

WSU NEW VOLUNTEER Process Check Form



Volunteer Enrollment Process Checklist

Have you completed the following?

Date Completed:

- _____ Completed "Asotin County Volunteer Application", Part A—Basic Application Form
- _____ Completed "Asotin County Volunteer Application", Part B—Which Volunteer are YOU?
- _____ Completed "Asotin County Volunteer Application, Part C—Code of Conduct
- _____ Completed Part D—Background Check Information
- _____ Part E—gave **two** reference forms to potential personal references to be turned into the Extension office by mail.
- _____ Completed 4-H Leader Volunteer Training either by the Extension Office or through internet course. 4-H Leader Volunteer Training needs to be completed during the months of November, December or January of enrolling into the 4-H Program.

(Extension Use Office Only)

Date Completed:

- _____ Completed "Asotin County Volunteer Application", Parts A, B, C, and D.
- _____ Extension Office has received **two completed** reference by mail forms. Form 1_____, Form 2_____
- _____ Criminal history screening completed by the Extension Office.
- _____ Completed 4-H Leader Volunteer On-Line Training_____, Extension Office Training _____
- _____ Information entered into the Extension Office on-line Access _____, Microsoft Access_____.
- _____ Club to Asotin County Web Site

WSU Asotin County Extension Office
PO Box 9 • 135 2nd Street, B107 • Asotin, WA 99402
(509) 243-2009 • Fax (509) 243-2018
Email: janice.reed@wsu.edu • **Web Site:** www.ext100.wsu.edu/asotin

WSU NEW VOLUNTEER APPLICATION FORM

PART A



(Office Use Only)

County Code:
(0+2-WA county number)

Group Code:
(3-digit club/group number)

Member Code:
(5-digit unique member/leader ID#)

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Zip + 4: _____ City: _____ State: _____

Email: _____ Birthday: ____/____/____ Gender: M F

Home Ph: () _____ - _____ Work Ph: () _____ - _____ Cell Ph: () _____ - _____

Disabled: Y N Disability: _____

Accommodation for disability request: _____

Residence: (Circle one that applies) Farm Town <10,000 Town 10,000-50,000

Ethnic: (Circle one that applies) Hispanic Not Hispanic

Race: (Circle all that apply) White Black Alaskan/Am.Indian Asian Hawaiian/Pac.Isl. Other

I am motivated to be a 4-H Volunteer by the following: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> To help my child in 4-H | <input type="checkbox"/> Sense of duty | <input type="checkbox"/> To help kids learn life skills like _____ |
| <input type="checkbox"/> Improve my job skills | <input type="checkbox"/> To Motivate or mentor kids | _____ |
| <input type="checkbox"/> Opportunity to have fun with kids | <input type="checkbox"/> There is a need, could not refuse | <input type="checkbox"/> To work with other adults providing positive activities for youth |
| <input type="checkbox"/> Be part of the world recognized 4-H Program | <input type="checkbox"/> Hope it will lead to a paying job | <input type="checkbox"/> To share my skill(s) in _____ |
| <input type="checkbox"/> Other _____ | | _____ |

Work and/or Volunteer Experience (List current or most recent first.):

Education, Skills, Training, or other Qualifications:

Leader Signature: _____ Date: ____/____/____

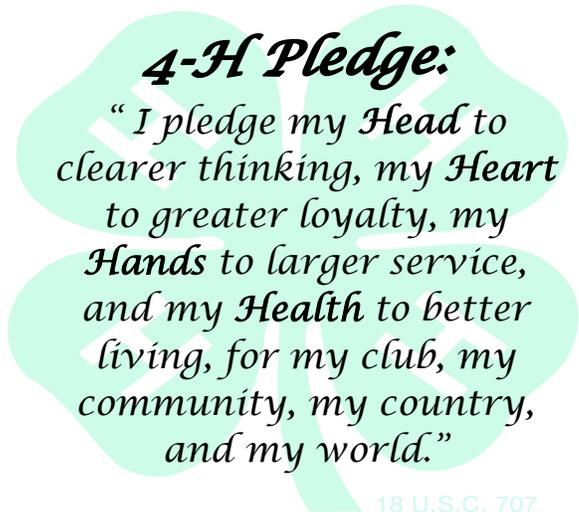
I Volunteer for the Following Role(s):

(Example: you may be a Project leader in a 4-H Club and an Activity leader in a different 4-H Club or Program)

