

**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.

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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.*