



## VOLUNTEER APPLICATION FORM FOR WASHINGTON STATE UNIVERSITY EXTENSION 4-H YOUTH DEVELOPMENT PROGRAM

To be completed by all *potential* volunteers – PART A

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Length of time at current address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Eve: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all of the WSU Cooperative Extension programs you're interested in:

### 4-H Youth Development

- \_\_\_ Club Leader
- \_\_\_ Project Leader
- \_\_\_ After School Programs
- \_\_\_ Challenge
- \_\_\_ School Enrichment
- \_\_\_ Other (please specify) \_\_\_\_\_

### 4-H Project Areas of Interest

- \_\_\_ Clothing & Textiles
- \_\_\_ Environment
- \_\_\_ Equine
- \_\_\_ Expressive Arts
- \_\_\_ Foods & Nutrition
- \_\_\_ Large Animals
- \_\_\_ Mechanical Sciences
- \_\_\_ Plant Sciences
- \_\_\_ Small Animals
- \_\_\_ Social Sciences
- \_\_\_ Technology
- \_\_\_ Other (please specify) \_\_\_\_\_

### Agriculture and Natural Resources Programs

- \_\_\_ Master Gardeners
- \_\_\_ Beach Watchers
- \_\_\_ Livestock Advisors
- \_\_\_ Other (please specify) \_\_\_\_\_

### Family & Community Development Programs

- \_\_\_ Food Sense
- \_\_\_ Clothing & Textile Advisors
- \_\_\_ Food Safety Advisors
- \_\_\_ Other (please specify) \_\_\_\_\_

Age level(s) you prefer working with: ☐ 5-8 ☐ 9-12 ☐ 13-19 ☐ Adult

Specific skills and talents are sometimes needed to enhance the quality of our programs. **Please check any skills you would be willing to contribute.**

- |                                 |                             |  |
|---------------------------------|-----------------------------|--|
| ___ Audiovisual operations      | ___ Webpage design          | ___ Nursing, first aid                         |
| ___ Photography/videography     | ___ Carpentry/woodworking   | ___ Research, data collection, experimentation |
| ___ Graphic arts                | ___ Clerical/office skills  | ___ Advocacy                                   |
| ___ Grants writing/fundraising  | ___ Food service            | ___ Computer skills (list skills)              |
| ___ Public speaking, teaching   | ___ Accounting, bookkeeping | ___ Other skills: _____                        |
| ___ Writing, editing newsletter | ___ Leadership/management   |  |
| ___ Public Relations, marketing | ___ Facilitation            |  |



If you are able to communicate in a language other than English, please list: \_\_\_\_\_

**Work, Education, and Volunteer Experience** (please list most current experience first):

**Employer/Organization**

**Position Title/Volunteer Role**

**Year(s)**

**Media Release**

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events, and activities that maybe used in whole or in part by WSU Extension to promote the 4-H Youth Development Program

**Evaluations**

I understand that youth and adult participants at 4-H meetings, events, and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

**Training**

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.



## VOLUNTEER APPLICATION FORM FOR WASHINGTON STATE UNIVERSITY EXTENSION 4-H YOUTH DEVELOPMENT PROGRAM

To be completed by all *potential* volunteers – PART B

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s): \_\_\_\_\_ Legal or Preferred Name(s) \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Convicted of any crime against children or other persons.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

3. Convicted of crimes related to drugs as defined in RCW 43.43.830

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

4. Found in dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

*continued on next page*



6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER: \_\_\_\_\_ IF YES, EXPLAIN BELOW:

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### PERSONAL REFERENCES

**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 and phone numbers.

NAME:	EMAIL:		
RELATIONSHIP:	HOME PHONE:	WORK PHONE:	
ADDRESS			
(STREET)	(CITY)	(STATE)	(ZIP)

NAME:	EMAIL:		
RELATIONSHIP:	HOME PHONE:	WORK PHONE:	
ADDRESS			
(STREET)	(CITY)	(STATE)	(ZIP)

NAME:	EMAIL:		
RELATIONSHIP:	HOME PHONE:	WORK PHONE:	
ADDRESS			
(STREET)	(CITY)	(STATE)	(ZIP)

*I authorize the contact of listed references and understand a criminal background check will be completed 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 Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.



## DEFINITIONS FOR APPLICANT BACKGROUND DISCLOSURE APPENDIX A

Washington State Cooperative Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. As you know, child abuse is of increasing concern to everyone. The purpose of this disclosure form is to implement the Washington Child and Adult Abuse Information Act (Chapter 486, Laws of 1987). It is not our intent to discourage volunteers--after all, Cooperative Extension depends upon your support. We do wish, however, to do what we can to assure the well-being of youth participants.

The following RCW definitions are provided to accompany Part B of the WSU Extension Volunteer Application Form "Background Disclosure." Item# refers to the specific YES or NO question on the application. Complete index and listings of all RCWs can be found at the Washington State Legislature web site (<http://www.leg.wa.gov/RC/WJ>)

### **Item #3:**

43.43.830(5): "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder, first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

### **Item #4:**

13.34.040: Petition to court to deal with dependent child.

- 1) Any person may file with the clerk of the superior court a petition showing that there is within the county, or residing within the county, a dependent child and requesting that the superior court deal with such child as provided in this chapter. There shall be no fee for filing such petitions.
- 2) In counties having paid probation officers, these officers shall, to the extent possible, first determine if a petition is reasonably justifiable. Each petition shall be verified and contain a statement of facts constituting a dependency, and the names and residence, if known to the petitioner, of the parents, guardian, or custodian of the alleged dependent child.

### **Item #5:**

26(44.050): Abuse or neglect of child -- Duty of law enforcement agency or department of social and health services -- Taking child into custody without court order, when. Upon the receipt of a report concerning the possible occurrence of abuse or neglect, the law enforcement agency or the department of social and health services must investigate and provide the protective services section with a report in



accordance with chapter 74.13 RCW, and where necessary to refer such report to the court. A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. The law enforcement agency or the department of social and health services investigating such a report is hereby authorized to photograph such a child for the purpose of providing documentary evidence of the physical condition of the child.

Item #7:

74.34(200): Abandonment, abuse, financial exploitation, or neglect of a vulnerable adult -- Cause of action for damages -- Legislative intent.

- 1) In addition to other remedies available under the law, a vulnerable adult who has been subjected to abandonment, abuse, financial exploitation, or neglect either while residing in a facility or in the case of a person residing at home who receives care from a home health, hospice, or home care agency, or an individual provider, shall have a cause of action for damages on account of his or her injuries, pain and suffering, and loss of property sustained thereby. This action shall be available where the defendant is or was a corporation, trust, unincorporated association, partnership, administrator, employee, agent, officer, partner, or director of a facility, or of a home health, hospice, or home care agency licensed or required to be licensed under chapter 70.127 RCW, as now or subsequently designated, or an individual provider.
- 2) It is the intent of the legislature, however, that where there is a dispute about the care or treatment of a vulnerable adult, the parties should use the least formal means available to try to resolve the dispute. Where feasible, parties are encouraged but not mandated to employ direct discussion with the health care provider, use of the long-term care ombudsman or other intermediaries, and, when necessary, recourse through licensing or other regulatory authorities.
- 3) In an action brought under this section, a prevailing plaintiff shall be awarded his or her actual damages, together with the costs of the suit, including a reasonable attorney's fee. The term "costs" includes, but is not limited to, the reasonable fees for a guardian, guardian ad litem, and experts, if any, that may be necessary to the litigation of a claim brought under this section.

April 2003