, state, and nation, including those related to use of illegal substances, or use of firearms.
4. Make all reasonable effort to assure that 4-H youth programs are accessible without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status.
5. Recognize that verbal, sexual, physical abuse, and/or neglect of youth is unacceptable either within or outside the 4-H Youth Development Program. Report suspected abuse.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate machinery, vehicles, and other equipment in a safe and responsible manner, and only with a valid operator's license and the legally required insurance coverage.
8. Handle fund raising and finances in an ethical manner.
9. Do not consume alcohol while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to consume alcohol or illegal substances.

Why are you interested in a 4-H volunteer position? _____

Please read the following before signing:

- I am aware of, or willing to learn and accept the basic philosophy and objectives of the 4-H Youth Development Program.
- I have read, understand and agree to the OSU Extension Service 4-H Adult Volunteer Expectations.
- I understand that the information I have provided may be verified by contacting persons or organizations identified in this application.
- I affirm that the information given in this application is true. If appointed as a volunteer, I agree to abide by the expectations of the Extension Service and to fulfill the volunteer responsibilities to the best of my ability.
- As part of the screening process to become a volunteer with the Oregon 4-H Youth Development Program, I understand that this volunteer service position is subject to the successful completion of background checks, which may include credit, criminal, and motor vehicle history background checks.
- I understand that the OSU Extension Service has the right to determine individual suitability in the 4-H Youth Development Program and as a volunteer I will comply with those decisions.

Signature of Applicant _____ Date _____ Oregon Drivers License # _____

For Extension office use only

Date Received: _____ Application Reviewed By: _____

Status of References: _____

Background History Check Form: Date sent to OSU: _____ OSU Response Date: _____

Leader Education (orientation/training): _____

Comments: _____

_____ Approved: _____

Date
9/2011

Criminal History Check (CHC)

Disclosure Notice and Release Authorization

EXTENSION VOLUNTEER

Extension Office Use ONLY:						
Criminal History Checks cannot be performed unless the information requested below is provided. Incomplete forms will be returned.						
OSU Extension Office <u>Curry County Extension</u>						
Program Name <u>4-H</u>						
Agent / Contact <u>Ruth Dixon e-mail: ruth.dixon@oregonstate.edu phone: 541-247-6672</u>						
Access Type(s):						
NON Driving <input checked="" type="checkbox"/>	Driving	24 Mo. Recheck	Live Animals	Fiscal	Minors	Protected Info

Volunteer / Candidate Information:

A copy of your OFFICIAL photo ID must accompany this release

FULL Legal Name (Last, First, Middle)	<input type="checkbox"/> Check here IF returning Volunteer	Date of Birth (MM/DD/YYYY)
Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.)		
Current Mailing Address		
If you have not lived at your current address for the last seven (7) years, please complete the following providing seven years of history.		
City _____	State _____	From _____ To _____
City _____	State _____	From _____ To _____
City _____	State _____	From _____ To _____
(Add additional pages as necessary)		
Email Address:		Primary Phone Number:
I certify and authorize the University or a law enforcement agency to conduct a background investigation as outlined in the Disclosure Notice and Authorization for Background Investigation (see page 2). I am also aware of how to access a summary of my rights under the Fair Credit Reporting Act.		
Volunteer Signature: (Parent/Guardian signature is REQUIRED if Minor)		Current Date:

Mark correspondence as "Confidential"			
Return completed form by one (1) of the methods below only:			
Oregon State University, OHR 122 Kerr Administration Bldg Corvallis, OR 97331-2132	OR	Email: employment@oregonstate.edu	OR
			FAX: 541.737.7771

DISCLOSURE NOTICE FOR BACKGROUND INVESTIGATION

Oregon State University (the "University") may request, for lawful employment purposes, background information about you from a third party or agency in connection with your application for employment or volunteer service or if you are contracted to provide services to the University. The University may obtain background information, such as criminal history information pursuant to OSU STANDARD 576, Division 055 *et seq.*, credit reports pursuant to ORS 659A.885 (commonly known as "credit history checks"), or other such related reports. A credit history check will only be conducted in narrow circumstances pursuant to statute. Additionally, the University may obtain education history, work history and reference information regarding your employment and performance from current and former employers and personal and professional references in the course of conducting recruitment and selection processes.

The University or a law enforcement agency will prepare or assemble criminal reports, educational history, and other similar background reports for the University's use in conducting a background investigation. The types of information that may be obtained by the University in the course of verifying your background information may include, but are not limited to: address history; criminal records and history; public court records; driving records; accident history; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; and other information bearing on your character, general reputation and personal characteristics. The University will only conduct a criminal background check where the applicant has received separate notification that the position is of a critical or security-sensitive nature pursuant to OSU STANDARD 576-055-0000 *et seq.* This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews; and other information sources.

Oregon State University is an affirmative action/equal opportunity employer. You may have rights under Title VII of the Civil Rights Act of 1964. If you wish to obtain further information, you must contact the Oregon Bureau of Labor and Industries.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization Form. By my signature on the front of this document, I consent to the University obtaining background information for purposes related to employment, volunteer service, or contracting for services. My consent includes preparation of background reports and related information by the University or a law enforcement agency and to the release of such background reports and related information to the University and its designated representatives and agents, for the purpose of assisting the University in making a determination as to my eligibility for employment, promotion, retention, volunteer service or for other lawful purposes related to employment or contracting for services. I also authorize the University to obtain any reports or background information necessary to verify my identity and fitness for the position for which I am applying. I understand that refusal to consent to a background check or to release related background information will disqualify me from consideration. I understand that information contained in my employment, volunteer service application or service contract or otherwise disclosed by me before or during my employment or service, if any, may be used for the purpose of obtaining and evaluating background reports on me.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information regarding me that is requested by the University, the University's contracted reporting agency, or law enforcement agency either orally or in writing.

