

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	e you live:		
Street	City	State_	Zip Code
Length of time at the above addre			
Mailing address if different from a	bove:		
Email	Home Phone	Cell	l Phone
Work Phone	Best Time to Call:		
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 Vo	olunteer position? Is the	re is a specific club you v	vant to work with?
Do you want to work directly with Cloverbud 5-7 years oldIntermediate 12-14 years of	Jur	efer working with a spec nior 8-11 years old nior 15-18 years old	
What time commitment do you de When are you available to volunte			
What are your hobbies, skills and i	nterests that can be sha	red with youth in 4-H?	

Please describe your experience, training or education related to working with youth:					
List any community orgar	izations/activities in wh	nich you have participat	ted:		
Work Experience – volunt	eer/paid employment	(List current and most r	ecent first)		
Organization/Employer	Position Title /	Major Responsibilities	Start/Finish Month/Year		
persons involved in you of this disclosure is to p volunteers as the Unive wish, however, to assur  1. Have you or any crime against are or foreign count battery, hazing, disseminating or rape, or any sex NO	ch activities. Child abuse to tect the children we want to be the well-being of your currence the person, child, or vulnity? Such crimes include injury to children, sexual bacene material to or a prelated crime.  YES If years to the children in th	e and neglect is of conc work with. It is not our is and 4-H depend upon th and adult participant ent or previous residence herable adult under fede the but are not limited to hal exploitation, lewd co bout minors, murder, no	volunteer support. We do ts.  ce ever been convicted of any eral law or the law of any state assault, aggravated assault, onduct, sexual battery, manslaughter, kidnapping,		
NO	_ YES If ye	es, explain what, where	, and when.		
· · · · ·		JI/DWI or any other drives, explain what, where	_		
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.