

# **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 →**

**Adult Volunteer Expectations**

The Oregon State University Extension Service strives to provide quality leadership for youth participating in 4-H programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the OSU Extension Service 4-H Youth Development Program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Abide by policies and guidelines of the Oregon State University Extension Service state and county 4-H programs.
3. Obey all laws of the locality, state, and nation, including those related to use of illegal substances, or use of firearms.
4. Make all reasonable effort to assure that 4-H youth programs are accessible without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status.
5. Recognize that verbal, sexual, physical abuse, and/or neglect of youth is unacceptable either within or outside the 4-H Youth Development Program. Report suspected abuse.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate machinery, vehicles, and other equipment in a safe and responsible manner, and only with a valid operator's license and the legally required insurance coverage.
8. Handle fund raising and finances in an ethical manner.
9. Do not consume alcohol while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to consume alcohol or illegal substances.

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

## Criminal History Check Disclosure Notice and Release Authorization EXTENSION VOLUNTEER

**\*Please attach a copy of your official photo ID with this completed release\***

<b>FULL Legal Name (Last, First, Middle Name)</b> <input checked="" type="checkbox"/> New Volunteer <input type="checkbox"/> Returning Volunteer	<b>Date of Birth (MM/DD/YYYY)</b>
<b>Other Name(s) Used (maiden name, previous married name(s), aliases, assumed names, etc.)</b>	
<b>Current Mailing Address</b>	
<b>If you have not lived at your current address for the last seven (7) years, please complete the following.</b>	
<b>City</b> _____ <b>State</b> _____ <b>From</b> _____ <b>To</b> _____	
<b>City</b> _____ <b>State</b> _____ <b>From</b> _____ <b>To</b> _____	
<b>City</b> _____ <b>State</b> _____ <b>From</b> _____ <b>To</b> _____	
<b>City</b> _____ <b>State</b> _____ <b>From</b> _____ <b>To</b> _____ (Add another page if necessary)	
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>
<b>Email Address</b>	
<b>Position Title</b> Extension Volunteer – NON driving <input checked="" type="checkbox"/> Extension Volunteer - driving <input type="checkbox"/> (please submit a non-employment driving history)	
<b>OSU Extension Office</b> KLAMATH	<b>Program Name</b> 4-H VOLUNTEER
<b>YP Recheck</b> _____	
(M) IT H L F PI (A)	

**DISCLOSURE NOTICE AND AUTHORIZATION 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 OAR 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 OAR 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.

## Criminal History Check Disclosure Notice and Release Authorization EXTENSION VOLUNTEER

**\*Please attach a copy of your official photo ID with this completed release\***

**Authorization for Background Investigation**

I have carefully read and understand this Disclosure and Authorization Form. By my agreement below, 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 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. If there is a need to verify my identity or if I have lived outside the state of Oregon in the last seven (7) years, 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). 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 Assistant Vice President or Associate Director of the Office of Human Resources if they are convicted of a crime relevant to determination of fitness as identified in OAR 576-055-0060 while serving in these positions. Incumbents in *Youth Programs* may have criminal history checks repeated every 24 months.

By my signature below, I certify and affirm that I have read and understand the above Disclosure Notice and Authorization for Background Investigation form and am aware of how to access a summary of my rights under the Fair Credit Reporting Act. I certify that I have authorized the University or a law enforcement agency to conduct a background investigation about me as outlined herein.

**Applicant's Signature** (actual signature vs. typed or electronic)

**Date**

**Guardian's Signature** (required for applicants who are minors)

**Please mark correspondence "CONFIDENTIAL" and return your completed form to:**

**Oregon State University, Office of Human Resources    FAX: 541.737.0468    Email: [DPSCHC@oregonstate.edu](mailto:DPSCHC@oregonstate.edu)  
200 Cascade Hall, Oregon 97331-2132**