

Ohio State University Extension - Stark County Potential Volunteer Application Procedure

APPLICATIONS ARE AVAILABLE ALL YEAR, BUT MUST BE
COMPLETED BEFORE VOLUNTEERING BEGINS.

1. Pick up New Volunteer Application Packet from Extension office or download it from stark.osu.edu.
 2. Complete the application, Standards of Behavior Form and fingerprint background check reimbursement form with original receipt to be returned to the Stark County Extension Office.
 3. Request at least 2 references (listed on your application) complete the reference forms attached and return it to the Stark County Extension Office in a sealed envelope.
 4. Complete and successfully clear the Ohio BCI&I fingerprint background check. Fingerprinting may be done at your choice of any Ohio BCI approved background check vendor. See list provided. Save your receipt and submit it to the office for reimbursement.
- Once you have turned in the application, standards of behavior and fingerprint reimbursement, David Crawford will contact you to set up a brief interview. Then, when all paperwork and application process is complete, volunteers will receive an acceptance or denial letter.

If you have any questions, please contact David Crawford by email Crawford.228@osu.edu or phone 234-348-6139.

What do advisors do at meetings?

Advisors provide a link between the county 4-H program (and County Extension Office) and youth members and their families. Advisors should assist in organizing club activities and events, including: securing meeting locations, communicating meeting and activity dates with members and their families, overseeing financial and their decisions to be sure that they follow state 4-H guidelines, providing feedback to youth as they progress through their projects, and much more. Advisors should be in the background at meetings to advise and provide support for members as they conduct their activities.



Volunteer Position Description

4-H Youth Development

Position Title:

4-H Program Volunteer

Time Required

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose:

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential.

Specific Responsibilities:

- ◆ Contact your local Extension office for the addendum based on your program
- ◆ Provide a variety of 4-H project related learning experiences:
 - *Refer to county specific responsibilities listed in the addendum*
 - *Additional duties from partnering organization(s) may be listed in the addendum*
- ◆ Promote 4-H opportunities in your club and local community, including:
 - *Encourage family and member participation*
 - *Inform members of county 4-H events & activities*
 - *Recruit new members and retain current members*
- ◆ Actively participate as a volunteer by:
 - *Follow OSU Extension and 4-H Youth Development policies and procedures*
 - *Attend club meetings and activities*
 - *Read and review all forms of communication to keep members, parents, and other volunteers informed*
 - *Participate in volunteer development opportunities to enhance leadership skills*

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*
 - *Be dedicated to youth and sensitive to their abilities and needs*
 - *Effectively organize and communicate with the other club volunteers*
 - *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*

Continues on page 2

Ohio State University Extension Will:

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

Mentor/Supervising Professionals:

- ◆ County Extension 4-H Youth Development Professional(s)
- ◆ Partnering organization's leadership as listed in the addendum, when applicable



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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: _____



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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*

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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 professionally represent the activity/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 The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, 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.
- Do their best to help youth thrive while exploring their 'sparks'.
- Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
 - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- 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 report any red-flag behaviors, 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 at the OSUE's sole discretion.

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

Volunteer Signature

Date

Ohio 4-H Volunteer Reference Form

For Office Use Only:

Date reference form sent: ____/____/____

Date reference for received: ____/____/____

---OR---

Reference contacted by: _____

On date: ____/____/____ at time: _____

Dialed phone # (_____) _____

Reviewed by: _____

Applicant's Name: _____

*The above-named applicant is applying to do volunteer work with Ohio State University Extension and has given your name as a reference. OSU Extension seeks your assistance in selecting the best qualified people to serve and will appreciate your completion of this form. Please feel free to add additional pages of comments or information. **Return this form and any attachments to:***

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

2. What are the applicant's strengths/weaknesses as they relate to working with youth and leading a group?

3. Please comment on the applicant's sense of responsibility and follow-through on commitments.

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



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

6. How would describe the applicant's ability to work with a diverse audience (disabled, cultural, socio-economic, etc.)?

