

# OSU Extension

## 4-H Volunteer Application

Revised 7.31.17

Adults or teens should complete and submit this 2-page application if they are interested in (a) teaching, coaching, advising or chaperoning youth in the 4-H Program; (b) teaching or mentoring volunteers; or (c) working beside Extension 4-H staff to support or conduct 4-H Programs **Submit application (print or online) to local County 4-H Office.** *If applicant needs assistance to complete application, contact the OSU County Extension 4-H Office.*

### Personal Information

Name \_\_\_\_\_  
First Full Middle Last

Address \_\_\_\_\_  
Apt. /Street/Route Town State Zip

Phone(s) \_\_\_\_\_  
Cell Home Work – as appropriate

E-Mail \_\_\_\_\_

In which Oregon County are you applying to be a 4-H volunteer? \_\_\_\_\_

Is there is a specific club with which you want to volunteer? Name here: \_\_\_\_\_

Have you lived outside of Oregon during the past seven (7) years? \_\_\_\_\_ No \_\_\_\_\_ Yes

**4-H volunteers assist in various roles. Some roles may require different age qualifications.**

You are (check one): \_\_\_Age 25 or older \_\_\_Age 19 – 24 \_\_\_Age 18 or younger

You are interested in becoming a 4-H volunteer with the Oregon 4-H Program because:

---

---

---

Your skills, interests or hobbies that you could contribute to 4-H include: *(e.g., organizing events, building robots, fundraising, coaching soccer, knitting, speaking another language)*

---

---

---

Education, training or certification that may apply to a 4-H volunteer role: *(e.g., Basic 1<sup>st</sup> Aide card, Master Gardener certificate, Toast Master level 3)*

---

---

*Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, familial or parental status, gender identity or expression, genetic information, marital status, national origin, political beliefs, race, religion, reprisal, sex, sexual orientation, veteran's status, or because all or a part of an individual's income is derived from any public assistance program. Oregon State University Extension Service is an AA/EOE/Veterans/Disabled.*

**4-H Volunteer Application** (page 2 of 2)

**Your experience in 4-H, youth programs or other organizations includes:** (e.g., worked as youth camp counselor 3 summers, 4-H volunteer, 4-H alumni, coached Dance Team, developed lessons for Scouts)

---

---

---

**Other information you would like to share as you are considered for a 4-H volunteer role:**

---

---

**Personal References** Ask an employer, neighbor, current 4-H volunteer, or friend who knows you, your strengths and personal qualities. Do not list a family member. ***(To efficiently process a volunteer application it is critical to have complete information for three references.)***

**1. Name** \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**2. Name** \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**3. Name** \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

To the best of your knowledge, this information is correct: \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this application to an OSU Extension 4-H Office.**  
***Thank you for applying to be a 4-H volunteer in Oregon.***

**For Extension 4-H Office Use** Date application received: \_\_\_\_\_ Application reviewed by: \_\_\_\_\_

Comments:

## **Information for 4-H Volunteer Applicant**

Revised: 7.31.17

### **Oregon 4-H Adult Volunteer Expectations (Copy)**

The opportunity to represent OSU as a 4-H volunteer is a privileged role. The purpose of the *4-H Adult Volunteer Expectations* is to clarify responsibilities regarding the safety and well-being of Oregon State University programs and all participants. The 4-H volunteer role is assigned to those who are willing to agree to behaviors that fulfill these responsibilities. Volunteers for 4-H are approved by Extension 4-H professionals. Actions contrary to these expectations may result in non-acceptance, suspension or termination of one's 4-H volunteer role.

1. Focus on the educational mission of the land grant university, including the equal opportunity and anti-discrimination policies. (4-H programs are accessible without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, and veteran status.)
2. Obey local, state, federal laws. Follow guidelines established for county, state, and national 4-H programs.
3. Accept support and/or supervision from Extension program staff or designees.
4. Treat others courteously. Be a positive role model. Exhibit good sportsmanship.
5. Establish and maintain safe environments for all participants. Act responsibly to protect participants; and, keep confidential information (e.g., health forms) for those who-need-to-know.
6. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate that verbal, emotional, or physical mistreatment is unacceptable within the program. Report suspected abuse to protect those who cannot protect themselves.
7. Not use alcohol, marijuana, or other drugs, or be under those influences, while being responsible for 4-H programs or youth.
8. Handle funds and fundraising in an ethical manner and in accordance with federal, state and university regulations. (*Fundraising activities must be approved by Extension staff. 4-H funds are public assets, need to be expended for educational purposes, and must not be deposited into a private individual's bank account.*)
9. Handle equipment and machinery in a safe and responsible manner. Operate vehicles only with a valid operator's license and the legally required insurance coverage.
10. Treat animals humanely and provide appropriate care. Teach youth to do the same.

