

Application for a Volunteer Position with Idaho 4-H Youth Development

The mission of University of Idaho Extension and the Idaho 4-H 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 above address _____ County _____

Mailing address if different from above: _____

Date of Birth* _____ Social Security Number* _____

Driver's License Number/State* _____

Email _____ Home phone _____ Best Time to Call: _____

Cell phone number _____ Work phone number _____

Were you ever in 4-H? _____ Where/when were you in 4-H? _____

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

Where: County _____ City _____ State _____ Zip Code _____

Why are you interested in a 4-H volunteer position? If there is a club you want to work with, which one?

Do you prefer to work directly with youth? ___ No. ___ Yes. If yes, what age level(s) do you prefer?

___ Cloverbud 5-7 years

___ Intermediate 12-14 years

___ Junior 8-11 years

___ Senior 15-18 years

What time commitment do you desire? ___ 1-3 months ___ 3-6 months ___ 6-12 months ___ longer

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

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

List community organizations/activities in which you have participated:

List your hobbies, skills and interests that can be shared with youth in 4-H:

Previous volunteer/employed experiences: (List current and most recent experiences first.)

Organization/Employer	Position Title or major responsibilities	From mo/year to mo/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 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 ever been convicted of a DUI/DWI or any other driving-related crimes?
___ NO. ___ YES. If yes, explain what, where and when.

If you answer "yes" to any of the above questions, 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: list four persons, not related to you, who have a definite knowledge of your qualifications. 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 Volunteer Screening/LexisNexis, Inc. 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.

ARTICLES OF ASSOCIATION

(NAME OF 4-H CLUB or AFFILIATE)

The undersigned, a majority of whom are citizens of the United States, desiring to form an Association to carry on the not-for-profit activities and business of _____ (name of club or affiliate) under the laws of the state of Idaho, do hereby certify:

First: The name of the Association shall be _____ (name of club or affiliate.)

Second: The place in this state where the principal office of the Association is to be located is the City of _____, _____ County.

Third: The Association is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Fourth: The name[s] and address[es] of the person[s] who [is/are] the leader[s] of the Association [is/are]:

[list name(s) and addresses of club adult leader(s)]

Fifth: No part of the net earnings of the Association shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the Association shall be the carrying

Authorization to Include 4-H Club or Affiliate

In Application for Group Exemption

_____ ("Club"), by its duly authorized officer, authorizes the University

(Name of Club or Affiliate)

of Idaho, through its Director of Cooperative Extension Service or other authorized agent, to include the Club in the University of Idaho's Application for Group Exemption Letter under Rev. Proc. 80-27.

The undersigned affirms, on behalf of the Club, that the Club will engage only in such activities that qualify it for exemption as an educational organization under Section 501(c)(3) of the Internal Revenue Code, and that it will abide by its charter and the University of Idaho Extension 4-H Youth Development Policies and Procedures, as they now exist or may hereafter be amended.

Club or Affiliate

EIN #

Name of Authorized Adult Leader and Title (type or print)

Signature

Date

AFFILIATION AGREEMENT

This Affiliation Agreement ("Agreement") is made and entered into by and between _____ an unincorporated nonprofit association located in Bingham County, (name of club or affiliate) Idaho, ("Club"), and the the Regents of the University of Idaho, a public corporation, educational institution, and a body politic and corporate organized and existing under the Constitution and laws of the state of Idaho ("University"), through University of Idaho Extension.

Recitals:

1. University is a land grant institution responsible for developing and implementing Cooperative Extension System programs in Idaho. It conducts 4-H Youth Development Programs through the University of Idaho Extension.
2. Club is a 4-H Youth Development Program that meets the minimum criteria for a 4-H Charter Club and is chartered through its local extension office in Bingham County.
3. Club desires to be affiliated with University and to operate as a recognized subordinate organization under University's group exemption for tax purposes ("GEN").

In consideration of the following commitments and undertakings, the parties agree as follows:

1. University shall recognize and accept Club as a subordinate organization under University's GEN.
2. Club shall be subject to University's general supervision and control, and shall comply with and conduct its business according to the University of Idaho Extension 4-H Youth Development Policies and Procedures as now written or as they may hereafter be amended.
3. Club shall limit its purpose and activities to those charitable, educational, and scientific purposes recognized as exempt under § 501(c)(3) of the Internal Revenue Code, shall not engage in activities that attempt to influence legislation, participate or intervene in a political campaign, or otherwise engage in activities that do not further its exempt purposes, and shall dedicate its assets to tax exempt purposes upon dissolution.
4. Club shall provide University with a copy of its organizational document, promptly advise University of any changes in Club's name or address, timely provide University with such financial reports as may be required for tax reporting or other purposes, and otherwise cooperate with University to maintain Club's status as a qualified subordinate organization under University's GEN.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) Bingham County Extension, 583 W.Sexton		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Blackfoot, ID 83221		5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located Bingham, Idaho		
	7a Name of responsible party		7b SSN, ITIN, or EIN
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
	<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____
	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____
	<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
	<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ 4-H Youth Development		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
	<input type="checkbox"/> Other (specify) ▶		Group Exemption Number (GEN) if any ▶
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10	Reason for applying (check only one box)		
	<input type="checkbox"/> Started new business (specify type) ▶ _____		
	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____		
	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____		
	<input type="checkbox"/> Purchased going business		
	<input type="checkbox"/> Hired employees (Check the box and see line 13.)		
	<input type="checkbox"/> Created a trust (specify type) ▶ _____		
	<input type="checkbox"/> Compliance with IRS withholding regulations		
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
	<input checked="" type="checkbox"/> Other (specify) ▶ Starting 4-H Club or Starting 4-H Organization		
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
	Agricultural 00	Household 00	Other 00
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16	Check one box that best describes the principal activity of your business.		
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker
	<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
			<input checked="" type="checkbox"/> Other (specify) Education
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Youth Development and Education		
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ()
Signature ▶			Date ▶

Sample

Form **SS-4**

(Rev. January 2009)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Group Name		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name Principle Contact
	4a Mailing address (room, apt., suite no. and street, or P.O. box) County Extension Office Mailing Address		5a Street address (if different) (Do not enter a P.O. box.) Leave Blank
	4b City, state, and ZIP code (if foreign, see instructions) County Extension Office Mailing Address		5b City, state, and ZIP code (if foreign, see instructions) Leave Blank
	6 County and state where principal business is located Your County Name, Idaho		
	7a Name of principal officer, general partner, grantor, owner, or trustor Leave Blank		7b SSN, ITIN, or EIN Leave Blank
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ 4-H Clubs & Affiliated 4-H Organizations Group Exemption Number (GEN) if any ▶			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Leave Blank	Foreign country Leave Blank
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) ▶ Starting 4-H Club or Starting 4-H Organization <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year	
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural Household Other 00 00 00		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ Usually Leave Blank			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Education			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Youth Development and Education			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶ Principal contact's name and title			Applicant's fax number (include area code) ()
Signature ▶			Date ▶