



Please complete in ink or on a computer and print a copy. Return the completed application to your county ISU Extension & Outreach office.

Iowa 4-H Youth Development is committed to creating and maintaining the safest possible environment for youth participating in the program. Submitting this application is one-step in the process of selecting and placing qualified volunteers in appropriate positions within Iowa 4-H Youth Development.

General Information

Name _____ Email _____
(First) (Middle Initial) (Last)

Mailing Address _____
(Street, Box, Route, Apt #) (City) (State) (Zip)

Physical Address (If Different) _____
(Street, Box, Route, Apt #) (City) (State) (Zip)

Check the best number to use. Home _____ Work _____
 Cell _____ Text OK? Yes No

Experience

Current Employer _____

Position/duties _____

Previous Work Experience (List most recent experience first)

Employer	Position/title	Year(s)
----------	----------------	---------

Employer	Position/title	Year(s)
----------	----------------	---------

Please list other volunteer experiences you have had

Organization	Volunteer Role	Year(s)
--------------	----------------	---------

Organization	Volunteer Role	Year(s)
--------------	----------------	---------

Volunteer Interest

Check here if you do not have a volunteer role selected and need more information about possible opportunities. Please fill out the volunteer interest form to help in identifying the best opportunities.

Do you wish to serve as a volunteer for an existing group? Yes No

If yes, name of group and role _____

Have you applied to be a 4-H volunteer in any other county or state? Yes No

Which county or state? _____

What year? _____

Are you a 4-H alumnus? Yes No

Where? _____

Why are you interested in volunteering with 4-H?

References

List three persons, not related to you, who have knowledge of your abilities and skills. At least one reference should include someone familiar with your work and/or volunteer experience (ie, current supervisor, volunteer direct report, etc). Information received from references is confidential and will not be accessible to applicants.

1. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

2. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

3. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

Volunteer Eligibility Criteria

To be considered for a volunteer role with Iowa 4-H Youth Development, you must:

- Meet the age requirements of the specific volunteer role (birthdate: _____).
- Be willing to provide a child with a safe and positive learning environment.
- Agree to ISUEO Volunteer Background Screening.
- Be free of any charge or conviction of any offense involving harm or abuse of a child.
- Be a safe driver with a valid license (if serving as a driver for participating youth).

I certify that this information is true and accurate and that I authorize representatives of ISUEO to verify the information included on this application. I understand that misrepresentation or omission of information requested may prevent me from becoming an Iowa 4-H Youth Development program volunteer.

(Signature)

(Signature Date)

(Parent/Guardian Signature if under age 18)

IOWA STATE UNIVERSITY

Extension and Outreach

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Officer, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.

Iowa 4-H Youth Development Program



4-H Leader/Volunteer Services Confidentiality Statement

I do hereby acknowledge that in my service as a volunteer for the Iowa State University Extension & Outreach 4-H Youth Development Program, I will have access to confidential information contained in records of youth and families participating in the 4-H program. I agree that I shall not disclose any such information to any unauthorized person, and I will adhere to confidentiality guidelines of the Iowa State University Extension & Outreach 4-H Youth Development Program. I acknowledge that a proven breach of confidence could be cause for termination from my position.

4-H Leader/Volunteer's Signature

Date

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

Signature of Designated County Staff

Date

IOWA STATE UNIVERSITY
Extension and Outreach

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. Direct inquiries to the Diversity Advisor, 515-294-1482, extdiversity@iastate.edu.

4-H 2DD | Revised | August 2013



IOWA 4-H CODE OF CONDUCT FOR VOLUNTEERS

The Iowa 4-H Code of Conduct applies and will be enforced with 4-H volunteers as follows:

