



Dear Potential Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer. Each year, thousands of volunteers contribute their time, energies, and talents that enable Ohio State University Extension to engage people in educational programs that meet their immediate needs.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our service recipients, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio State University Extension volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Tracy Winters
Gallia County Extension Director
4-H Youth Development Educator



Volunteer Position Description 4-H Youth Development Ohio State University Extension



Position Title:

4-H Club Volunteer (Project and Activity)

Time Required

On-going and dependent on county

General Purpose:

Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.

Specific Responsibilities:

- ◆ Provide a variety of 4-H project related learning experiences, including:
 - Coordinate and conduct educational activities related to project areas.
 - Monitor progress towards project completion.
 - Prepare members for judging, skillathon, and exhibition
 - Informing members of project requirements, deadlines, and events & activities.
 - Provide constructive feedback to members, parents, and families.
- ◆ Advise members in coordinating/conducting club activities, including:
 - Community service, fund raising, club trips & tours, recreational activities, achievement programs, promotional activities, parent's night and others.
- ◆ Promote 4-H opportunities in your club and local community, including:
 - Encourage 4-H members' and parents' interest and participation.
 - Invite parents' ideas, cooperation, support and attendance at 4-H activities.
 - Recruit new members when the club has openings.
 - Inform members of county 4-H events & activities.
- ◆ Actively participate as a volunteer by:
 - Follow OSU Extension and 4-H Youth Development guidelines and policies.
 - Attending all (or most) of the club meetings and activities.
 - Read 4-H mailings and access information from the 4-H web to keep members, parents and/or other volunteers informed.
 - Participate in volunteer development opportunities.

Qualifications & Expectations:

- ◆ Ability, interest, and willingness to:
 - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
 - Effectively organize, delegate, and communicate (verbal and written)
 - Work with minimal supervision from professional staff.
 - Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

Ohio State University Extension Agrees to:

- ◆ Provide training opportunities to assist volunteers to meet needs of members and parents.
- ◆ Provide access to educational materials and resources.
- ◆ Have professional staff available to consult with and listen to volunteers.
- ◆ Provide appropriate recognition and awards to volunteers.

Mentor/Supervising Professionals:

County Extension 4-H Youth Development Professional(s)



4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check.

In Gallia County, 4-H volunteers should have their background check done at:

Gallia Co. Local Schools
4836 State Rt. 325
Patriot, Ohio 45658
740-379-9085
Cost \$27.00

Gallia Co. Sheriff Dept.
12 Locust St.
Gallipolis, Ohio 45631
740-446-4614
Cost \$35.00

**University of Rio Grande
Book Store**
Rio Grande Ohio 45674
740-245-7274 (8-5 M-Th) (8-
12 Fri)
Cost \$32.00

Please be prepared to pay cash

What You Need to Get Your Ohio 4-H Background Check

1. A government issued photo ID - such as your driver's license - with your current address, and showing your date of birth.
2. Your Social Security number - Know your number? No need to bring your SS card.
3. Use **2151.86** as the reason code you are having the background check.
4. If you have not lived in Ohio for the past 5 years, you must also have an FBI report.
5. Background check results **must be mailed to:**

Attention: Background Checks – 4-H GALLIA COUNTY
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201

If the agency is not able to get a good scan of your fingerprints, please ask for an inked fingerprint card. You will then bring the inked card to the Extension office.

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: <http://go.osu.edu/DQoffenses>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, to your county OSU Extension office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. The check will be mailed from OSU in Columbus; it may take eight to ten weeks to process and will not say 4-H, but OSU.

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer Name (Print first, middle, last): _____

Volunteer Signature: _____ Date: _____

For office use only. Tape receipt to top of this form before scanning.

Date volunteer reimbursement request received at Extension Office: _____ (month / day / year)

Name & initials of OSU Extension Professional receiving request: _____ Initials: _____

tape receipt in this area

Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Full Name: _____ **Date of Birth (MM/DD/YY):** _____

Street Address: _____

City/State/Zip: _____ **Length of time at this address (years):** _____

Phone: Home: _____ **Best Time to Call:** _____

Cell: _____ **Best Time to Call:** _____

Work: _____ **Best Time to Call:** _____

School District: _____ **Email:** _____

Are You a 4-H Alumni: Yes No **If yes, what state and county:** _____

Demographic Information

Occupation (optional): _____ **Level of Education (optional):** _____

Ethnicity: Hispanic Non-hispanic

Race: White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian

Residence: Farm Town/Rural (<10,000) Town (10,000-50,000) Suburb (< 50,000) City (> 50,000)

Military Service: No one in my family is currently serving My Parent serves My Sibling serves
 My Son/Daughter serves I/my spouse/partner serve

Branch of Service: Air Force Army Coast Guard Marines Navy

Branch Component: Active Guard Reserves

Health Considerations/Notes (i.e., food allergy, diabetes, etc...): _____

II. VOLUNTEER INTEREST

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

Do you prefer to work directly with youth or adults? Youth Adults Both

If you prefer to work directly with youth, what age level(s) do you prefer?

Ages 5-8 Ages 9-12 Ages 13-19 No Preference

Type of 4-H Volunteer Position:

- 4-H Club:** Organizational Leader Cloverbud Leader Project Leader Resource Leader
- Project Area Interests:** _____
- Committee Member – list committee:** _____
- Camp (check all that apply):** Residential Day
- Special Interest/Emphasis Program – list program:** _____
- After-School Program – list site:** _____
- Community Center/Youth Organizational Partner – list site:** _____
- Other:** _____

If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club? New Existing

if existing, name of club: _____

What time commitment do you initially desire to give?

Previous Work Experience (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
-----------------	-----------------------	-------------

Previous Volunteer Experience (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
-----------------	-----------------------	-------------

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, please give date, nature, and disposition of offense:

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List *non-family members* who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and e-mail addresses.

Name: _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Street Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.

Permission to use photographic form for promotion contingent upon completing volunteer process:
Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity.

I GIVE I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If not completed, OSU Extension will not use publicity about your participation).

Applicant Signature: _____ **Date:** _____