

March 10, 2011

Dear Prospective Kentucky Cooperative Extension Service Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming a volunteer for the Kentucky Cooperative Extension Service. Volunteer contributions of time and dollars are critical in assisting our mission of helping youth become capable, competent, and caring citizens.

To support Kentucky 4-H members, parents, volunteers, and salaried staff, we have established youth protection standards concerning an individual's involvement as a volunteer. These standards are designed to:

- Support and encourage a positive experience for all youth, parents, volunteers and professionals
- Increase organizational effectiveness in communicating with 4-H members, parents, volunteers, and professionals
- Improve organizational accountability to University, government, and private organizations and agencies that provide the resources necessary to conduct the Kentucky 4-H/Youth Development Program.

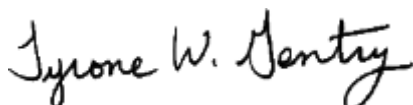
The Cooperative Extension Service **requires** each prospective volunteer who works directly with youth to:

1. Complete the Kentucky Cooperative Extension Service Volunteer Application Form
2. Agree to abide by and sign the Kentucky Cooperative Extension Service Expectations for Volunteers form
3. Sign an appropriate position description
4. Participate in a background check
5. Be trained in the Kentucky Cooperative Extension Service Youth Protection Standards.

Additionally, the county Extension agent will check personal references by mail or telephone. Please note that this information may be updated periodically, is handled confidentially, and kept in a secure file accessible only to appropriate Extension staff or volunteers following the receipt of your application or the discontinuation of your involvement as a Kentucky Cooperative Extension Service Volunteer.

We appreciate your cooperation and look forward to working with you as we continue "To Make The Best Better" for the youth of Green County.

Sincerely,



Extension Agent 4-H/Youth Development

**Reply to:
Green County Cooperative
Extension Service**

*Green County 4-H
106 South Public Square
Greensburg, KY 42743
Email: tgentry@uky.edu
Phone: (270)932-5311
Fax: (270) 932-4390
www.GreenCounty4-H.org*

Kentucky Cooperative Extension Service Volunteer Application Form

The Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in youth activities. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interests with the appropriate position description and needs of the organization. Answers given by the applicant are to be verified in those instances where a legitimate question arises about the applicant's qualifications.

I. GENERAL INFORMATION (Please complete in black ink.)

Name: _____
(FIRST) (MIDDLE) (LAST)

Mailing Address: _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address: _____
(IF DIFFERENT FROM ABOVE) (STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

How long have you lived at this present address? _____ Years

If less than five years, list your prior addresses and the length of time you lived there.

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (LENGTH OF STAY)

Phone: Day _____	Best time to call: _____ a.m./p.m.
Evening _____	Best time to call: _____ a.m./p.m.
Cell _____	Best time to call: _____ a.m./p.m.
E-mail: _____	Fax: _____

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
Race	<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White			

Driver's License Number: _____ State: _____ Expiration Date: _____

Occupation: _____ Employer: _____

Do you have any special needs? If yes, please describe: _____

If you were a 4-H participant, indicate County: _____ State: _____

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin.



If you have worked as a volunteer with youth (including 4-H), how long did you do this?

If yes, list City: _____ County: _____ State: _____

List Extension staff you have worked with. Name: _____ Phone No.: _____

II. VOLUNTEER INTEREST

Why are you interested in being a volunteer? _____

Do you prefer to work directly with:	<input type="checkbox"/> youth	<input type="checkbox"/> adults	<input type="checkbox"/> either
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If you prefer to work with youth, what age level(s) do you prefer?

<input type="checkbox"/> ages 9-12	<input type="checkbox"/> over 15	<input type="checkbox"/> ages 13-15	<input type="checkbox"/> no preference
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Describe your skills, abilities, hobbies, training, educational background, etc.

What length of time are you willing to commit to volunteering?

<input type="checkbox"/> _____ hours/week	<input type="checkbox"/> 3 months	<input type="checkbox"/> 1 year
<input type="checkbox"/> _____ hours/month	<input type="checkbox"/> 6 months	<input type="checkbox"/> other (describe)

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

III. EDUCATION, TRAINING, LIFE EXPERIENCES

If a student, school attending: _____

Education and/or special training: _____

Languages spoken (other than English): _____

Have you had CPR training?	<input type="checkbox"/>	No ___	Yes ___ When _____
Have you had first aid training?	<input type="checkbox"/>	No ___	Yes ___ When _____

IV. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____
(Street) (City) (State) (Zip)

How do you know this person? _____

NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____
(Street) (City) (State) (Zip)

How do you know this person? _____

V. PERSONAL INFORMATION

(This information will be kept in a confidential file and be accessible only to authorized personnel. A “yes” answer does not automatically exclude you from becoming a registered volunteer. If there are any changes in answers to these questions, the volunteer should immediately contact the local Extension office.)

1. The Kentucky Cooperative Extension Service is very concerned that volunteers and leaders be appropriate role models for youth participants.

Have you ever had problems with:

- a. Substance abuse? No Yes
- b. Criminal behavior? No Yes
- c. Child abuse or neglect? No Yes
- d. Suspension or revocation of your driving privileges? No Yes
- e. Indictment, conviction, imprisonment, or fines for any violation including DUI?
- f. If yes, to any of the above questions, give date(s), location(s) and complete name at the time(s).
- g. If yes, to any of the above questions, please describe what steps you have taken to correct the problem(s).

