

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

APPLICATIONS ARE AVAILABLE NOVEMBER 1<sup>ST</sup> - APRIL 1<sup>ST</sup>

1. Pick up New Volunteer Application Packet from Extension office or download it from wayne.osu.edu.
2. Complete the application, Standards of Behavior Form and fingerprint background check reimbursement form with original receipt to be returned to the OSU Extension-Wayne County by April 1<sup>st</sup>.
3. Request 3 references (listed on your application) complete the reference form attached and return it to the OSU Extension Office in a sealed envelope by April 1<sup>st</sup>.
4. 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 for reimbursement.

*Once you have turned in the application, standards of behavior and fingerprint reimbursement, you will receive an email with additional instructions to log in to the 4-H online database to complete your enrollment for 2018.*

5. Attend and complete a New Volunteer Interview / Orientation session conducted by OSU Extension Wayne County. These sessions will be offered at **6 pm on March 6<sup>th</sup>** and **April 18<sup>th</sup>** at the **OSU Extension Office**. Please register in advance by filling out the form below and sending it to the Extension Office for the date you plan to attend. In February, there are required trainings for returning volunteers. You are welcome to attend to gain additional information, but are only required to attend one of the sessions listed above.

*Completed application, Standards of Behavior form, reference forms, and background check results must be received in the extension office **no later than April 1<sup>st</sup>**. Volunteers will receive an acceptance or denial letter once their file is complete.*

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I plan on attending the New Volunteer Training on:

\_\_\_\_\_ March 6<sup>th</sup>, 2018 at 6 pm

\_\_\_\_\_ April 18<sup>th</sup>, 2018 at 6 pm

\_\_\_\_\_ I am unable to attend either of these sessions and will contact Doug Foxx for a one on one appointment.

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



## 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](http://wayne.osu.edu)

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

# Wayne County 4-H Volunteer Application

## I. GENERAL INFORMATION

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

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

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

Phone: Home: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Work: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

School District: \_\_\_\_\_ Email: \_\_\_\_\_

Are You a 4-H Alumni:  Yes  No If yes, what state and county: \_\_\_\_\_

### Demographic Information

Occupation (optional): \_\_\_\_\_ Level of Education (optional): \_\_\_\_\_

Ethnicity:  Hispanic  Non-hispanic

Race:  White  Black  American Indian/Alaskan Native  Hawaiian/Pacific Islander  Asian

Residence:  Farm  Town/Rural (<10,000)  Town (10,000-50,000)  Suburb (< 50,000)  City (> 50,000)

Military Service:  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:  Air Force  Army  Coast Guard  Marines  Navy

Branch Component:  Active  Guard  Reserves

Health Considerations/Notes (i.e., food allergy, diabetes, etc...): \_\_\_\_\_

## II. VOLUNTEER INTEREST

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



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[ohio4h.org](http://ohio4h.org)

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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

**Type of 4-H Volunteer Position:**

- 4-H Club:**  Organizational Leader  Cloverbud Leader  Project Leader  Resource Leader
- Project Area Interests:** \_\_\_\_\_
- Committee Member – list committee:** \_\_\_\_\_
- Camp** (check all that apply):  Residential  Day
- Special Interest/Emphasis Program – list program:** \_\_\_\_\_
- After-School Program – list site:** \_\_\_\_\_
- Community Center/Youth Organizational Partner – list site:** \_\_\_\_\_
- Other:** \_\_\_\_\_

**If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club?**  New  Existing

If existing, name of club: \_\_\_\_\_

**What time commitment do you initially desire to give?**

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
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**Previous Volunteer Experience** (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
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### 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:

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**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, phone numbers and e-mail addresses.

**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 Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.*

**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.*

\_\_\_ I GIVE \_\_\_ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. 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. (If not completed, OSU Extension will not use publicity about your participation).

**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 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>.

## Reference Form

(For reference collected by mail)

\_\_\_\_\_ is applying to serve as a volunteer with the Ohio State University Extension and has given your name as a reference.

Individuals in volunteer positions help others learn new skills, increase their abilities to work together, manage their own activities, and develop and/or strengthen their ability to be contributing members of society.

O.S.U. Extension seeks your assistance in selecting the most qualified people to serve in volunteer roles and will appreciate your prompt completion of this reference form.

