

Ohio State University Extension – Wayne County Potential Volunteer Application Procedure

APPLICATIONS ARE AVAILABLE NOVEMBER 1ST - APRIL 1ST

1. Pick up application information from Extension office or download from wayne.osu.edu.
2. Return completed application and signed Standards of Behavior Form to OSU Extension-Wayne County. Please note you must include names and contact information for 3 references that are not related to you. OSU Extension will send reference forms to these individuals once your application has been submitted.
3. Complete a criminal fingerprint background check. All applicants must complete the Ohio BCI&I background check. Applicants who have lived outside of the state of Ohio anytime during the past five years must also complete the FBI background check. Fingerprinting may be done at your choice of the following locations or any other Ohio BCI&I approved background check vendor:

Tri-County Educational Service Center –741 Winkler Dr., Wooster.

- No appointment required
- Regular hours are Monday-Friday, 8:30 a.m. - 4:00 p.m.
- Cost: BCI&I - \$37.00*, FBI - \$40.00*
- Bring with you:
 - Identification - driver's license or State of Ohio picture ID
 - Payment - cash only (exact amount)
 - No personal checks, credit or debit cards 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

- By appointment only
- Schedule appointment online - click on the WebCheck tab (along left margin) on the Wayne County Sheriff's website at www.waynecountysheriff.com
- Regular hours are: Monday – Friday, 9:00 a.m. – 12:00 p.m. and 1:20 – 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, credit card, Social Security card, or passport (regardless of form of ID, be MUST provide Social Security number)
 - Payment - cashier's 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

4. Attend and complete a New Volunteer Training session conducted by OSU Extension Wayne County. New Volunteer Training will be conducted once all materials are received and are acceptable. *Completed application, Standards of Behavior form, references, and background check results must be received in the extension office **no later than April 1st**.*
5. **New Volunteer Trainings will be offered on April 19th, April 26th, and May 9th. All three training sessions will begin at 7 pm** and will be held in the second floor meeting room of the county administration building (Extension Office). **New Volunteers Must Attend 1 of These Training Dates!**

*Prices are as of 11/01/15 and are subject to change



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)



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



wayne.osu.edu

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

VOLUNTEER APPLICATION FORM

I. GENERAL INFORMATION

Name: (First) (Middle) (Last)

Mailing Address: (Street) (City) (Zip)

Phone: Day: () Best Time to Call: Eve: () Best Time to Call:

Length of time at this address (years): Date of Birth (MM/DD/YY)

Email:

II. VOLUNTEER INTEREST

Which OSU Extension program area do you want to volunteer with:

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

Why are you interested in volunteering for OSU Extension?

Three horizontal lines for text input.

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?

Horizontal line for text input.

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

Table with columns: Employer, Position Title, Year. Includes three horizontal lines for data entry.



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? _____

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.

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

E-Mail: _____

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

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

E-Mail: _____

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

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

E-Mail: _____

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

I authorize the contact of listed references and understand that I am required to submit to a BCI 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: _____

IV. ADENDUM FOR 4-H VOLUNTEER APPLICANTS

Do you intend to work with an existing 4-H club or establish a new club within the community?

Existing _____ New _____

If planning to work with an existing club, please list name of club and obtain signature of current Organizational Advisor to verify their understanding of your intentions.

Club Name: _____

Signature of Organizational (Head) Advisor: _____

If planning to establish a new club within the community, please answer the following questions.

What communities/area(s) of the county will this club serve? _____

With what project area(s) will this club work? _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information.

Thank you!

OSU Extension, Wayne County
428 W. Liberty Street
Wooster, OH 44691
Phone: 330-264-8722 ♦ Fax: 330-263-7696
wayne.osu.edu

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>.



Background Check for Companies/Organizations

The Ohio State Bureau will **ONLY** mail the results to the address you list below.

Company/Organization Name **OR** State Board (if required) _____

Contact Name Gina Thorpe - Wayne County Profit Non-Profit

Address OSU Office of Human Resources - 1590 N. High St.-Suite 300 - Columbus, OH 43201

Phone _____

Fax _____

We are requesting the following background check(s) for _____
Employee/Student Name (please type or print)

Please check one of the following:

BCI FBI BCI and FBI SS# _____

Please specify the reason for the BCI background check using the attached BCI Background Check

Authorization Reason Codes. Authorized Title and Code - 2151.86

Please specify the reason for the FBI background check using the attached FBI Background Check

Authorization Reason Codes. Authorized Title and Code - 2151.86

Check Appropriate Board (If required, an additional result can be electronically sent to one of the state boards below)

- None Ohio Department of Liquor Control
- Ohio Board of Nursing Ohio Department of Public Safety/PISG
- Ohio Department of Education Ohio Racing Commission

Add this employee to an existing purchase order, if you have already established one with us, or list PO number and attach purchase order.

Purchase Order Number: _____ Company Check Bill Company/Organization

Individual responsible for paying Name _____

A photo ID (Driver's License, State Photo ID or Passport) is required at the time of the background check.

Douglas S. Foxx
Authorized Employer Signature

Douglas S. Foxx
Print Name

OSU Extension - Wayne County
Company/Organization Name

11/01/15 330-264-8722
Date

Please Note: Tri-County E.S.C. is not responsible for determining the above information.



Log # _____

WAYNE COUNTY SHERIFF'S OFFICE
REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

BCI

FBI

BCI & FBI

Personal Information (please print)

Type of Photo ID & ID# _____

Name _____

Date of Birth _____

Address _____

SSN _____

City _____

Phone # _____

State _____ Zip Code _____

Email Address _____

Reason for background check (be specific):

Address where results are to be mailed:

to become a 4-H volunteer

Gina Thorpe - Wayne County

(authorization reason code 2151.86)

Office of Human Resources

1590 N. High St. - Suite 300

Columbus, OH 43201

Direct Copy Options

(if applicable) (select only one)

Ohio Dept. of Education

Ohio Construction Board

Lottery Commission

Ohio Dept. of Public Safety

Ohio Board of Nursing

Ohio Board of Pharmacy

BMV Dealer Licensing

Ohio Dept. of Liquor Control

Ohio Medical Board

Ohio State Racing Commission

BMV Deputy Registrar

Orthotics, Prosthetics, Pedorthics Board

Dietetics Board

Ohio Dept. of Insurance

Occupational Therapy, Physical Therapy
and Athletic Trainers Board

Social Worker Board

OPOTA

Child Care Center - Type A - ODJFS

Respiratory Care Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____ The Ohio State University _____.

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.

By signing this form, the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Applicant's Name (please print) _____

Parent/Guardian Name (if applicable) _____

Applicant's Signature _____

Parent/Guardian Signature (minor applicant's only) _____

** Payment must be by cashier's check or money order. **