

## **4-H Youth Development**

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Dear Prospective 4-H Volunteer,

Thank you for your interest in the Idaho 4-H Youth Development Program. The 4-H program, delivered through the efforts of our dedicated volunteers and staff, continues to prepare our young people to take on the challenges in their communities and in the world. Our youth learn the necessary skills needed to make a positive difference. Your interest in becoming a volunteer helps to insure that we can continue to deliver valuable skills and information to our youth.

Because the protection of our youth, our volunteers, and our staff is our top priority, you must complete the following application process before you can be considered for acceptance as a 4-H volunteer in Idaho:

New Applicants: (Application, reference and consent forms, and instructions are included in this packet.)

- Complete and return the Application for a Volunteer Position in 4-H.
- You <u>MUST</u> include at least 4 names along with complete mailing addresses and e-mail addresses of personal references who are NOT relatives and who have knowledge of your skills when working with youth.
- Complete, sign, and return a Volunteer Public Record Review Authorization/Consent form to our office.
- Complete the Public Record Review.
- Successfully complete the WSU Extension 4-H e-Learning modules. If you do not have internet access, you may complete these modules at the library or at our office.

<u>Transferring Volunteer Status</u>: If you are a volunteer who has moved from one Idaho county to another Idaho county, you may transfer your status. The extension office in your latest county must receive a copy of your complete volunteer file and a letter stating that you were a certified volunteer in good standing when you moved. A new position agreement will need to be signed and you will need to attend a volunteer orientation, as well as any required training.

We will contact you for an interview <u>after our office has received</u> all the necessary paperwork/documentation listed above.

Completing the application process does not insure acceptance as a potential certified volunteer. We will notify you in writing of your acceptance or non-acceptance as a volunteer. If accepted as a volunteer, our office will provide you with a certification packet that will include our orientation and training requirements, the University of Idaho Policies and Procedures, the Code of Conduct, and the appropriate Position Description.

<u>PLEASE NOTE that you may not work with 4-H youth unless under the direct supervision of a currently certified 4-H volunteer or extension personnel until we have notified you in writing that you have successfully completed the certification process.</u>

If you have any questions, please contact us at 208-253-4279 or adams@uidaho.edu.

Thank you.

Tyanne Freeburg Adams County Extension Educator 203 S. Galena St, P.O. Box 43 Council, ID 83612



## Volunteer Application with University of Idaho 4-H Youth Development

The mission of University of Idaho Extension and the University of Idaho 4-H Youth Development is to help youth and adults acquire knowledge, life skills, and attitudes that enhance their lives.

First Name	Middle	Last		
Physical Address – the plac	e where you live:			
Street	City	State	Zip Code	
Length of time at above ad	dress County _			
Mailing address if different	from above:			
Date of Birth*	Social Security	Number*		
Driver's License Number/S	tate*			
Email	Home phone	Ве	est Time to Call:	· · · · · · · · · · · · · · · · · · ·
Cell phone number	Work p	hone number		
Were you ever in 4-H?	Where/when were you in	4-H?		
Have you previously been	a 4-H leader? If ye	es, how many year	rs?	
Where: County	City	State	Zip Code	
Why are you interested in	a 4-H volunteer position? If t	here is a club you	want to work with,	which one?
Do you prefer to work dire Cloverbud 5-7 years	ctly with youth?No		ge level(s) do you p	refer?
Junior 8-11 years	Senior 15-	18 years		
What time commitment do	you desire? 1-3 months	s 3-6 months _	6-12 months	_ longer
When are you available to Weekends	volunteer? Mornings _	Afternoons	Evenings	

Describe your experience,	training, or education related to working v	with youth:		
List community organization	ons/activities in which you have participate	ed:		
List your hobbies, skills an	d interests that can be shared with youth i	n 4-H:		
Previous volunteer/emplo	yed experiences: (List current and most re	cent experiences first.)		
Organization/Employer	Position Title/Major Responsibilities	From month/year to month/year		
involved in youth activities disclosure is to protect the University of Idaho Extens the well-being of youth an	ion takes seriously its obligation to provide s. Child abuse and neglect is of concern to e children we work with. It is not our intention and 4-H depend upon volunteer support d adult participants.	everyone. The purpose of this to discourage volunteers as ort. We do wish, however, to assure		
against any person, child, country? Such crimes incluto children, sexual exploita	or vulnerable adult under federal law or the decidence of the second of	te law of any state or foreign ted assault, battery, hazing, injury ninating obscene material to or		
NO YES. If yes, explain what, where and when.				
2. Have you ever been denied the opportunity to work with minors or vulnerable adults?				
NO YES. If yes, ex	plain what, where and when.			
3. Have you ever been cor	victed of a DUI/DWI or any other driving-r	related crimes?		
NO YES. If yes, explain what, where and when.				
disposition, and any furth	y of the above questions, please give the or er explanation you would like to provide g Authorization/Consent **			

References: List four persons, not related to you, who have a definite knowledge of your qualificatior	ıs.
Please provide complete addresses. We must receive a minimum of three reference responses.	

1. Name	Phone			
Address	City	State	Zip	
Email				
2. Name	Phone			
Address	City	State	Zip	
Email				
3. Name	Phone			
Address	City	State	Zip	
Email				
4. Name	Phone			
Address	City	State	Zip	
Email				

## Volunteer Screening Authorization/Consent \*\*

I authorize contact of additional references as well as those listed above. I understand that misrepresentations or omission of facts requested is cause for non-appointment or dismissal as a University of Idaho Extension or 4-H volunteer. During the application process and at any time during the time of my service with University of Idaho Extension and/or 4-H, I hereby authorize Verified Volunteers and the Idaho State Police Bureau of Criminal Identification, on behalf of the University of Idaho Extension and/or 4-H Youth Development program, to procure a criminal background report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from court record repositories, departments of motor vehicle and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics. If selected and appointed as a volunteer, I agree to abide by the philosophies and code of conduct of University of Idaho Extension and 4-H and to fulfill the volunteer responsibilities to the best of my ability.

Volunteer Applicant Signature	Date

Please return this completed application to your county extension office at your earliest convenience to assure prompt processing. Please contact your county extension office if you have any questions concerning the volunteer application or Extension or 4-H programs.

(\*) For identification purposes only.

(\*\*) Idaho code 67-3008(6) states "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

It is the policy of the University of Idaho Extension Service that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, sexual orientation, or disability.