

APPLICATION FOR 4-H YOUTH DEVELOPMENT VOLUNTEERS

[Please type or print legibly. Add additional sheets if necessary.]

Name: _____ Date: _____
last first middle

Previously used names (Maiden Name): _____

Date of Birth (M/D/Y): _____ Social Security Number: _____

Gender: M F Ethnicity: White Hispanic Black American Indian/Alaskan Asian/Pacific Islander

Current Address: _____
street/po box apt #

_____ city/town county state zip code

How long at this address? _____ If less than 3 years at present address, list prior addresses for last 3 years.

1. _____
street/po box apt #

_____ city/town state Length of time: _____

2. _____
street/po box apt #

_____ city/town state Length of time: _____

Current Work Phone: () _____ Current Home Phone: () _____

Email: _____ Cell Phone/Pager: _____

Driver's License Number/State: _____ Is your driver's license current and valid? Yes No

Do you currently have the minimum vehicle insurance coverage as required by the State of Utah? Yes No

HISTORY: Answering "yes" to these questions is not grounds for automatic rejection. More information may be requested from you before you can be considered as a volunteer for USU Extension 4-H.

1. Have you ever been convicted of a criminal offense? Yes No

2. Have you ever been convicted for sale or use of controlled substances? Yes No

3. Have you ever been charged, investigated or convicted of child neglect/abuse or domestic violence? Yes No

4. Have you ever had your license suspended or driving privileges revoked? Yes No

5. Are you aware of anyone currently sharing a residence with you having been convicted of a felony in the last 10 years? Yes No

6. Are you aware of anyone currently sharing a residence with you having been charged, investigated or convicted of child neglect, child abuse or domestic violence? Yes No

If the answers to any of the questions asked above change during the course of your service to 4-H, you are required to notify USU Extension Services. If you responded yes to any of the history questions, please describe the conviction/problem and state what steps you have taken to correct the problem. Please list the state, county, the offense, date that the conviction was issued, and whether the conviction was a felony or a misdemeanor. *Add additional sheet if necessary.*

Other than the above history, is there any other factor or circumstance involving you or your background that might affect your ability to be entrusted with the supervision, guidance and care of youth under the age of 19? Yes No

If, yes, please explain. *Add additional sheet if necessary.*

IF YOU:

Have no direct, one-on-one contact with youth, vulnerable older citizens or persons with physical/mental limitations and are volunteering on a one time only basis, or serving in the same role once per year,

(examples may include committee/council/board member, judge, one time presenter at club meeting or a person under supervision while setting up/cleaning up an event)

You may stop here and submit your application. Signature: _____ Date: _____

IF YOU:

Have direct contact with youth, vulnerable older citizens or persons with physical/mental limitations (examples may include club leader, coach, chaperone, camp counselor position in overnight camp/event setting) Please continue with application process.

REFERENCES: Applications turned in without references will not be considered for volunteer appointment. List two persons **not related** to you who are familiar with your character and your qualifications as they relate to working with youth. These people should have known you for at least **two years**. (Do not list County Extension Agents or Staff.) **References will be checked.** References will be kept as confidential property of USU Extension.

1. Name: _____ Relationship to Applicant: _____

Day phone: _____ Alternate phone: _____ Best time to call: _____

2. Name: _____ Relationship to Applicant: _____

Day phone: _____ Alternate phone: _____ Best time to call: _____

VOLUNTEER EXPERIENCE: Please describe your previous volunteer involvement.

EMPLOYMENT HISTORY: Please list for the last 5 years. Use additional sheet if necessary.

I have read the "Ethics Statement, Equal Opportunity Statement, What USU Expects From You and What You Can Expect From USU Extension" found in the welcome packet, and agree to abide by the principles and protocol set forth in these statements. I have received a copy of these statements that I may refer to as a volunteer leader in 4-H youth programs.

I UNDERSTAND THAT: In connection with my application for a volunteer position which involves care, custody, or control of children, I hereby authorize Utah State University Extension 4-H to verify the information that I have provided and ascertain any and all information that may be pertinent to my volunteer position. This will be done by contacting any person or organization named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I do hereby release and agree to hold harmless from liability all persons, organizations or government agencies and the officers, employees and volunteers thereof from any damages of, or resulting from, furnishing such information.

Information released to USU Extension will be treated as confidential material that is the property of USU Extension and handled in accordance with USU policy on access to records.

IN SIGNING THIS APPLICATION I UNDERSTAND THAT:

- I have read the information provided on this form and I apply for a volunteer appointment with the USU Extension 4-H Youth Program.
- I affirm that the information I have given on this form is true, correct, and complete. I understand that any falsification of information herein, regardless of the time of discovery, constitutes cause for dismissal from 4-H youth programs.
- I understand it is possible that records and criminal background or reference checks could be conducted on me at any time during the application process or during volunteer service with USU Extension.
- I agree to provide/release information as requested for records and criminal history checks (e.g., court, police, child abuse registry, national criminal investigation clearinghouse, Department of Children and Family Services, Division of Motor Vehicles, etc.).
- I understand that this appointment with USU Extension is subject to annual review.
- I have read and understand the above information and I agree to the terms and duties specified for USU volunteers.

Prospective Volunteer Signature: _____ Date: _____

Please **return this form** upon completion in a sealed envelope marked "CONFIDENTIAL" to the County Extension Office.

Application received by: _____	Date: _____
Application reviewed by: _____	Date: _____
Accepted	Conditional
Rejected	Date: _____