## **Information for 4-H Volunteer Applicant** (page 2 of 2)

### **The steps to apply to be a 4-H volunteer are to:**

- Complete and submit the (attached) *4-H Volunteer Application*, including complete contact information for three (3) references, who are not family members
- Submit authorization to conduct a *Criminal History Check (CHC)* - with official photo identification
- Successfully complete a background check (*CHC*) conducted by OSU Human Resources
  - If applicant has not lived in Oregon consistently for seven years, electronic fingerprinting will be part of a federal background check
  - If OSU Extension 4-H staff ask the applicant to drive as part of his/her 4-H volunteer role, then applicant will need to obtain and submit a report from the local Dept. of Motor Vehicles (DMV)
- Engage in a minimum of three (3) hours of 4-H orientation (combination of online and in-person)
- Then, (once applicant is approved) complete annual *4-H Volunteer Enrollment* as directed by the local 4-H Office, including signing and submitting the following forms:
  - *OSU Conditions of Volunteer Service* (including media release and waiver of liability)
  - *Oregon 4-H Adult Volunteer Expectations* (see copy on page 3)
  - *Health Form* and contact information, in case of an emergency

### **OSU Extension 4-H staff will:**

- Provide the volunteer applicant all necessary forms to move through the application process
- Request authorization to conduct a *Criminal History Check (CHC)* form and track the process with OSU Human Resources office
  - Re-submit *CHC* every two (2) years for recheck according to state law and OSU policy
- Contact and obtain information from three (3) personal references
- Provide an orientation for new 4-H volunteers
- May have a conversation with applicant
- Communicate the status of the application to volunteer applicant
- Continue to communicate with approved 4-H volunteers to complete *4-H Enrollment* annually

**Applicant, please retain *Information for Volunteer Applicants* (2 pages) for your 4-H records.**

Revised July 31, 2017

M. Lesmeister, P. Rose, P. Craven

Reviewed by D. Hart, S. Carlson, W. Hein, K. Herber, C. Sponseller, L. Walker, T. White, S. Withee

Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, familial or parental status, gender identity or expression, genetic information, marital status, national origin, political beliefs, race, religion, reprisal, sex, sexual orientation, veteran's status, or because all or a part of an individual's income is derived from any public assistance program. Oregon State University Extension Service is an AA/EOE/Veterans/Disabled.



**Extension Office Use ONLY:**

Criminal History Checks cannot be performed unless the information requested below is provided.

**Incomplete forms will be returned.**

OSU Extension Office \_\_\_\_\_

Program Name \_\_\_\_\_

Agent / Contact \_\_\_\_\_

Access Type(s):

Check all that apply

Driving:

YP 24 Mo. Recheck  Live Animals  Fiscal  Minors  Protected Info  Yes  No

**Volunteer Information:**

**\*A copy of your OFFICIAL photo ID must accompany this release\***

FULL Legal Name (Last, First, Middle) <input type="checkbox"/> Check here IF returning Volunteer		Date of Birth (MM/DD/YYYY)
Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.)		
Current Mailing Address		
If you have not lived at your current address for the last seven (7) years, please complete the following providing seven years of history.		
City _____	State _____	From _____ To _____
City _____	State _____	From _____ To _____
City _____	State _____	From _____ To _____
(Add additional pages as necessary)		
Email Address:		Primary Phone Number:
I certify and authorize the University or a law enforcement agency to conduct a background investigation as outlined in the Disclosure Notice and Authorization for Background Investigation (see page 2). I am also aware of how to access a summary of my rights under the Fair Credit Reporting Act.		
Volunteer Signature: (Parent/Guardian signature is REQUIRED if Minor)		Current Date:

**Mark correspondence as "Confidential"**

**Return completed form by one (1) of the methods below only:**

Oregon State University, OHR

122 Kerr Administration Bldg  
Corvallis, OR 97331-2132

**OR**

FAX:

541.737.7771

## **DISCLOSURE NOTICE FOR BACKGROUND INVESTIGATION**

Oregon State University (the "University") may request, for lawful employment purposes, background information about you from a third party or agency in connection with your application for employment or volunteer service or if you are contracted to provide services to the University. The University may obtain background information, such as criminal history information pursuant to OSU STANDARD 576, Division 055 et seq, credit reports pursuant to ORS 659A.885 (commonly known as "credit history checks"), or other such related reports. A credit history check will only be conducted in narrow circumstances pursuant to statute. Additionally, the University may obtain education history, work history and reference information regarding your employment and performance from current and former employers and personal and professional references in the course of conducting recruitment and selection processes.

