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: Length of time at above address _____County _____ Mailing address if different from above: Date of Birth* 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? ___Intermediate 12-14 years ___Cloverbud 5-7 years ___Senior 15-18 years Junior 8-11 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

Unive	ersity of Idaho Ex	tension takes se	riously its obligat	ion to provid	le a safe atmo	sphere for all	persons inv	olved in	
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1	•		our current or pre				_	-	
	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.							
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	MO.		e, or any sex-relat explain what, who		1				
	NO.	123. 11 yes,	explain what, will	ere and when	1.				
2	. Have you ever	Have you ever been denied the opportunity to work with minors or vulnerable adults?							
	NO.	YES. If yes,	explain what, who	ere and wher	٦.				
3	3. Have you ever been convicted of a DUI/DWI or any other driving-related crin					imes?			
	NO.	YES. If yes,	explain what, who	ere and wher	٦.				
If you	u answer "yes" to	any of the abov	e questions, plea	se give the d	ate, nature of	the offense,	disposition,	and any	
			provide on this pa					-	
Refer	ences: list four	persons, not rela	ated to you, who	o have a def	inite knowle	dge of your o	qualification	ıs. Please	
provid	de complete ado	dresses. We mu	st receive a mini	imum of thr	ee reference	responses.			
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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 Verified Volunteers, 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.