

**Ohio State University Extension – Wayne County
Potential New Volunteer Application Procedure**

APPLICATIONS ARE AVAILABLE NOVEMBER 1ST - APRIL 1ST

1. Pick up New Volunteer Application Packet from Extension office or download it from wayne.osu.edu.
2. Complete the application and Standards of Behavior form, and then complete and successfully clear the Ohio BCI&I fingerprint background check. Fingerprinting may be done at your choice of the Wayne County Sheriff's Department, Tri-County Educational Center or any other Ohio BCI&I approved background check vendor. Save your receipt and submit it to the office along with the attached reimbursement form. All forms must be submitted to the OSU Extension Wayne County office by the following dates:

New **COMMITTEE** volunteer information is due January 1 - New **CLUB** volunteer information is due by April 1.
3. The Extension Office will request reference letters from the three references listed on your application.
4. Complete your enrollment in 4-H Online. After your application, standards of behavior, and background check reimbursement form have been received, our office will assist you in logging in to the 4-H Online database to complete your enrollment for 2021.
5. Attend and complete a New Volunteer Interview / Orientation session conducted by OSU Extension Wayne County. All potential new volunteers must attend a MANDATORY New Volunteer Orientation Zoom that will be held on **Monday, April 12, 2021 at 6:00 PM**. If you cannot attend this live Zoom, you must watch the recording of it and complete a short quiz to verify you watched the recording by April 30, 2021.

All newly elected committee members must attend a MANDATORY New Committee Members Orientation Zoom that will be held on Tuesday December 1, 2020 at 7 pm. If you cannot attend this live Zoom, you must watch the recording of it and complete a short quiz to verify you watched the recording by December 31, 2020.

*Completed application, Standards of Behavior form, reference forms, and background check results must be received in the Extension Office no later than **January 1st for committee volunteers**, and no later than **April 1st for club volunteers**. Volunteers will receive an acceptance or denial letter once their file is complete.*



Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Email: _____

Full Name: _____

Preferred Name: _____

Date of Birth (MM/DD/YY): _____

Mailing Address: _____

City/State/Zip: _____

County of Residence: _____

Primary Phone: _____

Secondary Phone: _____

Length of time at this address (years): _____

Please circle the appropriate response in each line

Gender	Male	Female	Gender Identity Not Listed	Prefer not to state	
Residence	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
Ethnicity:	Hispanic	Non-Hispanic	Prefer not to state		
Race:	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

II. EMERGENCY CONTACT

Full Name: _____

Relationship to Member: _____

Contact Phone: _____

Contact Email: _____

III. VOLUNTEER TYPE

Please circle the appropriate response

Program Volunteer (committee)	Please List Committee:	
Camp Volunteer	Circle Role: Adult Volunteer or Camp Nurse	
Club Volunteer - Circle specific role to the right	Cloverbud Leader	Project Leader - teaching specific project skill
	Organizational Club Leader	Resource Volunteer - coordinates club activities
Project Volunteer	County project leader – shooting sports or other specialized projects	

List the 4-H Club you wish to apply to serve with.

4-H Club Name: _____



IV. OTHER INFORMATION

Military Service: ___ I am serving in the Military
 ___ No one in my family is currently serving
 ___ My Parent serves My Sibling serves
 ___ My Son/Daughter serves I/my spouse/partner serve

Branch of Service (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
Branch Component (circle)	Active	Guard	Reserves	Not applicable			

Health Considerations/Notes (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

Are You a 4-H Alumni: ___ YES ___ NO **State and County:** _____

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

V. ABOUT YOU

Job Title: _____ **Employer:** _____

Work Phone: _____ **Ext.** _____

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

<i>Employer</i>	<i>Position Title</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

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

<i>Organization</i>	<i>Volunteer Role</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>



VI. REFERENCES

Reference 1

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 2

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 3

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

VII. PHOTO RELEASE

Photo Release: Permission to use photographic form for promotion contingent upon completing volunteer process:

Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

- YES, I do give permission
- NO, I do not give permission



VIII. SCREENING QUESTIONS

Do you currently hold a valid Driver's License?	YES	NO
Do you have current vehicle liability insurance?	YES	NO
Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?	YES	NO
Have you ever had a background screening prior to now?	YES	NO
Have you ever been accused or charged with an offense involving a minor?	YES	NO
Has any member of your current household ever been accused of or charged with an offense involving a minor?	YES	NO
Have you ever been accused of or charged with an offense of domestic assault?	YES	NO
Have you ever had a protective or no contact order issued against you?	YES	NO
I understand that I am required to submit for a fingerprint background screening.	YES	NO

IX. WAIVER

Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

Applicant Signature: _____

Date: _____



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 possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- 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, 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 follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- 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:** _____

4-H Youth Development Volunteer Position Description

Position Title:

4-H Club Volunteer (Project and Activity)

Time Required

On-going and dependent on county

General Purpose:

Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.

Specific Responsibilities:

- ◆ Provide a variety of 4-H project related learning experiences, including:
 - Coordinate and conduct educational activities related to project areas.
 - Monitor progress towards project completion.
 - Prepare members for judging, skillathon, and exhibition
 - Informing members of project requirements, deadlines, and events & activities.
 - Provide constructive feedback to members, parents, and families.
- ◆ Advise members in coordinating/conducting club activities, including:
 - Community service, fund raising, club trips & tours, recreational activities, achievement programs, promotional activities, parent's night and others.
- ◆ Promote 4-H opportunities in your club and local community, including:
 - Encourage 4-H members' and parents' interest and participation.
 - Invite parents' ideas, cooperation, support and attendance at 4-H activities.
 - Recruit new members when the club has openings.
 - Inform members of county 4-H events & activities.
- ◆ Actively participate as a volunteer by:
 - Follow OSU Extension and 4-H Youth Development guidelines and policies.
 - Attending all (or most) of the club meetings and activities.
 - Read 4-H mailings and access information from the 4-H web to keep members, parents and/or other volunteers informed.
 - Participate in volunteer development opportunities.

Qualifications & Expectations:

- ◆ Ability, interest, and willingness to:
 - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
 - Effectively organize, delegate, and communicate (verbal and written)
 - Work with minimal supervision from professional staff.
 - Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

Ohio State University Extension Agrees to:

- ◆ Provide training opportunities to assist volunteers to meet needs of members and parents.
- ◆ Provide access to educational materials and resources.
- ◆ Have professional staff available to consult with and listen to volunteers.
- ◆ Provide appropriate recognition and awards to volunteers.

Mentor/Supervising Professionals:

County Extension 4-H Youth Development Professional(s)



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wayne.osu.edu

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

2021 WAYNE COUNTY 4-H Fingerprint Background Check Information

4-H / Extension volunteers are required to have the BCI&I background check completed every four years using Authorization Reason Code 2151.86. Additionally, those who have lived outside of the state of Ohio at any time during the past five years, must also have the FBI background check done using Authorization Reason Code 2151.86. 4-H volunteers may request reimbursement for their background check. Please save and submit your receipts to the Extension Office if you would like to be reimbursed.

Background Check Report Results should be sent to The Ohio State University Office of Human Resources at the following address:

**Attention: Background Checks – 4-H Wayne County
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, OH 43201**

Fingerprinting may be done at your choice of the following locations or any other Ohio Bureau of Criminal Investigation approved agency: See full list of approved WebCheck vendors online at: <https://go.osu.edu/webchecklisting>.

Tri-County Educational Service Center –741 Winkler Dr., Wooster. Phone: 330-345-6771

- No appointment required
- Regular hours are Monday-Friday, 8:30 a.m. – 4:00 p.m.
- Cost: BCI&I - \$41.00*, FBI - \$44.00*
- Bring with you:
 - Identification - driver's license or State of Ohio picture ID or passport and social security number
 - Payment – cash (exact amount) or debit/credit card
 - Checks are not accepted
 - TESC Background Check form (attached) with address where results will be sent

Wayne County Sheriff's Department – Justice Center, 201 W. North St., Wooster. Phone 330-287-5750