7. Would you be willing to place your child or other individual you are responsible under the leadership and supervision of this applicant? Why or Why not?

Please indicate how you would rate the applicant's qualities, using the scale:

E = Excellent

G = Good

F = Fair

NK = Not Known

Communication skills	_____	Flexibility	_____
Organization skills	_____	Patience	_____
Respect for others	_____	Initiative	_____
Dependability	_____	Resourcefulness	_____
Sense of humor	_____	Understanding of children	_____
Sense of fairness	_____	Works well with others	_____
Enthusiasm	_____	Supervisory skills	_____

Thank you for your assistance in helping Ohio State University Extension select the most qualified people to serve in volunteer roles.

Reference Name: _____

Signature: _____ Date: _____

Phone: _____ Email: _____



4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check and provide these instructions to the fingerprint official before you are fingerprinted.

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

STARK CO BMV; 2812 Whipple Ave NW, Canton, OH 44708

Or Any Stark County BMV- or Stark Co ESC 6057 Strip Ave NW, North Canton OH 44720 Please call before you go.

Please be prepared to pay \$32-42 (cash accepted) save receipt- return with this form to OSUE Office and OSU will reimburse.

Fingerprint Background Check- You will need:

1. A government issued photo ID - such as your driver's license – showing current address and your date of birth.
2. Your Social Security Number – If you know your number, there is no need to bring your SS card.
3. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) background check. Use the following reason codes:

BCI Revised Code: 2151.86

FBI Revised Code: 2151.86, Out of Home Child Care

4. Background check results **must be mailed DIRECTLY to:**

Attention: **Background Checks – 4-H Stark 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, you will need to complete the ink fingerprint process. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) ink card.

- **Card #1:** [Ohio Bureau of Criminal Investigation \(BCI\)](#) (see pages 2-3)
- **Card #2:** [Federal Bureau of Identification \(FBI\)](#) (see pages 4-5)

The ink card(s) with payment and the [exemption form](#) (page 6-7) must be submitted to BCI for processing. Cash, third party or starter checks will not be accepted. A money order, certified check, business check or personal check must be made **payable to:**

Treasurer, State of Ohio

Enclose all background check contents and mail to:

Civilian Unit Identification Dept.

Bureau of Criminal Identification & Investigation (BCII)

P.O. Box 365

London, Ohio 43140

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** not the Office of Human Resources, Background Check Office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. Please submit receipt for reimbursement no more than **60** days past your fingerprinting to allow ample time to reimburse your request.

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer **Full Legal 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: _____

OHIO 4-H CODE OF CONDUCT

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, ethical, respectful manner, use appropriate language (including not using profanity), exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, tobacco in any form, and/or any vaping products during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) harassment, and actions that bully, ridicule, dominate, or display inappropriate behavior toward others.
7. Accept personal responsibility for behavior, destruction or theft of property including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. Follow Ohio and county laws and regulations related to the care, handling, and possession of animals and living creatures.
11. Operate machinery, vehicles, and any other required equipment in a responsible manner in accordance with the directives of OSU Extension personnel and Ohio and county laws and regulations.
12. 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.
13. Follow the Ohio State University Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants.

As a program participant in OSU Extension, 4-H participants must practice good citizenship, leadership and self-control and not engage in discriminatory behavior, which includes harassment, discrimination, sexual misconduct, and retaliation.

This means you should not exclude anyone from participating in any program or activity, or discriminate against them because of their identity.

Identity includes: age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status.

A full definition of harassment and discrimination can be found in the Affirmative Action, Equal Employment Opportunity, and Non-Harassment/Discrimination policy.

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from the 4-H program; removal from participation in the event in which the code of conduct has been violated (at the individual's expense); forfeiture of financial support; sanctions on or being banned from participating in future 4-H events; removal from leadership positions and/or offices held, etc. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

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By signing below, I affirm that I have read and understand the above statement.

Youth Member Name (print) _____

Youth member signature _____

Parent/Guardian name (print) _____

Parent/Guardian signature _____

Date _____



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Parent/Guardian signature _____

Date _____

