

# Volunteer Application (club name: \_\_\_\_\_)

## I. GENERAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Length of time at this address (years): \_\_\_\_\_

*(Please do not list phone numbers that you do not want us to call)*

Phone: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Evening: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Email: \_\_\_\_\_

## II. VOLUNTEER INTEREST

Why are you interested in volunteering for Ohio State University Extension?

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Select the Ohio State University Extension program area you want to volunteer with below:

- Agricultural & Natural Resources       Community Development  
 4-H Youth Development       Master Gardener  
 Family & Consumer Sciences       other

Do you prefer to work directly with youth or adults?     Youth     Adults     Both

If you prefer to work directly with youth, what age level(s) do you prefer?

- Ages 5-8     Ages 9-12     Ages 13-19     No Preference

What time commitment do you initially desire?

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Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Previous Volunteer Experience: (List current or most recent experience first)**

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. PERSONAL REFERENCES**

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give date, nature, and disposition of offense.

\_\_\_\_\_  
\_\_\_\_\_

**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

**References:** List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications.

**Please provide complete addresses and phone numbers as they will be checked.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Potential Ohio 4-H Volunteer:

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio 4-H volunteer. Each year, more than 25,000 adult and teen volunteers contribute their time, energies, and talents that enable Ohio 4-H to reach nearly 300,000 youth, helping Ohio 4-H fulfill its mission of helping youth to become caring, capable, and contributing citizens.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our Ohio 4-H members, parents, volunteers, and professionals, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio 4-H volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Thomas M. Archer, Ph.D.  
State Leader, 4-H Youth Development  
Assistant Director, Ohio State University Extension

  
Jill Stechsulte  
Extension Educator  
4-H Youth Development

9-14-15

**VOLUNTEER STANDARDS OF BEHAVIOR**

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension ("OSUE" or "Extension") program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer's behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer's involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Extension program and The Ohio State University.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer's emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

I understand and agree that as a volunteer:

- In accordance with Ohio State University policy, *Self-Disclosure of Criminal Convictions Policy 4.17*, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any child abuse, sexual abuse, or neglect in accordance with university policy
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information:  
<http://go.osu.edu/cfaesdiversity>.



## **B.C.I. (Background Check Information) FINGERPRINTING FOR POTENTIAL VOLUNTEERS**

### **Where do I go to get fingerprinted?**

#### **LOCATION - Fulton County Sheriff's Office**

- Located at: **129 Courthouse Plaza, Wauseon (off of Fulton St., behind the Courthouse in the plaza).**
- The fingerprint background check can be performed at the Fulton County Sheriff's Office, BUT you must call (419-335-4010) the Sheriff's Dept. and ask for Marvin or Kelsi to **MAKE AN APPOINTMENT. USE REASON/CODE 2151 86**
- The cost is \$30.00 AND YOU MUST BRING THE "FINGERPRINT FORM" (on back of this page) WITH YOU for the Sheriff's Office files.
- Driver's License needed
- **Have location mail the fingerprint report to:**

- Fingerprint report gets mailed to:

**Attention: Gina Thorpe – Fulton County  
OSU Office of Human Resources  
1590 N. High St., Suite. 300  
Columbus, OH 43201**

***NO NOT SEND TO THE OSU EXTENSION OFFICE. THE STATE 4-H PROGRAM WILL NOT  
ACCEPT THEM FROM 3<sup>RD</sup> PARTY.***

If you want a copy for your own records you must request that at the time of fingerprinting.

***ALL FORMS AND RECORDS ARE KEPT IN A LOCKED FILE.***

**FULTON COUNTY SHERIFF'S OFFICE  
FINGERPRINT FORM**

**CALL FOR AN APPOINTMENT (419) 335-4010  
MONDAY - FRIDAY 8:00 a.m. – 4:00 p.m.  
ask for Marvin or Kelsi**

**BCI CHECK IS \$30.00  
CASH OR CHECK MADE OUT TO:**

***“FULTON COUNTY SHERIFF'S OFFICE”***

**APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_**

**TYPE OF ELECTRONIC FINGER PRINT  
BCI (STATE OF OHIO ONLY)**

**NAME: \_\_\_\_\_**

**CODE/ REASON: 2151 86**

**ADDRESS OF WHERE RESULTS ARE TO BE SENT**

**Attention: Gina Thorpe – Fulton County  
OSU Office of Human Resources  
1590 N. High St., Suite. 300  
Columbus, OH 43201**