



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 license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers license 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 AND VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra pages as 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, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of the North Carolina Cooperative Extension 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 unlawful discrimination based on race, sex, color, creed, religion, national origin, age, disability, or political affiliation.

DEMOGRAPHIC DATA

Last Name	First Name	M.I.		
Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ Month Day Year		
<p>Ethnic Group</p> <p><input type="checkbox"/> Hispanic or Latino Ethnicity & OR <input type="checkbox"/> Not Hispanic or Latino &</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations) </td> </tr> </table>			<input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)	<input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)
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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(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address.)

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

<p>Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. 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.)</p>
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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 _____

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

For Office Use Only

The criminal background check was: Satisfactory Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

Prepared by: Harriett C. Edwards, Ed.D



North Carolina 4-H Volunteer Agreement and Standards of Behavior

Applicant Name _____

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, religion, sex, age, disability or political affiliation, and promote a spirit of positive participation.
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 and the proper authorities.
5. Do not participate in or condone neglect or abuse that 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 against you. (Temporary suspension pending resolution of the case may be required.)
8. Notify Extension staff promptly of any incident that 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.

North Carolina 4-H Volunteer Agreement

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 (NCCE).

NCCE 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 opportunities for youth at county, state, and national levels.

VOLUNTEER AGREES TO:

- Complete New 4-H Leader Orientation & 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.
- 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.

I have read and understand the North Carolina 4-H Volunteer Standards of Behavior and Volunteer Agreement. 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

NCCE Representative's Signature

Date

Adapted by: Harriett C. Edwards, Ed.D

**North Carolina 4-H Volunteer
Photographic, Video, Audio and Web Consent and Release**

North Carolina 4-H, the youth development component of North Carolina Cooperative Extension, often uses photographs, slides, films and other images or recordings of participants for educational, programmatic, public relations and accountability purposes. Such photographs or other illustrative material may be used in newsletters, media presentations, or publications produced by 4-H Youth Development or agencies contracted by 4-H. Neither individual addresses nor telephone numbers will be published within these materials.

This form allows you, as a volunteer, to choose whether you wish to be in films, videos, illustrations or written text used by North Carolina 4-H.

_____ Yes, I give permission to North Carolina 4-H Youth Development to make photographs, slides, audio, video other recordings, or written text of me. Further, I authorize their use, for 4-H purposes, without inspecting or approving the finished product or its specific use. I hereby release to North Carolina 4-H all rights to exhibit this work publicly or privately, including posting to the 4-H web site. I waive any rights I may have to receive compensation or additional consideration.

_____ No, I do not give permission for the creation or use of photographs, slides, audio, video, other recordings, or written text of me by 4-H or in 4-H media presentations.

Volunteer's Name (Please Print): _____

Volunteer's Signature: _____ Date: _____

If volunteer is under the age of 18, permission of the parent or guardian is required.

Parent/Guardian Signature: _____ Date: _____