- By appointment only
- Schedule appointment online - click on the "Schedule a Background Check" box on the Wayne County Sheriff's website at www.waynecountysheriff.com
- Appointments are available: Wednesday 8:00 am – 4:00 pm and Thursday - Friday, 9:00 a.m. – 12:00 p.m. and 1:15 – 4:00 p.m.
- Cost: BCI&I - \$35.00*, FBI - \$44.00*, combination BCI&I/FBI - \$59.00*
- Bring with you:
 - Identification - driver's license, Ohio picture ID, birth certificate, Social Security card, or passport (regardless of form of ID, you must be able to provide your Social Security Number)
 - Payment - cashier's/certified check or money order only, payable to *Wayne County Sheriff*
 - No cash, personal checks, credit or debit cards accepted
 - Request for Background Check form (attached) with address where results will be sent

* Prices and information on this page are as of 10/01/20 and are subject to change.





Background Check for Companies/Organizations (walk-in form)

***Tri-County ESC Disclaimer:** The Tri-County ESC is not responsible for any information provided that is incorrect/inaccurate. All information regarding background checks needs to be written in its entirety on this form. Information may include, but is not limited to: the address to mail results to, federal or state background check requirements, etc.
Please initial you have read and accept the terms of this Disclaimer: _____

(Please print)

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____

I have resided in Ohio continuously for the past five years. Yes _____ No _____

Type of background check needed: BCI FBI

Authorized Reason Codes (as provided by employer, supervisor, company, etc.)

BCI Reason Code 2151.86 FBI Reason Code 2151.86

Do you need results sent somewhere other than the address above? If yes, fill out section below:

COMPANY/ORGANIZATION NAME: Attention: Background Checks - 4-H Wayne County

CONTACT NAME: OSU Office of Human Resources

ADDRESS: 1590 N. High St., Ste. 300

CITY, STATE, ZIP: Columbus, OH 43201 PHONE: _____

Do you need an electronic copy of the results sent? (Please check box that applies)

- None
- Ohio Board of Nursing
- Ohio Department of Education
- Ohio Department of Insurance
- Occupation or Physical Therapy, Athletic Training
- Other _____
- BMV Dealer Licensing
- Child Care Ctr/Type A - ODJFS
- Ohio Board of Pharmacy
- Ohio Medical Board
- Social Work Board

National WebCheck Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (1WC575 – Tri-County WESC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General’s Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

I Accept I Decline

Signature _____ Date _____

STAFF USE ONLY Initials _____

Amount Paid: _____ Type of payment (circle): Cash/Credit Card/Check# _____



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Ohio State University Extension
Wayne County

428 W. Liberty St. – Suite 12
Wooster, OH 44691-5092

330-264-8722 Phone
330-263-7696 Fax

<http://wayne.osu.edu>

4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check.

In Wayne County, 4-H volunteers should have their background check done at:

Tri County Educational Service Center
741 Winkler Drive
Wooster, OH 44691

or

Wayne County Sheriff's Department
201 W. North Street
Wooster, OH 446911

Cash (exact amount) or Credit Card only

Cashier's / Certified Check or Money

Mon - Fri 8:30 am – 4:00 pm

Order Only - By appointment only

What You Need to Get Your Ohio 4-H Background Check

1. A government issued photo ID, such as your driver's license, showing your current address and date of birth.
2. Your Social Security number - Know your number? No need to bring your SS card.
3. Use **2151.86** as the reason code you are having the background check.
4. If you have not lived in Ohio for the past 5 years, you must also have an FBI report.
5. Background check results **must be mailed to:**

Attention: Background Checks – 4-H WAYNE COUNTY
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201

If the agency is not able to get a good scan of your fingerprints, please ask for an inked fingerprint card. You will then bring the inked card to the Extension office.

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: <http://go.osu.edu/DQoffenses>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, to your county OSU Extension office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. The check will be mailed from OSU in Columbus; it may take eight to ten weeks to process and will not say 4-H, but OSU.

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer Name (Print first, middle, last): _____

Volunteer Signature: _____ Date: _____

For office use only. Tape receipt to top of this form before scanning.

Date volunteer reimbursement request received at Extension Office: _____ (month / day / year)

Name & initials of OSU Extension Professional receiving request: _____ Initials: _____

tape receipt in this area