<input type="checkbox"/> GENERAL/ORGANIZATIONAL LEADER: Volunteer leader who assumes primary responsibility for a 4-H club, group, or program; process paperwork, lead adults and/or teen leaders in setting goals, organizing the general activities, and planning curriculum for youth. Attend leader meetings and trainings. Leaders Training required. _____ Name of 4-H club, program, or group _____ Name of 4-H club, program, or group	<input type="checkbox"/> PROJECT LEADER: Volunteer who leads or teaches a specific project or subject within a 4-H club, program or group. Assists youth in setting goals. Teach youth specific skills, organize learning activities for members. Attends leader meetings and trainings. Leaders Training required. Project or Subject _____ 4-H Club, Program, Group (if more than three, list below) _____ _____ _____ _____										
<input type="checkbox"/> ACTIVITY LEADER: Assists Organizational or Project Leaders with teaching youth, conducting activities, or managing specific 4-H programs with a 4-H club, group, or program. Leaders Training required. Project or Subject _____ 4-H Club, Program, Group _____ _____ _____ _____	<input type="checkbox"/> OTHER : Volunteer who serves a group, county or area 4-H Program as a source of expertise, advisor, instructor, or other support capacity. Leaders Training not required unless working with youth during the year in situations unsupervised by trained 4-H volunteers. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Role</td> <td style="text-align: center; width: 50%;">Program, Group</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Role	Program, Group	_____	_____	_____	_____	_____	_____	_____	_____
Role	Program, Group										
_____	_____										
_____	_____										
_____	_____										
_____	_____										

Extra lines for Project Leader subjects if needed:

Project Code, Project Name or Subject 4-H Club, Program, Group



18 U.S.C. 707

Club Web Site Information:

Leader(s) Name: _____

Location of Meetings: _____

Projects: _____

Accepting new members: _____ Exclusions: _____

WSU NEW VOLUNTEER APPLICATION FORM

● PART C ●

As a 4-H Volunteer, it is important that you understand what the WSU Asotin County Extension will provide and what WSU expects of you.

WSU Asotin County Extension will:

- partner with volunteers for effective youth development,
- provide the volunteer with orientation materials relating to policies, procedures, roles, and the organization,
- provide ongoing training,
- set the education tone and direction with the 4-H council and committees,
- make youth and leadership development available,
- implement affirmative action policies and help volunteers do the same,
- annually review a volunteer's need for resources and development.



As a 4-H Volunteer, I:

- will treat others with respect and dignity, while creating opportunities for positive growth and development;
- will conduct myself in a courteous, respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills and serve as a positive role model for youth;
- will seek to provide a safe environment for youth;
- will respect, follow, and enforce the policies and codes of conduct established by WSU Extension, state and county 4-H Programs;
- will NOT consume alcohol or use illegal substances while at 4-H programs;
- recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts may be grounds for dismissal as a volunteer;
- will follow the proper reporting procedures for accidents and/or suspected abuse or neglect;
- will handle animals and operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youths in 4-H programs;
- will perform volunteer duties in responsible, timely and ethical manner;
- understand that, unless noted below, photos, video, or audio recordings made of me at 4-H events may be used by WSU Extension to promote the 4-H Youth Developmental program; Please contact me for specific permission.
- will handle fund raising and finances in an ethical manner and in accordance with 4-H policy;
- understand that if I involve non-enrolled volunteers as resources at any 4-H activity, they must be under the supervision of a enrolled 4-H leader, WSU Extension staff or faculty at all times.

I read this agreement, I understand the terms and expectations and acknowledge that I or WSU Extension may terminate this volunteer agreement at any time.

Signature: _____

Date: _____

WSU Faculty Signature: _____

Date: _____

WSU NEW VOLUNTEER APPLICATION FORM

● PART D ●
continued..

(Continued from other 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:

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

ANSWER _____ IF YES, EXPLAIN BELOW:

Please note: A criminal record will be considered as it related 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

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: _____
Relationship Home Phone Work Phone Email

Address: _____
PO Box or Street City State Zip Code

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
PO Box or Street City State Zip Code

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
PO Box or Street City State Zip Code

I authorized the contact of listed reference 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. I will fulfill the volunteer responsibilities to the best of my ability. I understand that should my application be accepted, training may be required for specific volunteer roles.

Applicant Signature: _____

Date: _____

VOLUNTEER APPLICANT REFERENCE CHECK FORM ● PART E ●

FOR REFERENCE BY MAIL

(2 references required)

Please return this form to: WSU Extension, 4-H
PO Box 9, Asotin, WA 99402

_____ is applying to work with youth in an Extension program and has given your name as a reference.

Adults in volunteer positions help youth have fun while learning new skills, increasing their abilities to work together, managing their own activities, and developing into productive adults. WSU Extension seeks your assistance in selecting the best qualified people to serve in volunteer roles and will appreciate your prompt completion of this reference form. All comments will be treated in a confidential manner.