1. How long and in what capacity or position have you known the applicant?

\_\_\_\_\_

2. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Not Known
Communications skills				
Organizational skills				
Respect for others				
Dependability				
Sense of humor				
Sense of fairness				
Enthusiasm				
Flexibility				
Patience				
Initiative				
Resourcefulness				
Understanding of children				
Working with other adults				

3. How would you rate the applicant's general ability to work in a volunteer role with youth and/or other adults?

Excellent

Good

Fair

Poor

Comments:

4. What additional skills, abilities and attributes does the applicant have that would be helpful in their role as a volunteer?



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5. How much experience does the applicant have working with people who are developmentally disabled, from different cultural backgrounds, from different socio-economic backgrounds?

- Much experience       Some experience       Little or no experience       Unknown

Comments:

6. How would you describe the applicant's ability to handle records and/or money?

- Very good. I would trust this person with records and money
- Fair. The person will do ok, but will need some help handling records and money
- Poor. Handling records and money is a problem for this applicant

7. How would you describe the applicant's general interactions with other adults?

- Consistently positive and reasonable
- Usually positive and reasonable
- Moody and hard to predict
- Negative and unreasonable

8. Would you be willing to place a child or other individual for whom you are responsible under his or her leadership?

- Yes       No

9. Do you know any reason why this person should NOT be considered for this volunteer position?

- Yes       No

If yes, please explain:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to:

OSU Extension – Wayne County  
428 W. Liberty Street – Ste. 12  
Wooster, OH 44691



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### 4-H Volunteer Criminal History Fingerprint Background Check Procedure

**Please take this page and corresponding form with you when you go to have your fingerprint background check.**

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

Tri-County Educational Service Center  
741 Winkler Drive  
Wooster, OH 44691  
330-345-6771  
Please be prepared to pay \$38.00  
(cash exact amount or credit card)

Wayne County Sheriff's Department  
201 W North Street  
Wooster, OH 44691  
By appointment – Cost \$35.00  
(cashier's check or money order only)

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

1. A government issued photo ID - such as your driver's license - with your current address, and showing your date of birth.
2. Your Social Security number - Know your number? No need to bring your SS card.
3. Form for corresponding location (either Sherriff's Office or Tri-County)
4. Use **2151.86** as the reason code you are having the background check.
5. If you have not lived in Ohio for the past 5 years, you must also have an FBI report.
6. 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>.

#### **OSU Extension 4-H Volunteer Request for Reimbursement**

**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.

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



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:**

Attention - Background Checks - 4-H Wayne County  
\_\_\_\_\_  
OSU Office of Human Resources  
\_\_\_\_\_  
1590 N. High Street, Ste. 300  
\_\_\_\_\_  
Columbus, OH 43201  
\_\_\_\_\_

**Direct Copy Options**

(if applicable) (select only one)

- |  |  |  |
|--|--|--|
| <input type="radio"/> Ohio Dept. of Education            | <input type="radio"/> Ohio Construction Board      | <input type="radio"/> Lottery Commission   |
| <input type="radio"/> Ohio Dept. of Public Safety        | <input type="radio"/> Ohio Board of Nursing        | <input type="radio"/> Ohio Board of Pharmacy   |
| <input type="radio"/> BMV Dealer Licensing               | <input type="radio"/> Ohio Dept. of Liquor Control | <input type="radio"/> Ohio Medical Board   |
| <input type="radio"/> Ohio State Racing Commission       | <input type="radio"/> BMV Deputy Registrar         | <input type="radio"/> Orthotics, Prosthetics, Pedorthics Board                           |
| <input type="radio"/> Dietetics Board                    | <input type="radio"/> Ohio Dept. of Insurance      | <input type="radio"/> Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| <input type="radio"/> Social Worker Board                | <input type="radio"/> OPOTA                        |  |
| <input type="radio"/> Child Care Center - Type A - ODJFS | <input type="radio"/> 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. \*\***



# 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 Attention: Background Checks - 4-H 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 Board of Nursing
- Ohio Department of Education
- Ohio Department of Liquor Control
- Ohio Department of Public Safety/PISG
- 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

11/01/17      330-264-8722  
Date

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