

# NEW 4-H VOLUNTEER Process Check Form



WSU EXTENSION  
Asotin County



## 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 or in person

\_\_\_\_\_ Completed 4-H Leader Volunteer Training;

Online Modules \_\_\_\_\_ Put the Child First \_\_\_\_\_ Background check \_\_\_\_\_

### ***(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 \_\_\_\_\_

\_\_\_\_\_ Background check online

\_\_\_\_\_ Completed 4-H Leader Volunteer On-Line Training \_\_\_\_\_, Extension Office Training \_\_\_\_\_

\_\_\_\_\_ Enrolled in 4-H Online

\_\_\_\_\_ Club to Asotin County Web Site

WSU Asotin County Extension Office  
PO Box 9 • 135 2nd Street, B107 • Asotin, WA 99402  
(509) 243-2009 • Email: [j.kaufman@wsu.edu](mailto:j.kaufman@wsu.edu) or [janice.reed@wsu.edu](mailto:janice.reed@wsu.edu) •  
Web Site: <https://extension.wsu.edu/asotin/>

# NEW 4-H VOLUNTEER APPLICATION

## PART A



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### PLEASE PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone Day: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Eve: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Disabled: N Y 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.

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

# NEW 4-H VOLUNTEER APPLICATION

## PART B



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### 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.**

#### 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**

#### 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.**

#### 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	4-H Club, Program, Group	Projects
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>

**New Club Information:** Club Name: 

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Leader(s) Name(s): 

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Projects: 

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Club location: 

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 Accepting new members?: 

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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 4-H VOLUNTEER APPLICATION

## PART C



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Asotin County



Name: \_\_\_\_\_

**As a 4-H Volunteer, it is important that you understand what 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;
- 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 (State 4-H Policies and Procedures Handbook, Asotin Co 4-H Handbook)
- 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: \_\_\_\_\_

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

# NEW 4-H VOLUNTEER APPLICATION FORM

## PART D



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The information on Part D is to be completed by all potential volunteers.  
It is for screening purposes only and is protected by the "Rights to Privacy Act"

Legal Name: \_\_\_\_\_  
First Middle Last

Former Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

\_\_\_\_\_ Valid Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

### **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:

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

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

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

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

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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.

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

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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:

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(Continued on the next page)

# NEW 4-H VOLUNTEER APPLICATION



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## PART D (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:** \_\_\_\_\_

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

# 4-HVOLUNTEER APPLICANT PART E REFERENCE CHECK



WSU EXTENSION  
Asotin County



## **FOR REFERENCE BY MAIL**

(2 references required)

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

**Name:** \_\_\_\_\_ 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

\_\_\_\_\_ Patience

**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-H VOLUNTEER APPLICANT PART E

## REFERENCE CHECK

### Page 2



WSU EXTENSION  
Asotin County



**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 \_\_\_\_\_

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# 4-HVOLUNTEER APPLICANT PART E REFERENCE CHECK



WSU EXTENSION  
Asotin County



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\_\_\_\_\_ Sense of Fairness

\_\_\_\_\_ Initiative

\_\_\_\_\_ Respect for Others

\_\_\_\_\_ Enthusiasm

\_\_\_\_\_ Resourcefulness

\_\_\_\_\_ Ability to complete a task

\_\_\_\_\_ Organizational Skills

\_\_\_\_\_ Patience

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

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# 4-H VOLUNTEER APPLICANT      PART E

## REFERENCE CHECK

### Page 2



WSU EXTENSION  
Asotin County



Name: \_\_\_\_\_

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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 \_\_\_\_\_