

## Ohio 4-H Volunteer Application

### I. GENERAL INFORMATION

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Length of time at this address (years): \_\_\_\_\_

Please circle the appropriate response in each line

<b>Gender</b>	Male	Female	Gender Identity Not Listed	Prefer not to state	
<b>Residence</b>	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
<b>Ethnicity:</b>	Hispanic	Non-Hispanic	Prefer not to state		
<b>Race:</b>	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

### II. EMERGENCY CONTACT

Full Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### III. VOLUNTEER TYPE

Please circle the appropriate response

<b>Program Volunteer</b> (committee)	<b>Please List Committee:</b>	
<b>Camp Volunteer</b>	<b>Circle Role:</b> Adult Volunteer or Camp Nurse	
<b>Club Volunteer</b> - Circle specific role to the right	<b>Cloverbud Leader</b>	<b>Project Leader</b> - teaching specific project skill
	<b>Organizational Club Leader</b>	<b>Resource Volunteer</b> - coordinates club activities
<b>Project Volunteer</b>	County project leader – shooting sports or other specialized projects	

List the 4-H Club you wish to apply to serve with.

4-H Club Name: \_\_\_\_\_



## IV. OTHER INFORMATION

**Military Service:** \_\_\_ I am serving in the Military  
 \_\_\_ No one in my family is currently serving  
 \_\_\_ My Parent serves My Sibling serves  
 \_\_\_ My Son/Daughter serves I/my spouse/partner serve

<b>Branch of Service</b> (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
<b>Branch Component</b> (circle)	Active	Guard	Reserves	Not applicable			

**Health Considerations/Notes** (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

**Are You a 4-H Alumni:** \_\_\_ YES \_\_\_ NO **State and County:** \_\_\_\_\_

**Why are you interested in volunteering for the Ohio State University Extension 4-H Program?**

## V. ABOUT YOU

**Job Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Previous Work Experience** (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

**Previous Volunteer Experience** (list current or most recent experience first):

<i>Organization</i>	<i>Volunteer Role</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>



## VI. REFERENCES

### Reference 1

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

### Reference 2

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

### Reference 3

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

## VII. PHOTO RELEASE

**Photo Release: Permission to use photographic form for promotion contingent upon completing volunteer process:**

Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

- YES, I do give permission
- NO, I do not give permission



### VIII. SCREENING QUESTIONS-Part A

Do you currently hold a valid Driver's License?	YES	NO
Do you have current vehicle liability insurance?	YES	NO
Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?	YES	NO
Have you ever had a background screening prior to now?	YES	NO

### VIII. SCREENING QUESTIONS-Part B

*Have you been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

\*If Yes, please provide the information below:

Full Name and any other known aliases (e.g. maiden name): \_\_\_\_\_

The name of the investigating agency/county office that was involved: \_\_\_\_\_

The Charge(s)/Offense(s): \_\_\_\_\_

Court: \_\_\_\_\_ (i.e. Franklin County Common Pleas Court)

Case No: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_



*Has any member of your current household been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

\*If Yes, please provide the information below:

Name of Individual: \_\_\_\_\_  
 This individual's relationship to the volunteer applicant \_\_\_\_\_  
 The name of the investigating agency/county office that was involved: \_\_\_\_\_  
 The Charge(s)/Offense(s): \_\_\_\_\_  
 Court: \_\_\_\_\_ (i.e. Franklin County Common Pleas Court)  
 Case No: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

I understand that being a volunteer with 4-H is not guaranteed and may depend upon successful completion of the background check and the information disclosed in this form.	YES	NO
I understand that failure to disclose may result in an automatic disqualification or termination of my status as a 4-H volunteer.	YES	NO

### IX. WAIVER

#### Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to professionally represent the activity/program and The Ohio State University. Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Do their best to help youth thrive while exploring their ‘sparks’.
- Read and uphold the Youth Privacy Principles located at [go.osu.edu/youthprivacy](http://go.osu.edu/youthprivacy)

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
  - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- I will report any red-flag behaviors, child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE at the OSUE’s sole discretion.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date