



WASHINGTON STATE UNIVERSITY 4-H YOUTH DEVELOPMENT VOLUNTEER APPLICATION FORM

(To be completed by all *potential* volunteers) **PART A**

Name:

Date:

Mailing Address:
(Street / City / Zip)

Length of time at current address:

Phone: Day: ()
Eve: ()

Best time to call:
Best time to call:

Email:

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

4-H Youth Development Program

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

Are you (circle one):

Creating a new club OR

Helping in an existing club → please list:

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)

Agricultural & Natural Resources Programs

- Master Gardeners
- Beach Watchers
- Livestock Advisors
- Other

Family & Community Development Programs

- Food \$ense
- 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
- Photography/videography
- Graphic arts
- Grant writing/fundraising
- Public speaking, teaching
- Writing, editing newsletters
- Public relations, marketing

- Web page design
- Carpentry/woodworking
- Clerical/office skills
- Food service
- Accounting, bookkeeping
- Leadership/management
- Facilitation

- Nursing/First Aid
- Research, data collection, experimentation
- Advocacy
- Computer skills (list software)

Other skills:

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.

STEPS FOR BECOMING A 4-H LEADER IN KLICKITAT COUNTY

1. Complete a Volunteer Application Form and return to Washington State University/Clark County Extension
 - a. By mail: 228 W Main MS-CH 12 Goldendale, WA 98620. Attn. - 4-H Program;
 - b. **By email: abbyb@klickitatcounty.org**
2. Undergo a Washington State Patrol Criminal History Record Information check and a personal reference check.
3. Complete the 4-H E-Training modules found at <http://4h.wsu.edu/volunteertraining/course.html> (with the password "volunteer") and the Child Protective Training found at <http://universalvoltraining.wsu.edu/>
4. Participate in an in-person interview with 4-H Program Coordinator.
5. Be approved for training by the 4-H Faculty.
6. Attend New Leader Training.
7. Serve a two-year probationary period.

WASHINGTON STATE UNIVERSITY EXTENSION
VOLUNTEER APPLICATION FORM
To be completed by all potential volunteers
PART B

First	Middle	Last
Former Name(s)		Legal or Preferred Name(s)
Date of Birth MM/DD/YY		Driver's License Number

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.
 No Yes, explain: _____

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
 No Yes, explain: _____

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
 No Yes, explain: _____

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
 No Yes, explain: _____

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.
 No Yes, explain: _____

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 sexually or financially exploited any vulnerable adult.
 No Yes, explain: _____

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

_____ No _____ Yes, explain: _____

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.

Personal References

List **three** 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 and accurate** mail and e-mail addresses.

Name	Relationship	E-mail Address
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Mailing Address: Street, City, State, Zip Code

Name	Relationship	E-mail Address
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Mailing Address: Street, City, State, Zip Code

Name	Relationship	E-mail Address
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Mailing Address: Street, City, State, Zip Code

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 WSUE and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature	Date
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Please return the application at your earliest convenience and contact us if you have any questions. If any information changes, please let the Extension Office know. Thank you!