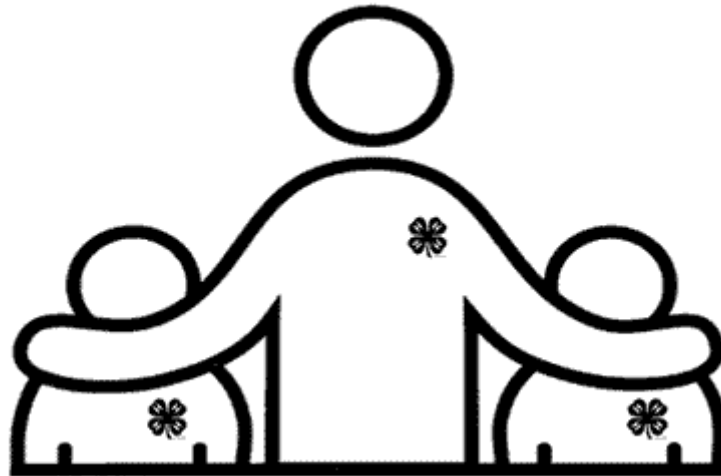


Lincoln-Adams WSU Extension

# 4-H Volunteer Application



**To provide a safe environment for youth and adults in the 4-H Program,** persons who will have regularly scheduled unsupervised contact with youth must be certified. Only certified leaders will be enrolled as 4-H Volunteers.

Certification steps:

1. submit completed 4-H Volunteer Application,
2. complete screening and reference checks,
3. complete 4-H 101 Leader Training,
4. contract annually for 4-H leadership roles.

Cooperating agencies: Washington State University, U.S. Department of Agriculture,  
and Lincoln and Adams Counties.

WSU Extension programs are available to all without discrimination.  
Evidence of noncompliance may be reported through your local WSU Extension office.  
Special accommodations can be requested: 509-659-3209 or TDD 1-800-833-6388

<http://extension.wsu.edu/lincoln-adams/>



# WSU 4-H VOLUNTEER APPLICATION

## Part A

**Return to:** WSU Extension, 205 W Main Ave., Ritzville, WA 99169 659-3209

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

Address: \_\_\_\_\_  
Mailing Town State Zip+4

Preferred Phone (hm. wk. or cell) \_\_\_\_\_ "Texting"? Yes  No

Alternate Phone(s) (hm. wk. or cell) \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Facebook? \_\_\_\_\_

Residence: Farm  Rural Area  Town  Previous 4-H Member? \_\_\_\_\_

Military Family  Branch of service: \_\_\_\_\_

### OPTIONAL

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

**I understand the purpose** of a 4-H volunteer is to team with adults alongside any and all youth to build positive life skills. **I wish to be affiliated with:** \_\_\_\_\_

Name(s) of 4-H Clubs, Programs or Subject Matter Areas

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

- to help my child in 4-H
- opportunity to have fun with kids
- to motivate or mentor kids
- improve my job skills
- sense of duty
- there is a need, could not refuse
- be part of the world recognize 4-H Program
- hope it will lead to a paying job
- to work with other adults providing positive activities for youth
- to help kids learn life skills like \_\_\_\_\_
- to share my skill(s) in \_\_\_\_\_
- other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education, Skills, Training or other Qualifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 a 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 relates to specifics of the volunteer position for which you are applying. A criminal record may exclude you from volunteer roles, 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 & if possible, email.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
i.e. friend, co-worker, supervisor, etc.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing) (City) (State) (Zip)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
i.e. friend, co-worker, supervisor, etc.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing) (City) (State) (Zip)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
i.e. friend, co-worker, supervisor, etc.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing) (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 the criminal background check may require submission of my fingerprint to confirm I.D. 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 the 4-H Program. I will fulfill the volunteer responsibilities to the best of my ability. I understand that should my application be accepted, training will be required for certification and official enrollment as a WSU 4-H Volunteer. I accept that I may be asked to submit to additional background checks periodically throughout my 4-H volunteer career.*

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



# WSU NEW 4-H VOLUNTEER AGREEMENT

Lincoln and Adams Area

## Part C

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

### I wish to volunteer for the following role(s)

If you are unsure of your role(s), or club/group association(s), please contact WSU Extension for assistance – 509-725-4171 or 509-659-3209  
Volunteers can hold multiple leadership roles in multiple clubs/groups/programs..

#### GENERAL/ORGANIZATIONAL (Head) LEADER –

4-H Volunteer who assumes primary responsibility for a 4-H club, Family group, or program: process paperwork, lead adults and/or teen leaders in setting goals, organize general activities, and plan curriculum for youth. He/she attends and promotes appropriate leader meetings & training, and stays current with 4-H policies. **4-H 101 Volunteer Training and certification required.\***

\_\_\_\_\_  
Description of potential NEW club, group, or program

And/or \_\_\_\_\_  
Name(s) of existing club(s), group(s), or program(s)

**PROJECT LEADER** – 4-H Volunteer who leads a specific project or subject within a club, group or program. He/she assists youth in setting goals; teaches or facilitates opportunities for specific skill development; attends appropriate leader training and meetings; and stays current with 4-H policies. **4-H 101 Volunteer Training and certification required.\***

\_\_\_\_\_  
Name of Club/Group

\_\_\_\_\_  
Name of Group Leader

\_\_\_\_\_  
Projects/Subject areas

\_\_\_\_\_  
Name of Club/Group

\_\_\_\_\_  
Name of Group Leader

\_\_\_\_\_  
Projects/Subject areas

Volunteers can be leaders in multiple projects.

