



North Carolina 4-H Volunteer Application

GENERAL INFORMATION

Last Name	First Name	M.I.	Name You Prefer
Mailing Address			How long at this address?
City	State	Zip	County
If less than a year, previous address			How long have you resided in the county?
City	State	Zip	Email Address
Daytime Phone	Evening Phone		Best Time to Call

4-H EXPERIENCE

Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-Her?
Have you ever been a 4-H volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Why are you interested in a 4-H Volunteer position?		
What time commitments are you considering? _____ hrs./week _____ hrs./month	Have you ever worked with youth before? Please explain briefly. <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid drivers licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers licenses number and state DL# _____ State _____	Date of Expiration ____/____/____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		

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EMPLOYMENT OR VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra sheet if necessary.)

Current Occupation/Volunteer Position		Employer/Organization	
Employer/Organization Address		Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To	
Previous Occupation/Volunteer Position		Employer/Organization	
Employer/Organization Address		Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To	
Previous Occupation/Volunteer Position		Employer/Organization	
Employer/Organization Address		Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To	

EDUCATIONAL BACKGROUND

Name of Last High School Attended		State	County
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED	
Education Beyond High School (Please begin with current or most recent.)			
Institution/City/State	Dates Attended From: To:	Degree	Month/Year Major
Institution/City/State	Dates Attended From: To:	Degree	Month/Year Major

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REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.		
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship

I authorize contacting the listed references, I understand the omission or misrepresentation of information requested is just cause for non-appointment as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of the North Carolina Cooperative Extension Service and the North Carolina 4-H Program and to fulfill my volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

<u>For Office Use Only</u>	
The reference check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of reference check: _____	Name of person conducting the check: _____
If unsatisfactory, please explain _____	

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This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. 4-H policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability.

CONFIDENTIAL DATA

Last Name	First Name	M.I.	Maiden Name
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ Month Day Year	
Ethnic Group: A. Latino or Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Please choose all that apply: <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other _____		Do you require any special accommodations in order to serve? Please explain briefly.	

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BACKGROUND SCREENING CONSENT

Last Name		First Name		M.I.	Social Security Number
Current Address				Since when?	Date of Birth / /
City	State	Zip		County	
Home Phone	Drivers licenses number and state DL# State			Date of Expiration / /	

List below previous residence (city, state, zip) and any alias or maiden names for the past seven years. (Please begin with the most recent address.)

Previous address			How long at this address?
City	State	Zip	Alias or Maiden Names
Prior Address			How long at this address?
City	State	Zip	Alias or Maiden Names
Prior Address			How long at this address?
City	State	Zip	Alias or Maiden Names

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date, nature, disposition of offense. (A criminal record will not necessarily prevent an applicant from becoming a 4-H volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)
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I hereby authorize the 4-H agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

For Office Use Only	
The criminal background check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of background check: _____	Name of person conducting the check: _____
If unsatisfactory, please explain _____	

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NORTH CAROLINA 4-H VOLUNTEER STANDARDS OF BEHAVIOR

Families and other youth-serving organizations place trust in North Carolina Cooperative Extension to provide quality leadership and care for participants in 4-H programs. The opportunity to work with youth is a privileged position of trust that should only be held by those who are willing to commit to upholding behavior that fulfills this trust. For these reasons, the following behavior guidelines are provided for volunteers working in the North Carolina Cooperative Extension 4-H program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model for youth.
2. Obey the laws of the locality, state and nation.
3. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regard to race, color, national origin, sex, age or disability.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs, and report suspected abuse to 4-H officials or the proper authorities.
5. Do not participate in, or condone, neglect or abuse which happens outside the program to 4-H youth participants, and report suspected abuse to the proper authorities.
6. Operate motor vehicles (including machines or equipment) in a safe and reliable manner and only with a valid operator's license and the legally required insurance coverage.
7. Inform county 4-H staff of any arrests or charges of criminal activity. (Temporary suspension pending resolution of the case may be required.)
8. Notify Extension staff promptly of any incident which may violate 4-H policies or personal rights.
9. Do not require 4-H participants to purchase materials, supplies, equipment, animals or services from any specific vendor.
10. Teach 4-H youth to provide appropriate animal care and treat animals humanely.
11. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.
12. Accept supervision and support from county, district, and state 4-H staff while involved in the 4-H program.

I have read and understand the North Carolina 4-H Volunteer Standards of behavior. I agree to perform my duties as explained by Extension staff and to abide by the 4-H Code of Conduct and any other rules specific to individual events at which I may be serving as a 4-H volunteer. I understand that volunteering with North Carolina Cooperative Extension is a privilege, not a right. I further understand that I may terminate this appointment without prior notice. I understand and agree that failure to comply with this agreement is grounds for immediate suspension and/or termination of my volunteer status with the North Carolina 4-H program.

Volunteer Signature

Date

NCCES Representative's Signature

Date

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North Carolina Cooperative Extension Service

Distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914. Employment and program opportunities are offered to all people regardless of race, color, national origin, sex, age, or disability. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

(See Attachments)



North Carolina 4-H Volunteer Agreement

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City, State) (Zip)

Email: _____ County _____

Phone: Day (_____) _____ Evening (_____) _____

Volunteer Position _____ Time Commitment _____

Adults who assume Extension volunteer roles have the opportunity for a personally rewarding experience. It is satisfying to observe the personal growth and development that occurs as a result of your effort.

Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these by signing where indicated. In addition, adults serving as volunteers can expect the following from the North Carolina Cooperative Extension Service (NCCES).

NCCES AGREES TO:

- Provide orientation training for the position.
- Set educational tone and directions.
- Provide job descriptions.
- Provide assistance, support and encouragement.
- Give recognition for time and energy devoted to the job.
- Inform of coming events and activities.
- Make annual evaluations.
- Provide training opportunities and material to develop understanding and management of the volunteer assignments.
- Provide educational materials to be used for project and club organizations.
- Provide timely information on events, programs, and opportunities for youth at the county, state, and national levels.

VOLUNTEER AGREES TO:

- Enroll as a volunteer.
- Complete New 4-H Leader Training.
- Be supportive of Extension programs and staff members.
- Participate in County Leader Association meetings and training as appropriate.
- Inform enrolled youth of Extension program opportunities.
- Comply with Affirmative Action Agreement and promote a spirit of inclusion.
- Supply County Extension Office with application updates annually.
- Abide by the North Carolina 4-H Volunteer Standard of Behavior.
- Participate in available training as appropriate to fulfill my duties.

Describe negotiated adjustments in job responsibilities: _____

County Faculty Signature _____

Date _____

Volunteer Signature _____

Date _____



North Carolina 4-H Affirmative Action Agreement

AFFIRMATIVE ACTION AGREEMENT

The _____ 4-H unit (i.e. club, after school, special interest group) is open to all youth regardless of race, color, national origin, sex, age, or disability. We have publicized the organization of our group through the newspapers, personal contact, and letters. If our group reaches full capacity of members, we will begin a waiting list for future members.

Volunteer Leader

Date

North Carolina State University and North Carolina A&T University including North Carolina Cooperative Extension Service is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, religion, sex, age, national origin, disability, or political affiliation.

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