- While participating in or attending a 4-H sponsored program (e.g., club meeting, project meeting, activity, event, learning opportunity).
 - While participating in or attending a 4-H event, while on premises used for 4-H purposes (e.g., County Fair, State Fair, show ring, exhibit building, barn, food stand).
 - While representing Iowa 4-H to the public.
 - While having responsibility for youth involved in the 4-H Youth Development program.
 - At all times throughout a volunteer's service when behavior outside of the Iowa 4-H puts youth at risk or has the potential to put youth at risk.
 - The opportunity to participate in and/or volunteer with Iowa 4-H is a privilege and honor, not a right. All volunteers are expected to review and agree to abide by the Iowa 4-H Code of Conduct before becoming involved with Iowa 4-H.
1. I understand that the Iowa 4-H Youth Development program is a non-formal, experiential education program in which I have a choice to volunteer. I accept my responsibility to engage in program activities and to excuse myself from this volunteer assignment if it does not meet my volunteer objectives. I will not use the volunteer position for private, personal, or commercial financial gain. I recognize the organization has the responsibility and authority to remove individuals who are serving as volunteers who are disruptive to the 4-H Youth Development program, violate the Iowa 4-H Code of Conduct, the standards of the 4-H Pledge and Motto or federal, state, or local laws—or for any other reason the 4-H Youth Development program deems appropriate. I will act in a respectful and responsible manner during all 4-H programs.
 2. I accept my responsibility to represent the Iowa State University Extension and Outreach 4-H Youth Development program by holding myself to the standards of the 4-H pledge and motto. I will refrain from behavior that negatively represents myself, my family, my community, 4-H, or Iowa State University.
 3. I will work with staff and volunteers to create quality learning environments. I will practice youth-adult partnerships.
 4. I acknowledge that the 4-H program utilizes competition related to project work as a tool for learning. I will demonstrate good sportsmanship, encourage this behavior in program participants and other volunteers, and not allow this behavior to detract from the learning experience. I will not let my personal desire to win overshadow the needs of the group or violate positive youth development principles.
 5. I accept my personal responsibility to be informed and follow the policies, rules, and deadlines established by Iowa 4-H. I will participate in required and optional training as per my role description and accept guidelines and support from Iowa State University Extension & Outreach staff and other volunteers. I will not cheat, lie, knowingly furnish false information, deceive, or otherwise engage in dishonest, unethical, or illegal behaviors. I will not encourage others to disregard or intentionally violate conditions of Iowa 4-H participation.

6. I will comply with directions of 4-H officials acting in the performance of their duties. I will not obstruct or disrupt any 4-H program or encourage others to engage in such conduct. I understand that a judge's decision is final.
7. I will strive to be a positive role model. I will treat youth, parents, volunteers, extension and outreach staff, judges, and others with respect, courtesy, and consideration.
8. I will communicate (oral, written, and electronic) in an open, honest, respectful manner in all situations involving the 4-H program. I will refrain from communication that is negative, offensive, destructive, or hurtful to others. I will refrain from sharing private matters in a public group setting.
9. I will promote a spirit of inclusion and welcome participation of individuals from all backgrounds. I will not engage in or tolerate harassment in any form (for example, bullying, slander, put-downs, insults, taunting, name calling, yelling, profane language, sexual innuendos, and other comments or hostile behaviors likely to offend, hurt, or set a bad example). I will not participate in behaviors that discriminate against other people.
10. I will ensure a safe environment for myself and others by not carelessly or intentionally harming youth or adults in any way emotionally, mentally, physically, socially, verbally, or non-verbally. I will access and operate machinery, vehicles, and other equipment in compliance with laws, rules of the 4-H program, and general safety practices.
11. I will not offer alcohol, tobacco products, electronic smoking devices (including but not limited to e-cigs, vapes, juuls), or illegal substances to youth. I will not possess or use illegal substances. I will not use alcohol, tobacco products, or electronic smoking devices (including but not limited to e-cigs, vapes, juuls), during a 4-H program. I will not attend 4-H programs under the influence of alcohol or any illegal substance.
12. I will not have sexual contact or a sexual relationship with a member or youth program participant.
13. I will respect property of individuals. I will not use, abuse, or take another individual's personal belongings. I will not damage facilities.
14. I will expect youth and adults participating in the programs I lead as a 4-H volunteer to follow the Iowa 4-H Code of Conduct.
15. If behaviors contrary to the Iowa 4-H Code of Conduct are demonstrated during a 4-H program, I will address the situation. I will follow any county or university policies on reporting of infractions and or incidents.

Infractions to the Iowa 4-H Code of Conduct will be addressed by the Iowa 4-H Program, the local County Extension District, or their appointed representatives. Infractions of the Iowa 4-H Code of Conduct WILL result in consequences. The consequences may range from a verbal warning to the loss of privileges (e.g., limitation on volunteer responsibilities) to full removal from the Iowa 4-H program.

IOWA STATE UNIVERSITY

Extension and Outreach

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Advisor, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.



Iowa 4-H Youth Development Program Volunteer Interest Form

Name _____ Email _____
(First) (Middle Initial) (Last)

Check the best number to use. Home _____ Cell _____

Please share who referred you to this county Extension office or how did you learn about volunteer opportunities?