Please use this checklist to evaluate the applicant's qualities. Use the following marking system:

E = Excellent

G = Good

F = Fair

N = Not Known

_____ Understands Children

_____ Dependability

_____ Flexibility

_____ Communication Skills

_____ Sense of Fairness

_____ Initiative

_____ Respect for Others

_____ Enthusiasm

_____ Resourcefulness

_____ Ability to complete a task

_____ Organizational Skills

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How well does the applicant interact with children?
2. How would you rate the applicant's ability to work in a volunteer role with youth? Other adults?
3. What additional skills, abilities, and attributes does the applicant have that would be helpful in this position?
4. Does the applicant have any experience working with people who are developmentally disabled, from different ethnic backgrounds, from different socio-economic backgrounds? If so, please describe.
5. How would you describe the applicant's ability to handle records and or money?
6. How would you describe the applicant's general outlook and stability?
7. Would you be willing to place your child or any other child for whom you are responsible under his/her leadership? Why?
8. Do you know any reason why this person should not be considered for this position? If yes, please explain.

Signature: _____ Date: _____

Thank you for your time!

VOLUNTEER APPLICANT REFERENCE CHECK FORM ● PART E ●

FOR REFERENCE BY MAIL

(2 references required)

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PO Box 9, Asotin, WA 99402

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8. Do you know any reason why this person should not be considered for this position? If yes, please explain.

Signature: _____ Date: _____

Thank you for your time!

WSU NEW VOLUNTEER APPLICATION FORM



PHOTO/VIDEO CONSENT

I hereby **DO** _____, **DO NOT** _____ consent and agree that Washington State University, its employees or agents, have the right to take photographs, digital images, or video / film of me (and/or my property) and to use them for educational and promotional materials. I further consent that my name may be revealed therein or by descriptive text or commentary.

I hereby **DO** _____, **DO NOT** _____ release to Washington State University, its agents and employees all rights to exhibit this work publicly or privately, including postings to University web pages and to market and sell copies. I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, digital images, video, or film and agree that any uses described herein may be made without compensation.

Volunteer's Signature: _____

If you **DO NOT** give your consent, please **ATTACH** a **3 x 5 color photo**. This will be used for identification purposes before publishing pictures. If you do not attach a photo, we will not be liable if your picture is used.

INSTRUCTOR CERTIFICATIONS

Please list any Shooting Sports or Challenge certifications that you have and attach a copy of the certificate:

Instructor Certifications and Training Requirements

The Washington 4-H Shooting Sports Program requires the use of National or State Trained & 4-H Certified Instructors at the county level (in the appropriate discipline) to operate a live-fire range or to conduct any class in which firearms or archery equipment are handled. 4-H volunteers and faculty/staff who attend and become nationally certified in the shooting sports are expected to teach in their discipline at least once per year (twice is recommended).

In order to be certified as a 4-H Shooting Sports Instructor in any discipline (rifle, shotgun, pistol, muzzleloader, archery, and hunting) the following requirements must be met:

1. Instructors and Assistant Instructors above 4-H age must have been screened, trained, and appointed as a current 4-H Leader through a local county Extension office. Screening shall include: Washington State Patrol background check, criminal history disclosure, and character reference form.
2. The age requirements for shooting sports instructors, assistant instructors, and teen leaders is as follows:
 - a. Instructor—minimum 21 years old.
 - b. Assistant Instructor— minimum 18 years old; must have a minimum of one year as a 4-H member in shooting sports discipline, experience in the discipline per instructor's approval, or have attended a state training; can only instruct youth under the direct supervision of an instructor that is present during the instruction; *may be in charge of a live range only under the direct supervision of an instructor.*
 - c. Teen Leader—minimum 14 years old; per leader approval and only under direct supervision of an instructor that is present during the instruction. The teen leader is not to be in charge of a live fire range.
3. Successfully complete Instructor Training administered and sanctioned through the Washington State 4-H Office. A minimum of 11–15 hours in discipline instruction, use of the National 4-H Shooting Sports Curriculum, safety, risk management, teaching methods, and the 4-H program management will be taught at a State 4-H Sanctioned Instructor Training. National 4-H Trained and Certified Instructors are to do the instruction at the State Level Training Sessions. They can also conduct training sessions at the county level.
Instructors teaching the hunting curriculum with a focus on shooting activities must be dual certified in hunting and the shooting discipline on which they will focus (rifle, pistol, shotgun, archery, or muzzleloading).
4. County 4-H Shooting Sports Instructors must be trained and certified in the discipline (rifle, shotgun, pistol, muzzleloader, archery, and hunting) that they are teaching at the county level. State instructors must be trained and certified at a National 4-H Shooting Sports Training in the discipline (rifle, shotgun, pistol, muzzleloader, archery, and hunting) that they are teaching at the state or regional level and it is recommended that *all instructors* have a current First Aid and CPR Card.
5. As of October 1, 2005, all shooting sports instructors need to meet the training and age requirements as outlined in the Washington State 4-H Shooting Sports Plan.