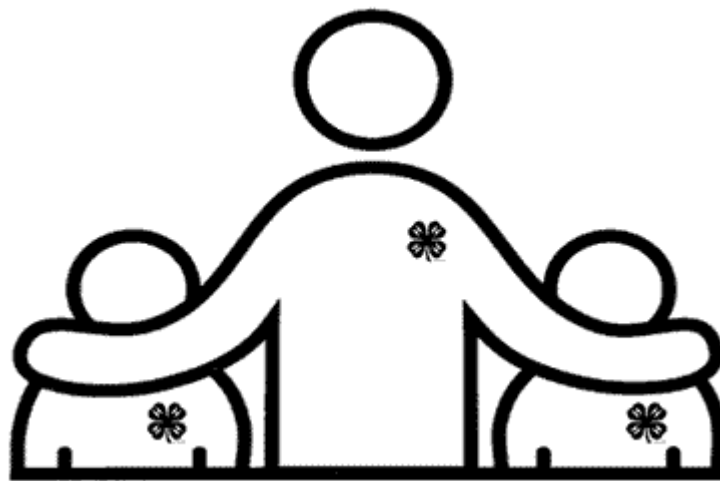


Lincoln-Adams WSU Extension

4-H Volunteer Application



To provide a safe environment for youth and adults in the 4-H Program, persons who will have regularly scheduled unsupervised contact with youth must be certified. Only certified leaders will be enrolled as 4-H Volunteers.

Certification steps:

1. submit completed 4-H Volunteer Application,
2. complete screening and reference checks,
3. complete 4-H Volunteer Leader Training,
4. contract annually for 4-H leadership roles.

Cooperating agencies: Washington State University, U.S. Department of Agriculture, and Lincoln and Adams Counties.

WSU Extension programs are available to all without discrimination.

Evidence of noncompliance may be reported through your local WSU Extension office.

Special accommodations can be requested: 509-659-3209 or TDD 1-800-833-6388

www.lincoln-adams.wsu.edu

WSU 4-H VOLUNTEER APPLICATION

Part A

Return to: WSU Extension, 210 W Broadway, Ritzville, WA 99169 659-3209

Name: _____

Address: _____
Mailing Town State Zip+4

Preferred Phone (hm. wk. or cell) _____ Best time(s) to call: _____

Alternate Phone (hm. wk. or cell) _____ E-mail: _____

Residence: Farm Rural Area Town Previous 4-H Member? _____

OPTIONAL

Emergency contact: _____ Phone: _____

Allergies or medical conditions: _____

I understand the purpose of a 4-H volunteer is to team with adults alongside any and all youth to build positive life skills. **I wish to be affiliated with:** _____
Name(s) of 4-H Clubs, Programs or Subject Matter Areas

I am motivated to be a 4-H volunteer by the following: (check all that apply)

- to help my child in 4-H
- improve my job skills
- be part of the world recognize 4-H Program
- to work with other adults providing positive activities for youth
- to help kids learn life skills like _____
- to share my skill(s) in _____
- other _____
- opportunity to have fun with kids
- sense of duty
- hope it will lead to a paying job
- to motivate or mentor kids
- there is a need, could not refuse

Work and/or Volunteer Experience: (List current or most recent first.)

Education, Skills, Training or other Qualifications:

WASHINGTON STATE UNIVERSITY EXTENSION
VOLUNTEER APPLICATION FORM
PART B

The information on Part B is to be completed by all *potential* volunteers.
It is for screening purposes only and is protected by the "Rights to Privacy Act."

Legal Name: _____
First Middle Last

_____ Preferred Name Maiden/Former Name (s)

Date of Birth: _____ Valid Driver's License: Yes ___ No ___
(MM / DD / YYYY)

BACKGROUND DISCLOSURE

Answer **YES** or **NO** to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.
ANSWER _____ IF YES, EXPLAIN BELOW:

2. Convicted of crimes relating to financial exploitation.
ANSWER _____ IF YES, EXPLAIN BELOW:

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
ANSWER _____ IF YES, EXPLAIN BELOW:

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
ANSWER _____ IF YES, EXPLAIN BELOW:

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
ANSWER _____ IF YES, EXPLAIN BELOW:

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may exclude you from volunteer roles, depending on the nature of the offense.

PERSONAL REFERENCES

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. **Please provide complete addresses and phone numbers.**

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Mailing) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Mailing) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Mailing) (City) (State) (Zip)

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that the criminal background check may require submission of my fingerprint to confirm I.D. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and the 4-H Program. I will fulfill the volunteer responsibilities to the best of my ability. I understand that should my application be accepted, training will be required for certification and official enrollment as a WSU 4-H Volunteer. I accept that I may be asked to submit to additional background checks periodically throughout my 4-H volunteer career.