Have you ever been a 4-H volunteer? Yes No If yes, when? _____

Where? _____

Indicate the grade/age group you prefer to work with:

K-3 (Ages 5-9) 4-6 (Ages 10-12) 7-12 (Ages 13-19) Adults No Preference

What is the length of time commitment that you initially desire?

Short term 3-6 months 6-12 months Ongoing

What types of volunteer opportunities are of interest to you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Committee member | <input type="checkbox"/> Middle manager volunteer | Specify:
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Committee chair | <input type="checkbox"/> School volunteer | |
| <input type="checkbox"/> Community/project club volunteer | <input type="checkbox"/> Short-term project coordinator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 4-H club/group leader | <input type="checkbox"/> 4-H club assistant leader | |
| <input type="checkbox"/> 4-H club/group helper | <input type="checkbox"/> Event coordinator | |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Clover Kids | |

Special interest group volunteer Name your area of special interest. _____

Is there a specific 4-H club/group you are interested in volunteering with? Yes No If yes:

Name of club/group? _____

City _____

Please complete the interest checklist on the back of this sheet. By checking the boxes on the back to indicate your interests and skills, you will help us match your volunteer interest to our volunteer needs.

IOWA STATE UNIVERSITY
Extension and Outreach

Date Submitted: _____

Date Followed-Up: _____

Iowa 4-H Youth Development Program



Reference Form for Volunteer Position Working Directly with Youth

_____ is applying to do volunteer work in an ISU Extension and Outreach 4-H Youth Development Program and has given your name as a reference. The volunteer position is:

Please complete this reference form, and return it in the enclosed envelope. Information you provide will be treated in a confidential manner.

Adults in volunteer positions help youth have fun while learning new skills, increasing their abilities to work together, managing their own activities, and developing into productive adults.

Iowa State University Extension and Outreach seeks your assistance in selecting qualified people to serve in volunteer roles and appreciates your prompt completion of this reference form.

1. How long have you known this individual? _____ Years _____ Months

2. How do you know this person?

Please evaluate this individual's qualities listed below. Mark the appropriate column for each quality using the following scale: **VG** = Very Good; **G** = Good; **P** = Poor; **NA** = Not Acceptable; **DK** = Don't Know.

	VG	G	P	NA	DK	Comments
Understanding of children	<input type="checkbox"/>					
Communication skills	<input type="checkbox"/>					
Ability to organize	<input type="checkbox"/>					
Respect for others	<input type="checkbox"/>					
Dependability	<input type="checkbox"/>					
Sense of humor	<input type="checkbox"/>					
Sense of fairness	<input type="checkbox"/>					
Enthusiasm	<input type="checkbox"/>					
Flexibility	<input type="checkbox"/>					
Patience	<input type="checkbox"/>					
Initiative	<input type="checkbox"/>					
Resourcefulness	<input type="checkbox"/>					
Role model for youth	<input type="checkbox"/>					
Ability to complete a task	<input type="checkbox"/>					
Ability to work with children	<input type="checkbox"/>					

over, please

IOWA STATE UNIVERSITY
Extension and Outreach

Please share what you know about this volunteer applicant to serve as a youth volunteer. Cite examples if at all possible.

1. How would you rate this applicant's ability to work in a volunteer role
 - with youth?

 - with adults?

2. Has this applicant volunteered in other positions? If so, with what organization(s)?

3. How successful was the applicant as a volunteer?

4. Would you be willing to place your son or daughter or any other child for whom you are responsible under his/her supervision? Yes No If no, why?

5. Should this person be considered for a volunteer position in the 4-H Youth Development Program?
Yes No If no, why?

6. Does this individual work well with people
 - who are developmentally disabled? Yes No Don't know
 - from different cultural backgrounds? Yes No Don't know
 - from different economic backgrounds? Yes No Don't know

7. Additional comments:

Your signature _____ Date _____

Thank You!

Your assistance in evaluating this potential volunteer for the ISU Extension & Outreach 4-H Youth Development Program is sincerely appreciated.

Please return this completed form by _____ to _____

Enclosure: Confidential Return Envelope

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. Direct inquiries to the Diversity Advisor, 515-294-1482, extdiversity@iastate.edu.

