



University of Idaho
Extension

Idaho County 4-H Youth Development Program Volunteer Application Form

I would like to be a Volunteer Project Leader with:

4 -H Club Name

Signature of the Organizational Leader of the 4-H Club listed above:

4-H Club Organizational Leader Signature

Date



Revised 09-2019

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 program is to help youth and adults acquire knowledge, life skills and attitudes that enhance their lives.

First Name _____ Middle _____ Last _____

Physical Address – the place where you live:

Street _____ City _____ State _____ Zip Code _____

Length of time at the above address _____ County _____

Mailing address if different from above: _____

Email _____ Home Phone _____ Cell Phone _____

Work Phone _____ Best Time to Call: _____ Date of Birth _____

Were you a 4-H Member? _____ Where/when _____

Have you been a 4-H Volunteer? _____ If yes, how many years? _____

Where: County _____ City _____ State _____ Zip _____

Why are you interested in a 4-H Volunteer position? Is there is a specific club you want to work with?

Do you want to work directly with youth: Y/ N Do you prefer working with a specific age level (s)? Y/N

_____ Cloverbud 5-7 years old _____ Junior 8-11 years old

_____ Intermediate 12-14 years old _____ Senior 15-18 years old _____ All age groups

What time commitment do you desire? _____ 1-3 months _____ 4-6 months _____ 5-12 months _____ longer

When are you available to volunteer? _____ Mornings _____ Afternoons _____ Evenings _____ Weekends

What are your hobbies, skills and interests that can be shared with youth in 4-H?

Please describe your experience, training or education related to working with youth:

List any community organizations/activities in which you have participated:

Work Experience – volunteer/paid employment (List current and most recent first)

Organization/Employer	Position Title / Major Responsibilities	Start/Finish Month/Year

University of Idaho Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. Child abuse and neglect is of concern to everyone. The purpose of this disclosure is to protect the children we work with. It is not our intent to discourage volunteers as the University of Idaho Extension and 4-H depend upon volunteer support. We do wish, however, to assure the well-being of youth and adult participants.

1. Have you or anyone living at your current or previous residence ever been convicted of any crime against any person, child, or vulnerable adult under federal law or the law of any state or foreign country? Such crimes include but are not limited to: assault, aggravated assault, battery, hazing, injury to children, sexual exploitation, lewd conduct, sexual battery, disseminating obscene material to or about minors, murder, manslaughter, kidnapping, rape, or any sex-related crime.
 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, explain what, where, and when.

3. Have you every been convicted of a DUI/DWI or any other driving-related crimes?
 NO _____ YES _____ If yes, explain what, where, and when.

If you answered "YES" to any question above, please give the date, nature of the offense, disposition and any further explanation you would like to provide on this page or on an attached page. (*)

References: Please list four persons, not related to you, who have a definite knowledge of your qualifications. Provide complete addresses. (We will send requests for a reference to all four but must receive a minimum of three 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 _____

Public Record Review/Criminal Background Check 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 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, completed through Sterling Volunteers and/or the Idaho State Police Bureau of Criminal Identification, 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 that 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 4-H programs.

*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.