2. Other than the above, is there any other fact or circumstance involving you or your background that would affect your ability to be entrusted with the supervision, guidance, and care of youth under the age of 18? (IF YES, PLEASE EXPLAIN) No Yes
3. Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Kentucky? No Yes

VI. BACKGROUND CHECK

Social Security Number: _____
Date of Birth: _____
Full Name: _____
Maiden or Alias Names: _____
Street Address/P.O. Box: _____
City, State, Zip Code: _____

Please note: A court record will not necessarily prevent an applicant from being a volunteer; the record will be considered as it relates to specifics of the volunteer position for which you are applying.

I authorize the contact of the references listed above. I understand background checks will be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H/youth development programs is to develop youth individually and as responsible, productive citizens. I recognize that 4-H is part of the College of Agriculture Cooperative Extension Service, in which the United States Department of Agriculture, the University of Kentucky, Kentucky State University, and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, age, sex, religion, disability, or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel.

Applicant Signature: _____ Date: _____

Kentucky Cooperative Extension Service Expectations for Volunteers

Families and other programs serving youth place trust in the Kentucky Cooperative Extension Service to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following expectations for volunteers guide their involvement in the Kentucky Cooperative Extension 4-H Youth Development Program.

The primary purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, salaried and volunteer staff). Kentucky Cooperative Extension Service volunteers are expected to function within the guidelines of the Kentucky Cooperative Extension Service and the Kentucky 4-H Youth Development Program when working with youth.

The following statements relate to the role of a volunteer with the Kentucky Cooperative Extension Service:

- I will represent the Kentucky Cooperative Extension Service/4-H Youth Development Program to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- I will abide by all applicable laws and Cooperative Extension Service rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from salaried Extension staff or designated management volunteers.
- I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, age, sex, religion, disability, or national origin.
- I will participate in orientation and training, which includes youth protection standards, sponsored by the Kentucky Cooperative Extension Service.
- I will not consume or allow others to use alcohol or illegal drugs at any Cooperative Extension Service 4-H Youth Development function.
- I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by a properly operating seat belts.
- I will accept the responsibility to promote and support the vision, mission, and values of the Kentucky Cooperative Extension Service 4-H Youth Development Program.
- I will conduct myself in a manner that is in the best interest of youth and Cooperative Extension Service 4-H Youth and will not use the volunteer position for purposes of private or personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology in an appropriate manner that reflects the best practice in youth development.

These expectations represent a contractual agreement between volunteers and the Kentucky Cooperative Extension Service.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position as a volunteer will result if I do not meet these expectations.

Signature of Volunteer: _____ Date _____

Signature of Supervisor or Agent: _____ Date _____

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Last Revised: 9/19/00

4-H SUPPORT LEADER

VOLUNTEER POSITION DESCRIPTION Kentucky 4-H Program, The University of Kentucky Cooperative Extension Service
POSITION TITLE 4-H Support Leader
TIME REQUIRED Varies according to club or project activity
LOCATION Cooperative Extension Service office or other meeting place

GENERAL PURPOSE:

Assist 4-H club, project, and activity leaders by providing support as needed.

SPECIFIC RESPONSIBILITIES MAY INCLUDE BUT NOT NECESSARILY BE LIMITED TO:

- Providing transportation to 4-H activities and events
- Assisting with fund raising
- Serving as chaperones
- Assisting with club activities as needed and/or requested by club leader

QUALIFICATIONS:

- Must complete the Volunteer Application process and be approved by the Youth Protection/Risk Management Committee
- A sincere interest in sharing knowledge and experiences and skills with youth and adults in an informal educational setting
- The ability to work and communicate effectively with both youth and adults
- A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky Cooperative Extension Service, Kentucky 4-H program and county 4-H program

BENEFITS:

- The opportunity to work with youth and provide positive support and growth experiences
- To develop lifelong friendships with youth, parents and other volunteers
- To develop communication and leadership skills
- To learn organizational and time management skills
- Gain respect for community needs and civic responsibilities
- Appropriate recognition will be provided

SALARY: Unsalared; Volunteer.

MENTOR/SUPERVISING PROFESSIONAL

NAME: Tyrone Gentry
ADDRESS: 106 S. Public Square
CITY, STATE, ZIP: Greensburg, KY 42743
PHONE: 270-932-5311
FAX:
E-MAIL: tgency@uky.edu

Signature of Volunteer: _____ Date: _____

Signature of Extension Professional: _____ Date: _____

Publicity Release Form

Date: _____

Subject: Use of 4-H Programs Participants Personal Image

I grant the University of Kentucky Cooperative Extension Service permission to photograph/videotape me/my child for possible use in brochures/videos/Web sites/news articles, etc. promoting participation in Extension program(s). I understand that talent fees will be neither sought nor given.

I have read the above statement before signing and warrant that I fully understand its contents.

Name of Child/Youth: _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Address: _____

Telephone: _____

Please check (✓):

_____ I do not want my child's name/county to be included in publicity.

_____ I give permission for my child's name/county to be included in publicity.

Return this form to County Agent/State Specialist:

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