I understand that personally identifiable information, such as date of birth, may be requested by the University or law enforcement agencies solely for the purpose of accurately verifying my identity. If there is a need to verify my identity or if I have lived outside the state of Oregon in the last seven (7) years, I understand that I may be asked by the University to submit my fingerprints or additional information as requested by the University. Failure to submit to fingerprinting or failure to provide additional information to verify my identity will cause me to be removed from further consideration.

I understand that nothing herein may be construed by me as an offer of employment, appointment to a volunteer service position, or a contract for services by the University.

I understand that further consideration by the University of my candidacy is contingent upon my consenting below and, therefore, I acknowledge that I authorize the University to obtain such reports and background information. I understand a copy of my Disclosure and Authorization for Background Investigation form will be maintained on file by the University in accordance with state rules and laws.

I understand that I have the right to receive a copy of my background report from the Oregon State Police, Federal Bureau of Investigation, and records resources that have provided this information to the University.

I also understand that before I am denied employment based, in whole or part, on information contained in the background report received from the reporting agency, I will be provided a copy of the report and a written copy of my rights under the Fair Credit Reporting Act: www.ftc.gov/credit. I understand that if I am going to dispute the accuracy of information in the report, I must notify the University within fourteen (14) calendar days of the date of the University's notification letter to me. I understand that appealing the University's decision or challenging information provided to the University by the reporting agency will not cause a delay or postponement of the University hiring process or employment decisions.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information on the University's behalf, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and disclosure of information in connection with this background investigation.

I understand employees and volunteers whose position descriptions have been designated as critical or security sensitive are required to notify the Assistant Vice President or Associate Director of the Office of Human Resources if they are convicted of a crime relevant to determination of fitness as identified in OSU STANDARD 576-055-0060 while serving in these positions. Incumbents in *Youth Programs* must have criminal history checks repeated every 2 years.



CONDITIONS OF VOLUNTEER SERVICE

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu
Page 1 of 2

Activity: Curry County 4-H Date(s):

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY

OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver's license.

WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of OSU.

UNIVERSITY RULES AND REGULATIONS

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

TOTAL VOLUNTEER HOURS: Estimate total hours for the duration of this activity, up to 12 months.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Name (Please print): Telephone Number:
Address: City: State:
Volunteer Signature: Date:
OSU Supervisor Name: Telephone Number:
Unit/Department:
OSU Supervisor Signature: Date:

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.



VOLUNTEER ASSUMPTION OF RISK

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu
Page 2 of 2

Activity: Curry County 4-H Date(s):

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 - 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 - 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: Telephone Number:

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print):
Volunteer Signature: Date:

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, _____, as a parent or legal guardian hereby grant permission for _____ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: Date:

Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

OFFICIAL 4-H HEALTH FORM Rev. 1-2015

County: Curry

Type of activity: county/area state regional national (check one)

Name of event/activity Curry County 4-H

Participant's Name: _____
Last First M.I.

Address: _____
Street Address

_____ City _____ State _____ Zip Code

Participant is: Adult Youth Male Female

_____ Grade _____ Birth Date _____ Home phone

Emergency Contact: _____
Name Relationship

_____ Daytime phone _____ Evening phone

_____ Cell phone _____ Other

Health Statement (to be completed by parent, physician or adult participant)

Does the participant have any dietary restrictions? If yes, please describe:	Yes	No
Does the participant have any allergies? If yes, please describe:	Yes	No
Name of all medications:		
Name and phone number of physician:		

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

 Signature of Parent/Guardian or Adult participant Date

Adult Volunteer Expectations

The purpose of the Adult Volunteer Expectations is to promote the safety and well-being of all Oregon State University program participants. The opportunity to represent OSU is a privileged role to be held by those who are willing to agree to behaviors that fulfill this trust.

In my OSU volunteer role, I agree to...:

1. Represent the educational mission of the land grant university, with the equal opportunity and anti-discrimination policies. *(Programs are accessible without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, and veteran status.)*
2. Obey local, state, federal laws. Follow specific guidelines established for county, state, and national programs.
3. Accept support and/or supervision from program representatives.
4. Treat others courteously. Be a positive role model. Exhibit good sportsmanship.
5. Establish and maintain safe environments for all participants. Act responsibly to protect participants.
6. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate that verbal, emotional, or physical mistreatment (e.g., humiliation, isolation) during the program is unacceptable. Report suspected abuse to protect those who cannot protect themselves.
7. Not consume alcohol, marijuana, or illicit drugs, nor be under those influences, while responsible for youth or OSU programs.
8. Handle 4-H funds and fundraising in an ethical manner, and in accordance with federal regulations. (Use of funds is determined by group members and recorded; fundraising activities are approved by Extension staff; funds need to be expended for educational purposes; and public funds should never reside in a private bank account.)
9. Handle equipment and machinery in a safe and responsible manner. Operate vehicles only with a valid operator's license and the legally required insurance coverage.
10. Provide appropriate and humane care and treatment of animals. Help, and teach, others to do the same.

I have read, understand, and agree to the OSU Adult Volunteer Expectations above. I understand that OSU may determine individual suitability to volunteer in its programs. I will comply with those decisions. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for non-acceptance, suspension or termination of my volunteer role with OSU programs.

Signature of Volunteer Applicant

Date