**ACTIVITY LEADER** – A 4-H Volunteer who conducts specific activities or assists other leaders with teaching or managing specific activities within a 4-H club, group or program. **4-H 101 Volunteer Training and certification required.\***

\_\_\_\_\_  
Name of Club/Group

\_\_\_\_\_  
Name of Group Leader

\_\_\_\_\_  
Activities, programs or events

\_\_\_\_\_  
Name of Club/Group

\_\_\_\_\_  
Name of Group Leader

\_\_\_\_\_  
Activities, programs or events

Volunteers can lead/assist with multiple activities.

**RESOURCE LEADER** – Adult or teen who serves a group, County or Area 4-H Program as an advisor, instructor, source of expertise or other supporter. **WSU Extension has the right to require a Resource Volunteer to complete any part of the Volunteer Application and Certification process. 4-H Certification & enrollment is required for adult & teen leaders at overnight 4-H activities and for unsupervised contact with 4-H youth.\***

\_\_\_\_\_  
Name of Club/Group/Program

\_\_\_\_\_  
Area(s) of support or expertise

\_\_\_\_\_  
Name of Club/Group/Program

\_\_\_\_\_  
Area(s) of support or expertise

\_\_\_\_\_  
Name of Club/Group/Program

\_\_\_\_\_  
Area(s) of support or expertise

Other Notes: \_\_\_\_\_

\* Complete 4-H 101 Training and/or specialized orientation is required for certification. Additional "Club Charter Training" is required for Chartered **CLUB GENERAL** (Head) leaders. Some roles may require additional training or proof of specific certification.

Your volunteer agreement will be renewed annually and you may update your roles or group affiliations through the 4hOnline Enrollment System at any time prior to July 15<sup>th</sup> of the 4-H year. Li-Adams WSU Extension will verify all roles with GROUP leaders of affiliated clubs or programs prior to officially activating volunteer enrollment for specific roles.

**A Valuable Partnership:** WSU Extension appreciates your commitment to share your knowledge & talents with 4-H youth & hopes this experience will be fulfilling during the time you serve as a 4-H volunteer. Thank you for teaming with WSU Extension to expand educational opportunities for all youth & adults. Please read the following expectations of participation & behavior & indicate your willingness to cooperate by signing at the end of this form. You will also be asked to complete this agreement when you submit your official enrollment in the 4hOnline system.

**WSU Extension agrees to:**

- Provide a volunteer position description that lists specific duties.
- Respect volunteers as trusted partners in youth development.
- Share philosophy, mission, & goals of the 4-H Youth Development Program.
- Utilize, promote, & provide training in experiential education.
- Provide information on county, state, & federal policies that govern the 4-H Youth Development Program.
- Provide training & materials to facilitate the inclusion & participation of volunteers & youth from all backgrounds.
- Provide assistance, support, encouragement, supervision, & periodic evaluation.
- Identify approved curriculum & materials for projects & group organization.
- Provide ongoing training at the county level & information about volunteer opportunities beyond the county.
- Keep volunteers informed of events, programs, & opportunities for youth at the county, state, & national levels.
- Recognize volunteers for their contributions to the 4-H Youth Development Program.
- Resolve 4-H volunteer personnel issues.

**As a 4-H Volunteer, I:**

- Perform the duties in my position description in a responsible & timely manner.
- Conduct myself in a courteous & respectful manner, exhibit good sportsmanship, & be a positive role model for all youth.
- Accept supervision and work cooperatively with WSU Extension faculty, staff, volunteers, parents, & members.
- Understand that if I involve non-enrolled adults or teens at any 4-H activity, they must be under the direct supervision of an enrolled 4-H leader or WSU faculty/staff member at all times.
- Respect, adhere to, & enforce the rules, policies, & guidelines established for the county & state 4-H Youth Development Program.
- Participate in and support 4-H Leaders' Councils and other advisory groups and take advantage of training opportunities to stay current on 4-H policies and my 4-H assigned subject area.
- Support & promote the 4-H Youth Development Program through 4-H clubs, schools, after-school programs, & other appropriate settings.
- Support & promote 4-H Youth Development opportunities & inform youth of county, state, & national programs.
- Promote the spirit of inclusion & welcome participation of volunteers & youth from all backgrounds.
- Follow the volunteer "Expectations of Behavior" that I have read & understand.
- Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, gender, national origin, religion, disability, or sexual orientation.
- Uphold an individual's right to dignity, self-development, & self-direction, will not abuse any 4-H participant by physical or verbal means, & will report such abuse, if observed.
- Refer to C1001E, *Child Abuse: Information for WSU Faculty, Staff, & Volunteers*, for child abuse information & reporting procedures.
- Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights and follow the proper reporting procedures for all accidents and incidents.
- Treat animals humanely & teach youth to properly care for animals.
- Operate machinery, vehicles, & other equipment in a safe & responsible manner.
- Handle fundraising & finances in an ethical manner according to C1059E, *4-H Leader's Guide to Handling Funds in the 4-H Youth Development Program*.
- NOT consume alcohol, use marijuana, or illegal substances while responsible for youth in 4-H activities, nor consume anything that will in any way impact your ability to work safely with youth.
- NOT require 4-H participants to purchase materials, equipment, animals, or services from any specific places of business.
- understand that, unless noted below, photos, video, or audio recordings made of me at 4-H events may be used, without compensation to me, by WSU Extension to promote the 4-H Youth Development program; Cross this paragraph out for No permission.  
Please contact me for specific permission;

**I have read, understand, & agree to the expectations of participation & behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand & agree that any action on my part that contradicts any portion of this agreement is grounds for the immediate suspension and/or termination of my volunteer status with the Washington State University Extension 4-H Youth Development Program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WSU Faculty Signature