The University or a law enforcement agency will prepare or assemble criminal reports, educational history, and other similar background reports for the University's use in conducting a background investigation. The types of information that may be obtained by the University in the course of verifying your background information may include, but are not limited to: address history; criminal records and history; public court records; driving records; accident history; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; and other information bearing on your character, general reputation and personal characteristics. The University will only conduct a criminal background check where the applicant has received separate notification that the position is of a critical or security-sensitive nature pursuant to OSU STANDARD 576-055-0000 et seq. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews; and other information sources.

Oregon State University is an affirmative action/equal opportunity employer. You may have rights under Title VII of the Civil Rights Act of 1964. If you wish to obtain further information, you must contact the Oregon Bureau of Labor and Industries.

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I have carefully read and understand this Disclosure and Authorization Form. By my signature on the front of this document, I consent to the University obtaining background information for purposes related to employment, volunteer service, or contracting for services. My consent includes preparation of background reports and related information by the University or a law enforcement agency and to the release of such background reports and related information to the University and its designated representatives and agents, for the purpose of assisting the University in making a determination as to my eligibility for employment, promotion, retention, volunteer service or for other lawful purposes related to employment or contracting for services. I also authorize the University to obtain any reports or background information necessary to verify my identity and fitness for the position for which I am applying. I understand that refusal to consent to a background check or to release related background information will disqualify me from consideration. I understand that information contained in my employment, volunteer service application or service contract or otherwise disclosed by me before or during my employment or service, if any, may be used for the purpose of obtaining and evaluating background reports on me.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information regarding me that is requested by the University, the University's contracted reporting agency, or law enforcement agency either orally or in writing.

I understand that personally identifiable information, such as date of birth, may be requested by the University or law enforcement agencies solely for the purpose of accurately verifying my identity. I understand that I may be asked by the University to submit my fingerprints or additional information as requested by the University. Failure to submit to fingerprinting or failure to provide additional information to verify my identity will cause me to be removed from further consideration.

I understand that nothing herein may be construed by me as an offer of employment, appointment to a volunteer service position, or a contract for services by the University.

I understand that further consideration by the University of my candidacy is contingent upon my consenting below and, therefore, I acknowledge that I authorize the University to obtain such reports and background information. I understand a copy of my Disclosure and Authorization for Background Investigation form will be maintained on file by the University in accordance with state rules and laws.

I understand that I have the right to receive a copy of my background report from the Oregon State Police, Federal Bureau of Investigation, and records resources that have provided this information to the University.

I also understand that before I am denied employment based, in whole or part, on information contained in the background report received from the reporting agency, I will be provided a copy of the report and a written copy of my rights under the Fair Credit Reporting Act: [www.ftc.gov/credit](http://www.ftc.gov/credit); as applicable. I understand that if I am going to dispute the accuracy of information in the report, I must notify the University within fourteen (14) calendar days of the date of the University's notification letter to me. I understand that appealing the University's decision or challenging information provided to the University by the reporting agency will not cause a delay or postponement of the University hiring process or employment decisions.

I hereby release and discharge, to the extent permitted by law, Oregon State University, its employees, and any individual or agency obtaining information on the University's behalf, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and disclosure of information in connection with this background investigation.

I understand employees and volunteers whose position descriptions have been designated as critical or security sensitive are required to notify the Chief Human Resource Officer or designee if they are convicted of a crime relevant to determination of fitness as identified in OSU STANDARD 576-055-0060 while serving in these positions. Incumbents in Youth Programs must have criminal history checks repeated every 2 years.



CONDITIONS OF VOLUNTEER SERVICE

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu
Page 1 of 2

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

TORT LIABILITY

OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver's license.

WORKERS' COMPENSATION INSURANCE

Workers' compensation coverage is not provided for volunteers of OSU.

UNIVERSITY RULES AND REGULATIONS

You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring.

RECORDED MEDIA

I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

ASSIGNED DUTIES (Describe below or attach additional sheet. Forms cannot be accepted without this information.)

TOTAL VOLUNTEER HOURS: \_\_\_\_\_ Estimate total hours for the duration of this activity, up to 12 months.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Name (Please print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSU Supervisor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Unit/Department: \_\_\_\_\_

OSU Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

COMPLETE BOTH SIDES OF THIS FORM



VOLUNTEER ASSUMPTION OF RISK

Enterprise Risk Services
(541) 737-7252
risk.oregonstate.edu
Page 2 of 2

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, \_\_\_\_\_, as a parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

COMPLETE BOTH SIDES OF THIS FORM