Oregon State University Extension Service
4-H Volunteer Screening and Education Process

Screening Process Rationale:

The Extension Service is committed to providing a safe environment for young people participating in its programs. With this in mind, the Extension Service will provide the needed screening and education for potential volunteers to feel comfortable and safe in taking on various roles within the 4-H Youth Development Program. In addition, extensive media coverage has enhanced our society’s awareness of child protection issues. Because of concerns surrounding these issues, most major youth serving agencies have instituted screening, orientation and training processes.

Purpose of screening and education for potential 4-H volunteers:

• To provide a safe environment for young people and adults involved in the 4-H Youth Development Program.
• To help insure the selection and placement of qualified volunteers for the 4-H Youth Development Program.
• To help potential volunteers feel ready for their role as a 4-H leader.
• To help potential volunteers understand the 4-H program in order to make informed decisions about their involvement.

The Oregon 4-H Youth Development Program Screening Process Includes:

• All potential volunteers will be required to complete a 4-H Volunteer Service Application—this includes providing the names, addresses, and phone numbers of three references.
• All potential volunteers need to understand that this volunteer service position is subject to the successful completion of background checks, which may include credit, criminal, and motor vehicle history background checks. Routinely this will include looking for the following types of convictions:
  Crimes involving offenses against children
  Crimes involving physical harm to another person
  Crimes involving a firearm
  Crimes involving mistreatment or abuse of animals
  Crimes involving theft or dishonesty—within the past ten years
  Crimes involving possession of a controlled substance—within the past ten years
• All potential volunteers will be required to participate in a minimum of 2 hours of training related to their volunteer role.
• Individual counties and project areas may have additional requirements related to becoming a 4-H volunteer.

The Oregon 4-H Youth Development Program

4-H is a community of young people across America who are learning leadership, citizenship and life skills.
Oregon State University Extension Service
4-H Volunteer Service Application

**Personal Information**

Legal Name: ____________________________________________

(Last)        (First)       (Middle)

Address: ____________________________________________

City    State    Zip

Length of time at above address: ____________________________

Home Phone: ______________________ Work Phone: _____________________ E-Mail: ____________________________

Name of nearest elementary school: __________________________

Occupation: ________________________________________ Employer: __________________________________________________________________

Do you have special needs for assistance in this application process: __________________________________________________________________

**Education, Training, Experience**

If a student, school attending: __________________________________________

Education and/or special training: __________________________________________

Languages spoken (other than English): ________________________________

Special skills, interests and/or hobbies: __________________________________

Have you had CPR training? (when): __________ Have you had First Aid training? (when): __________

**Background in 4-H and Other Youth Programs**

Have you been a 4-H leader before? Yes: ___ No: ___ If yes, where and how long? ________________________________

Are you a 4-H alumni? Yes: ___ No: ___ If yes, which state/county? ________________________________

Experience in other youth programs: __________________________________________

Memberships in other organizations: __________________________________________

**References** (employer, minister, etc. - **not family members/relatives**) - Please include complete mailing address.

1. Name: _________________________________ Phone: _____________________ Email: __________________________

Address: ____________________________________________

City    State    Zip

2. Name: _________________________________ Phone: _____________________ Email: __________________________

Address: ____________________________________________

City    State    Zip

3. Name: _________________________________ Phone: _____________________ Email: __________________________

Address: ____________________________________________

City    State    Zip

**Please complete other side →**
Why are you interested in a 4-H volunteer position? ____________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Please read the following before signing:
• I am aware of, or willing to learn and accept the basic philosophy and objectives of the 4-H Youth Development Program.
• I have read, understand and agree to the OSU Extension Service 4-H Adult Volunteer Expectations.
• I understand that the information I have provided may be verified by contacting persons or organizations identified in this application.
• I affirm that the information given in this application is true. If appointed as a volunteer, I agree to abide by the expectations of the Extension Service and to fulfill the volunteer responsibilities to the best of my ability.
• As part of the screening process to become a volunteer with the Oregon 4-H Youth Development Program, I understand that this volunteer service position is subject to the successful completion of background checks, which may include credit, criminal, and motor vehicle history background checks.
• I understand that the OSU Extension Service has the right to determine individual suitability in the 4-H Youth Development Program and as a volunteer I will comply with those decisions.

Signature of Applicant     Date      Oregon Drivers License #

For Extension office use only
Date Received: ______________ Application Reviewed By: ________________________________________________
Status of References:___________________________________________________________________________________
Background History Check Form: Date sent to OSU: __________________ OSU Response Date: ____________________
Leader Education (orientation/training): ___________________________________________________________________
Comments: __________________________________________________________________________________________
_____________________________________________________________________ Approved: ____________________

Date 9/2011