

**OSU Extension Wyandot County****Erie Basin EERA          Area 8**109 South Sandusky Avenue, Room  
16 Upper Sandusky, OH 43351

419-294-4931 Phone

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Wyandot.osu.edu

Dear Potential 4-H Volunteer:

We welcome your interest in becoming a volunteer with the Ohio State University Extension, Wyandot County 4-H Youth Development program. 4-H volunteers work directly with young people in teaching, mentoring, and advising situations. Therefore, we take the role of selecting volunteers very seriously. The steps to apply to become a volunteer are outlined below.

**Step 1: Application Form, Standards of Behavior Form, & Volunteer Enrollment Form**

Obtain and complete the written volunteer application form, Standards of Behavior form and the Volunteer Enrollment form. Return these forms to the OSU Extension, Wyandot County Office.

**Step 2: Interview**

Schedule an interview with the Wyandot County 4-H Youth Development Extension Educator. Daytime and evening times are possible. Allow 45-60 minutes for this interview. It is your responsibility to call and make an appointment for this interview. If you have difficulty finding time to schedule this, consider carefully whether you have time to commit to being a 4-H volunteer. This interview will be an opportunity for you to learn about the roll and expectations of adult 4-H volunteers, and for us to learn about your interests and talents that may relate to 4-H projects and programs. Bring any questions you have at this time.

**Step 4: Background Check**

Upon completion of the interview, information will be emailed to you about the process of getting your background check and fingerprints.

**Step 5: Attend Volunteer Training Session**

You will be **required** to attend one volunteer update session at the onset of your position which will include a segment on child abuse and neglect ( Policy 1.50) required by The Ohio State University. Please ask for the training session times for 2018.

Thank you for your interest in the 4-H program. We hope to receive your application in the near future. If you have any questions, please contact the OSU Extension Office, Wyandot County.

Sincerely,

Wyandot County Extension Educator  
4-H Youth Development  
OSU Extension

## Ohio 4-H Volunteer Application

### I. GENERAL INFORMATION

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Length of time at this address (years): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Work: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

School District: \_\_\_\_\_ Email: \_\_\_\_\_

Are You a 4-H Alumni: Yes No If yes, what state and county: \_\_\_\_\_

#### Demographic Information

Occupation (optional): \_\_\_\_\_ Level of Education (optional): \_\_\_\_\_

Ethnicity:  Hispanic  Non-hispanic

Race: White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian

Residence:  Farm  Town/Rural (<10,000)  Town (10,000-50,000)  Suburb (< 50,000)  City (> 50,000)

Military Service:  No one in my family is currently serving  My Parent serves  My Sibling serves

My Son/Daughter serves  I/my spouse/partner serve

Branch of Service:  Air Force  Army  Coast Guard  Marines  Navy

Branch Component:  Active  Guard  Reserves

Health Considerations/Notes (i.e., food allergy, diabetes, etc...): \_\_\_\_\_

### II. VOLUNTEER INTEREST

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



Do you prefer to work directly with youth or adults?  Youth  Adults  Both

If you prefer to work directly with youth, what age level(s) do you prefer?

Ages 5-8  Ages 9-12  Ages 13-19  No Preference

**Type of 4-H Volunteer Position:**

- 4-H Club:**  Organizational Leader  Cloverbud Leader  Project Leader  Resource Leader
- Project Area Interests:** \_\_\_\_\_
- Committee Member – list committee:** \_\_\_\_\_
- Camp** (check all that apply):  Residential  Day
- Special Interest/Emphasis Program – list program:** \_\_\_\_\_
- After-School Program – list site:** \_\_\_\_\_
- Community Center/Youth Organizational Partner – list site:** \_\_\_\_\_
- Other:** \_\_\_\_\_

*If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club?*  New  Existing

If existing, name of club: \_\_\_\_\_

**What time commitment do you initially desire to give?**

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. PERSONAL REFERENCES**

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give date, nature, and disposition of offense:

\_\_\_\_\_

\_\_\_\_\_

**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 prevent an individual from volunteering, depending on the nature of the offense.

**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, phone numbers and e-mail addresses.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.*

**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.*

\_\_\_ I GIVE \_\_\_ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. 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. (If not completed, OSU Extension will not use publicity about your participation).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Ohio 4-H Volunteer Enrollment Form

New volunteer   
 Re-enrollment

4-H Club \_\_\_\_\_

E-mail Address \_\_\_\_\_

Years as Volunteer (Including this year) \_\_\_\_\_

Name (please print) \_\_\_\_\_  
First Middle Initial Last

Mailing Address \_\_\_\_\_  
Street City Zip County of Residence \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Gender  Male  Female Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Check here to receive text alerts to your mobile device. Mobile Service Provider \_\_\_\_\_  
 (There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

Correspondence Preference  E-mail  Mail T-Shirt Size \_\_\_\_\_  Youth  Adult

Occupation (optional) \_\_\_\_\_ Level of Education (optional) \_\_\_\_\_

Ethnicity (check one)  Hispanic  Not Hispanic  
 Race (check all that apply)  White  Black  American Indian/Alaskan  Hawaiian/Pacific Islander  Asian  
 Residence (check one)  Farm  Town  Suburb  City  
(Less than 10,000) (10,000 to 50,000) (More than 50,000) (More than 50,000)

Active Military Service (check all that apply)  I and/or my spouse/partner  My parent(s)  I have a sibling(s)  I have a dependent(s)  
 Branch of Service  Air Force  Army  Coast Guard  Marines  Navy  
 Branch Component  Active Duty  National Guard  Reserves

Health Considerations/Notes (i.e. food allergy, diabetes, etc....) \_\_\_\_\_  
 \_\_\_\_\_

I GIVE  I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. 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. (If this section is not completed, Ohio State University Extension will not use publicity about your participation)

Volunteer Type (check one)  Organizational Club Leader  Cloverbud Leader  Project Leader  Resource Leader

Projects/topics in which I provide leadership \_\_\_\_\_  
 \_\_\_\_\_

I also serve as a county volunteer for (list any other county clubs, committees, and/or organizations) \_\_\_\_\_  
 \_\_\_\_\_

I am a previous 4-H member  Yes  No – If yes, County and State \_\_\_\_\_

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined on the back of this form.

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

Date \_\_\_\_\_

Organizational Club Leader 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 represent their individual county Extension 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 OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, 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.

I understand and agree that as a volunteer:

- In accordance with Ohio State University policy, *Self-Disclosure of Criminal Convictions Policy 4.17*, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any 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.

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

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

\_\_\_\_\_  
Date

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information:  
<http://go.osu.edu/cfaesdiversity>.