Applicant Signature: _____ Date: _____



WSU NEW 4-H VOLUNTEER AGREEMENT

Lincoln and Adams Area

Part C

Name: _____

I volunteer for the following role(s)

(If you are unsure of your role, please contact WSU Extension for assistance. 725-4171).

Group - GENERAL/ORGANIZATIONAL LEADER – 4-H Volunteer who assumes primary responsibility for a 4-H club, group, or program: process paperwork, lead adults and/or teen leaders in setting goals, organize general activities, and plan curriculum for youth. He/she attends and promotes appropriate leader meetings & training, and stays current with 4-H policies. **4-H Volunteer Training and certification required.***

Name of program, club, or group*

Name of program, club, or group*

RESOURCE LEADER – Adult or teen who serves a group, County or Area 4-H Program as an advisor, instructor, source of expertise or other supporter. **4-H Certification & enrollment required for adult & teen leaders at overnight 4-H activities and for unsupervised contact with 4-H youth.***

Activity or Role	Club, Group, Program
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_____	_____
_____	_____
_____	_____

PROJECT LEADER – 4-H Volunteer who leads a specific project or subject within a club, group or program. He/she assists youth in setting goals; teaches or facilitates opportunities for specific skill development; attends appropriate leader training and meetings; and stays current with 4-H policies. **4-H Volunteer Training and certification required.***

ACTIVITY LEADER – A 4-H Volunteer who conducts specific activities or assists other leaders with teaching or managing specific programs within a 4-H club or group. **4-H Volunteer Training and certification required.***

General/Org. Leader: _____
Printed Name Signature

My Planned Roles, Projects &/or Activities: _____

General/Org. Leader: _____
Printed Name Signature

My Planned Roles, Projects &/or Activities: _____

Other Notes: _____

* Training is recommended but not required for "Family" group leaders
Some roles may require additional application forms or proof of specific certification.

Your volunteer agreement will be renewed annually, but you may update your roles or group affiliations at any time during the year.

A Valuable Partnership: The primary purpose of these **Expectations** is to insure the safety and well-being of all 4-H participants

WSU Extension agrees to:

- partner with volunteers for effective youth development;
- share philosophy, mission and goals of the 4-H Youth Development Program;
- provide orientation and ongoing training in experiential education, policies and procedures;
- provide support, encouragement, supervision and periodic evaluation of volunteers;
- set the educational tone and direction with the 4-H council and committees;
- make youth and leadership development curriculum available and inform volunteers of opportunities;
- provide training and supervision to facilitate inclusion and participation of volunteers and youth from all backgrounds;
- facilitate resolution of 4-H volunteer personnel issues.

As a 4-H Volunteer, I:

- will treat others with respect and dignity, while creating opportunities for positive growth and development;
- will conduct myself in a courteous, respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills and serve as a positive role model for youth;
- will respect, follow, and enforce the policies and codes of conduct established by Washington State University Extension, State and County 4-H programs;
- will take advantage of training opportunities to stay current on 4-H policies and my 4-H assigned subject area;
- will seek to provide a safe environment for youth; will NOT consume alcohol, illegal substances or anything that may impact my ability to work safely with youth while at 4-H programs;
- recognize that verbal or physical abuse, failure to make all reasonable effort to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are grounds for dismissal as a volunteer;
- will follow the proper reporting procedures for accidents, incidents and/or suspected abuse or neglect;
- will handle animals and operate machinery, vehicles, and other equipment in a safe and responsible manner;
- will perform volunteer duties in a responsible, timely and ethical manner;
- will handle fund raising, finances, and use of products and services in an ethical manner and in accordance with 4-H policy;
- understand that if I involve non-enrolled adults or teens at any 4-H activity, they must be under the direct supervision of an enrolled 4-H leader at all times.
- understand that, unless noted below, photos, video, or audio recordings made of me at 4-H events may be used, without compensation to me, by WSU Extension to promote the 4-H Youth Development program; No permission Please contact me for specific permission ;

I read this agreement. I understand the terms and expectations and acknowledge that I or WSU Extension may terminate this volunteer agreement at any time. I understand that WSU Extension provides liability coverage only if I am a certified volunteer acting within my assigned volunteer role.

Signature

Date

WSU Faculty Signature

Date



4-H Pledge: “I pledge my Head to clearer thinking, my Heart to greater loyalty, my Hands to larger service, and my Health to better living . . . for my club, my community, my country, and my world.”

4-H Motto: “To make the best better”