

WSU NEW VOLUNTEER Process Check Form



Volunteer Enrollment Process Checklist

Have you completed the following? Name: _____

Date Completed:

- _____ Completed "Asotin County Volunteer Application", Part A—Basic Application Form
- _____ Completed "Asotin County Volunteer Application", Part B—Volunteer Role
- _____ 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;
Online Modules _____ Put the Child First _____ Office Training _____
COVID Vaccine/Exemption _____

(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 _____
- _____ Completed 4-H Leader Volunteer On-Line Training modules Put the Child First _____
- _____ Background check online Extension Office Training _____
- _____ Enrolled in 4-H Online _____ COVID Vaccine/Exemption _____
- _____ Club to Asotin County Web Site

WSU NEW VOLUNTEER APPLICATION FORM ● PART A ●

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Day: (____) _____ Best time to call: _____

Eve: (____) _____ Best time to call: _____

Disabled: Y N Disability: _____

Accommodation for disability request: _____

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

Education, Skills, Training, or other Qualifications:

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. I understand that additional training requirements may vary in each county and with specific volunteer positions.

Media Release: I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that may be 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.

Club

Leader Signature: _____ Date: ____/____/____

WSU NEW VOLUNTEER APPLICATION FORM

● PART B ●

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)

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

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
--------------------	--------------------------

_____	_____
_____	_____
_____	_____
_____	_____

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
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_____	_____
_____	_____
_____	_____
_____	_____

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.**

Role	Program, Group
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_____	_____
_____	_____
_____	_____
_____	_____

Extra lines for Project Leader subjects if needed

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

4-H Pledge:



*"I pledge my **Head** to clearer thinking, my **Heart** to greater loyalty, my **Hands** to larger service, and my **Health** to better living, for my club, my community, my country, and my world."*

New Club Information:

Club Name:

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.

Name: _____

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;
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills and serve as a positive role model for youth;
- Seek to provide a safe environment for youth;
- Respect, follow, and enforce the policies and codes of conduct established by WSU Extension, state and county 4-H programs;
- 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;
- Follow the proper reporting procedures for accidents and/or suspected abuse or neglect
- Handle animals and operate machinery, vehicles, and other equipment in a safe and responsible manner when working with youths in 4-H programs;
- Perform volunteer duties in responsible, timely and ethical manner
- 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 an 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

(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

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 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. 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 ●

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Name: _____

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.

Print Name: _____

Signature: _____ Date: _____

Thank you for your time!

Date received _____

VOLUNTEER APPLICANT REFERENCE CHECK FORM ● PART E ●

Page 2

Name: _____

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Why?

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

Print Name: _____

Signature: _____ Date: _____

Thank you for your time!

Date received _____