VOLUNTEER BACKGROUND SCREENING DISCLOSURE

Complete and return this form with a completed Background Screening Authorization Form

Required items are noted in **red** and with an asterisk (*). Please print legibly.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Legal Name* _____
First Middle* Last* Generation (Sr., Jr., III, etc.)*

Gender M F **Date of Birth*** (mm/dd/yy) ____/____/____ **Email** _____

Present Street Address* _____ **Length at current address** _____ Yrs.
(round to nearest year)
City* _____ **State*** _____ **Zip*** _____

Social Security Number** _____ - _____ - _____ **Phone*** _____

If applicable: **Passport Identification Issued by** (country) _____ **ID#** _____

If applicable: **Government Identification Issued by** (country) _____ **ID#** _____

Please list all cities and states of residence within the past seven (7) years (mm/yy):

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

City _____ State _____ Zip _____ From ____/____/____ To ____/____/____

Have you ever used another legal name? Yes No

(examples may include maiden names, shortened or abbreviated names, form names that may have been legally changed, etc.) If yes, please list below:

Other names used _____

Maiden Name _____ **Mother's Maiden Name** _____

Driver's License issued by* (state) _____ **License Number*** _____

*Disclosure of your Social Security Number (SSN) is required of you in order for Iowa State University and the County Agricultural Extension District for the purpose of conducting a background check, as required by ISU Extension and Outreach. Federal and State law protects the privacy and security of your SSN and Iowa State University and the Extension District will not disclose your SSN without your consent for any other purposes except as allowed by law. For a full description of the ISU Social Security Number Policy, please go to the Social Security Number Protection Policy <http://policy.iastate.edu/policy/ssn/>

The following are my responses to questions about my criminal record history (*if any*) within the past seven (7) years with a full explanation of the circumstances to any question with a YES answer. (*You may add an additional page if necessary for your explanation*).

1. **Have you ever been convicted of or plead guilty before a court of any federal, state, or municipal criminal offense (excluding traffic violations)?** Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

2. **Have you ever received deferred adjudication, a deferred sentence, or similar disposition for any federal, state, or municipal criminal offense?** Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

3. **Have you ever received probation or community supervision for any federal, state, or municipal criminal offense?**
Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

4. **Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States?**
Yes No

Date (mm/yyyy)	Charge Type	Location (country, city)

5. **As of the date of this authorization, do you have any pending criminal charges against you?** Yes No

Date (mm/yyyy)	Charge Type	Location (county, city, state)

Signature of Applicant _____ **Date** _____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. _____ County Agricultural Extension District abides by all applicable state and federal employment laws.

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Advisor, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.

VOLUNTEER BACKGROUND SCREENING AUTHORIZATION FORM

I, _____, hereby authorize _____ County Agricultural Extension
(name) (county)

District, Iowa State University Extension and Outreach, and/or its agents to make an independent investigation of my background, including social security number verification, motor vehicle, national criminal records, state and federal sex offender registries, including those maintained by both public and private organizations and all public records. First Advantage will be used to accomplish part of this background screen. The purpose of this authorization is to confirm the information contained on my Application and to obtain other information which may be material to my qualifications for service as a volunteer now and, if applicable, during the tenure of my volunteer service with County Agricultural Extension Districts (CAED). All employees will be re-screened every three years.

To facilitate the background screening, I agree to provide CAED and Iowa State University Extension and Outreach (ISUEO) with my full name, date of birth, social security number, and other personal information requested on the Background Screening Disclosure Form (to follow). I understand that my failure to provide this authorization or information may result in my ineligibility to serve in any capacity involving youth, vulnerable populations, cash handling, or sensitive information.

Information provided by First Advantage for the criminal background check will not include a consumer credit report or credit score. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. For a summary of your rights under the FCRA, please see www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

I have carefully read and understand this Background Screening Authorization and, by signing electronically below, I authorize First Advantage to release national sex offender registry and/or criminal record reports to ISUEO and CAED. This Background Screening Authorization in original, faxed, photocopied, or electronic form will be valid for securing background screening reports that ISUEO and CAED may request.

Signature _____

Date _____

If applicant is under age 18, parental approval is required:

Signature _____

Date _____

This document will be kept on file with the County Agricultural Extension District

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. (Not all prohibited bases apply to all programs.) Inquiries regarding non-discrimination policies may be directed to the Diversity Advisor, 2150 Beardshear Hall, 515 Morrill Road, Ames, Iowa 50011, 515-294-1482, extdiversity@iastate.edu. All other inquiries may be directed to 800-262-3804.