4-H Volunteer Application Instructions

Dear Applicant:

Thank you for your interest in volunteering for the OSU Extension Service 4-H Program. It is only through dedication and caring volunteers that youth are able to participate in 4-H.

The process for application is as follows:

1. **Read the 4-H Volunteer Screening and Education Process letter (Page 2) carefully.**
2. Complete the Background History Check Release Authorization Form – all 3 pages. If you have questions about the background check, please contact (541) 737-5946.
3. Put your completed Background History Check Release Authorization Form in the enclosed envelope marked CONFIDENTIAL, and seal the envelope.
4. Call 503-821-1119 to schedule a brief phone or in-person interview with a 4-H faculty person in your county.
5. Complete the 4-H Volunteer Service Application (2 sides): Please be sure the application is complete including all the information needed for references, and your Oregon Drivers License number.
   - Call our office at (503) 821-1119 to schedule your new leader orientation class.
6. Return these completed forms and the sealed CONFIDENTIAL envelope to the Extension office. **We cannot accept faxed applications.**
7. The Extension office will send forms to your references immediately and forward the sealed CONFIDENTIAL envelope to OSU Human Resources for your background check.
8. If we do not receive the reference letters back within two weeks you will be notified that your application has been placed in the inactive file. You will then need to activate your references to respond, or provide us with names of other references we may contact.
9. Once your application has been approved and you have completed the New Leader Orientation you will be eligible to enroll as a volunteer with the OSU Extension Service.
10. Communications will be mailed to you as needed, informing you of the status of your application.

Again, thanks for your interest. If you have any questions or need more information, please call the 4-H Help Desk at (503) 821-1119.
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 →
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     Or     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: __________________________________________________________________________

Date ______________                  Approved: ______________________________

9/2005

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.
**Background History Check**

**Release Authorization Form**

**Volunteer**

<table>
<thead>
<tr>
<th>Legal Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth (MM/DD/YY):</th>
<th>Driver's License Number and State Issued:</th>
</tr>
</thead>
</table>

**Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.):**

**Current Mailing Address:**

Male _____ Female ______

**Home Telephone Number:**

**Message Telephone Number:**

**List your residences outside the current county in which you have lived during the past ten years (use the back of this form if necessary):**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

**Title of volunteer service position or activity for which you are applying:**

**OSU department in which the volunteer service will be performed (Extension Service, include the county to which you are applying):**

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Oregon State University (OSU) is authorized by state law ORS 181.555 and ORS 802.179 to conduct a credit, criminal or motor vehicle records background check for purposes of qualifying an individual for volunteer service. Successful completion of a credit, criminal or motor vehicle records background check is a condition of your volunteer association with OSU.

**IMPORTANT:** List all criminal convictions, even if they took place a long time ago. A conviction includes a plea of no contest, plea of guilty, or any court determination of guilt. Not all crimes are considered disqualifying. However, misrepresentation, misleading or false information, or failure to reveal required information requested will disqualify an individual from consideration for volunteer service or removal from volunteer service. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

In conducting credit, criminal and motor vehicle records background checks, OSU may use information maintained by the Oregon State Police, Federal Bureau of Investigation, credit agencies, law enforcement agencies and other records resources. OSU may request you to submit fingerprints for the purposes of conducting such a background check.

You will not be permitted to engage in volunteer services or activities, or your current volunteer association with the university will be rescinded, if you refuse to comply with a request to complete this form and participate in a credit, criminal, or motor vehicle record background check, or if you refuse to submit fingerprints.

You are entitled to review the credit, criminal and motor vehicle record history information maintained by the Oregon State Police, the Federal Bureau of Investigation, the Oregon Department of Motor Vehicles, and other such agencies who have supplied record history information to OSU. You have the right to challenge information you believe is inaccurate, incomplete, or maintained in violation of any state or federal statute or act. To obtain a copy of such information, you must contact these agencies directly.

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### Background History Check

#### Release Authorization Form

**Volunteer**

<table>
<thead>
<tr>
<th>Legal Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Driver’s License Number and State Issued:</th>
</tr>
</thead>
</table>

**Have you ever been convicted of any crime (including misdemeanor or felony) and/or motor vehicle conviction in Oregon, or any other state?**  
___ Yes  ___ No  

If yes, list each crime/conviction, date of conviction, city, and state. (Attach additional sheet, if necessary.)

**Have you ever pled guilty or no contest to any crime (including misdemeanor or felony) and/or motor vehicle conviction in Oregon, or any other state?**  
___ Yes  ___ No  

If yes, list each crime/conviction, date of plea, city, and state. (Attach additional sheet, if necessary.)

**Have you ever resigned volunteer affiliation or employment in order to avoid termination or other employment discipline; or to avoid possible civil or criminal proceedings?**  
___ Yes  ___ No  

If yes, describe:
<table>
<thead>
<tr>
<th>Legal Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Driver’s License Number and State Issued</th>
</tr>
</thead>
</table>

**Certification and Authorization:**
I hereby authorize Oregon State University (OSU) to obtain reference information concerning me and to conduct a credit, criminal or motor vehicle record history check(s), as applicable, through law enforcement agencies, credit agencies, the FBI, courts, and other records resources. Information of a confidential and privileged nature is included in this authorization. I also understand that a conviction of a crime against a person or property may negatively impact or prevent me from obtaining a volunteer position with Oregon State University. Failure to comply with the request for authorization to conduct a credit, criminal or motor vehicle record history check(s) will disqualify me from volunteer service with OSU.

I certify that the information I have provided on this form is complete and truthful. I understand that providing misleading or false information or failing to disclose convictions will be basis for disqualification from further consideration for volunteer service with the University. I understand that if I am appointed to a volunteer position, I must inform Oregon State University if I am subsequently convicted of any criminal offense during my appointment or affiliation with the University and its programs.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information for Oregon State University, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this investigation. I also understand that I may appeal to Oregon State University its decision to disqualify me for volunteer service based upon the results of my credit, criminal or motor vehicle record history investigation if I contest that the information revealed by such investigation is incorrect. I have read and understand all of the above information.

Volunteer Applicant’s Signature  
Date

**Restricted Access:** The information you have provided on this form will be utilized as outlined in the OSU policy on background checks. OSU program directors, supervisors and staff will not routinely be provided information from this form or history check(s). They will be provided information by the OSU Office of Human Resources regarding the outcome of the check(s) by indication of a satisfactory or unsatisfactory determination. In order to restrict unintended disclosure, it is important that you submit this form as directed below.

**Extension Service Volunteer Applicants:**
Please complete and return this form to your county Extension Service Office in a sealed envelope. Please include on the envelope the county to which you are applying. The sealed envelope will be forwarded directly to the OSU Office of Human Resources for processing.

**All other volunteer applicants:**
Please complete and return this form and send it via U.S Mail to the address below or you may deliver in person to:
- Oregon State University
- Office of Human Resources
- 122 Kerr Administration Building
- Corvallis, OR 97331-2132
- Attention: Employment Services Manager

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