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: ___________________________________________ Home Phone: ______________ Work Phone: __________
   Address: ______________________________________________ City    State   Zip
2. Name: ___________________________________________ Home Phone: ______________ Work Phone: __________
   Address: ______________________________________________ City    State   Zip
3. Name: ___________________________________________ Home Phone: ______________ Work Phone: __________
   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 9/2005