



Making the Best Better Champaign County Extension Suite B100 1512 S. U.S. Hwy. 68 Urbana, Ohio 43078 Phone (937)484-1526 Fax (937)484-1540

Dear Potential Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer. Each year, thousands of volunteers contribute their time, energies, and talents that enable Ohio State University Extension to engage people in educational programs that meet their immediate needs.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our service recipients, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio State University Extension volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Thomas M. Archer, Ph.D.
State Leader, 4-H Youth Development
Assistant Director, Ohio State University Extension

Melinda Morrison
Extension Educator
4-H Youth Development

# To all Potential Champaign County 4-H Advisors

Following is the application process:

- Obtain 4-H Volunteer Application.
- Complete both sides of the 4-H Volunteer Application and sign the Standards of Behavior Form. Return both of them to the Extension Office once your BCI fingerprinting is done.
- Please attach a recent photograph to your application.
- O The BCI fingerprinting is done via Web Check at the Sheriff's Department at the Court House, 200 N Main St., Urbana between the hours of 9:00 am to 3 pm, Monday-Friday. Please call ahead of time at 652-1311 to make sure someone is available. The Sheriff's Department will charge you \$35 cash. They do not accept credit or debit cards, no checks and correct cash only.
- O The 2<sup>nd</sup> option is to go to the Urbana Police Department at the Urbana Municipal Building, 205 S Main St., Urbana between 8 am -12 pm & 1-3:30 pm, Monday-Friday. They do not require an appointment. The Police Department will charge you \$27 cash. They accept credit or debit cards but there is an additional charge to use that method.
- O The 3<sup>rd</sup> option is the Madison Champaign Education Service Center at 2200 US Hwy 68 South, Urbana. You must call ahead of time to set up an appointment at 937-484-1557. Their charge is \$40 and they accept credit and debit cards, checks and cash.
- <u>IMPORTANT</u>: Take this instruction letter with you when you get your fingerprinting done so that you have the following information readily available. The fingerprinting agency should send the fingerprint directly to:
  - Attention: Background Checks- 4-H -Champaign County
    - OSU Office of Human Resources
    - o 1590 N. High St., Ste. 300
      - o Columbus, OH 43201
- o They will also need the BCI Reason Fingerprint Code, which is 2151.86.
- Once all aspects of the above are complete and you attend new advisor training, you will receive a letter of approval or denial from the Champaign County Extension Office.
- o Please consult the next page which contains important new advisor training dates and deadlines.





# THE APPLICATIONS ARE DUE INTO THE EXTENSION OFFICE NO LATER THAN 2/1/2018!

ALL NEW ADVISORS MUST ATTEND ONE NEW ADVISOR TRAINING SESSION. THEY ARE:

2/15/18 10:00 am to 12 Noon & 5:30 pm to 7:30 pm

IF YOU ARE PLANNING TO BE A CLOVERBUD ADVISOR, THERE IS SEPARATE TRAINING INVOLVED. THAT DATE IS:

2/13/18 10:00 am to 11:00 am & 5:30 pm to 6:30 pm



# **VOLUNTEER APPLICATION FORM**

| Name:  |   |  |  |                                       |                    |  |
|--|---|--|--|---------------------------------------|--------------------|--|
|  | (First)   |  | (Middle)   | (La                                   | st)                |  |
| Mailing<br>Address:_   |   |  | ,  |                                       |                    |  |
|  | (Street)  |  |  | (City)                                | (Zip)              |  |
| Phone:   | Day: (  | )  |  |                                       | Best Time to Call: |  |
|  | Eve: (  | )  |  | Best Time to                          | Call:              |  |
| Length of t  | ime at this a   | ddress (years  | i):  |                                       |                    |  |
|  |   |  |  |                                       | th (MM/DD/YY)      |  |
| Email:   |   |  |  | ·                                     |                    |  |
| II. VOLU   | NTEER INT   | EREST  |  |                                       |                    |  |
|  | u interested  |  | ing for O.S.U. Extens                                      | sion?                                 |                    |  |
| Why are yo   | ou interesteu   | in volunteeri  | ing for O.S.C. Extens                                      |                                       |                    |  |
| Why are yo   | ou mieresteu  | in volunteeri  |  |                                       |                    |  |
| Why are yo   | ou interesteu   | in volunteeri  |  |                                       |                    |  |
|  |   |  |  |                                       |                    |  |
|  |   |  |  |                                       |                    |  |
| Which 4-H  | Club will yo  | u be working   |  |                                       |                    |  |
| Which 4-H  | Club will yo  | u be working   | g with:  |                                       |                    |  |
| Which 4-H<br>What types  | Club will yo  | u be working<br>will this club                             | g with:have:   |                                       |                    |  |
| Which 4-H<br>What types<br>Will you be                           | Club will yo of projects v                                  | u be working<br>will this club                             | g with: have: Ye   | es No                                 |                    |  |
| Which 4-H<br>What types<br>Will you be                           | Club will yo of projects v the Organiz                      | u be working will this club cational (Head                 | g with:  | es No<br>s) do you prefer?            |                    |  |
| Which 4-H<br>What types<br>Will you be                           | Club will yo of projects v the Organiz                      | u be working will this club cational (Head                 | g with: have: Ye   | es No<br>s) do you prefer?            |                    |  |
| Which 4-H What types Will you be If you prefe                    | Club will yo of projects v the Organizer to work dia        | u be working will this club cational (Head                 | d) Advisor: Ye  outh, what age level(s                     | es No<br>s) do you prefer?            |                    |  |
| Which 4-H What types Will you be If you prefe                    | Club will yo of projects v the Organizer to work dia        | u be working will this club cational (Head                 | d) Advisor: Ye  outh, what age level(s                     | es No<br>s) do you prefer?            |                    |  |
| Which 4-H What types Will you be If you prefe Ages 5-8           | Club will yo of projects v the Organizer to work dia Ages 9 | u be working will this club eational (Head rectly with you | have:Ye  d) Advisor:Ye  outh, what age level(s  Ages 13-19 | es No s) do you prefer? No Preference |                    |  |
| Which 4-H What types Will you be If you prefe Ages 5-8 What time | Club will yo of projects v the Organizer to work dia Ages 9 | u be working will this club eational (Head rectly with you | d) Advisor: Ye  outh, what age level(s                     | es No s) do you prefer? No Preference |                    |  |





# Previous Volunteer Experience: (List current or most recent experience first) **Organization** Volunteer Role Year III. PERSONAL REFERENCES Have you ever been convicted of a misdemeanor or a felony? If yes, please give date, nature, and disposition of offense. 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. **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. Home Phone Work Phone Relationship Address: (Street) (City) (State) (Zip) Name: Work Phone Relationship Home Phone Address: \_\_\_\_ (Street) (City) (State) (Zip) Name: Relationship Home Phone Work Phone Address: (City) (State) (Zip) I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check 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 Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability. Applicant Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Date:

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

#### **VOLUNTEER STANDARDS OF BEHAVIOR**

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension ("OSUE" or "Extension") program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer's behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer's involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Extension program and The Ohio State University.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- · Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti- discrimination laws, and program participant policy.
- · Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer's emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- · Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

I understand and agree that as a volunteer:

- In accordance with Ohio State University policy, Self-Disclosure of Criminal Convictions Policy 4.17, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any child abuse, sexual abuse, or neglect in accordance with university policy
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a oneon-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

| I have read, understand, and agree to be bound by the VOLUNTEER STANDARDS OF BEHAVIOR outlined above. |      |  |  |  |  |
|---|------|--|--|--|--|
| Volunteer Signature   | Date |  |  |  |  |
| Volumeer eignature  |      |  |  |  |  |

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: http://go.osu.edu/cfaesdiversity.



## Request for a Background Check via Electronic Fingerprinting ⊠ BCI □ FBI ☐BCI and FBI Personal Information (please print) Type of Photo ID and ID #\_\_\_\_\_ State/Province: Name: Zip/Postal Code: Date of Birth: SSN Address: Email Address: Phone # City: Complete this portion only if a FBI background check is needed: Weight. Reason for background check: CODE # 2151.86 Direct Copy to (circle only one): Ohio Department of Education **BMV Dealer Licensing** Address for results mailed to: Ohio Board of Nursing **BMV** Deputy Registrar Ohio Department of Public Safety Child Care Ctr - Type A - ODJFS Attn: Background Checks- 4-H -Champaign Co. Ohio Department of Liquor Control Dietetic Board OSU Office of Human Resources 1590 N High St., Ste. 300 Ohio State Racing Commission **Lottery Commission** Columbus, OH 43201 Ohio Department of Insurance Respiratory Care Board **OPOTA** Construction Board Pharmacy Board Social Work Board None I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted. Applicant's Name (please print) Witness name (please print) Applicant's Signature (Date) Witness Signature By signing this form the applicant acknowledges Parent/Guardian Name that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Parent/Guardian Signature (Minor Applicants Only)





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# 4-H Volunteer Criminal History Fingerprint Background Check Procedure Please take this page with you when you go to have your background check.

In Champaign County, 4-H volunteers should have their background check done at:

- The BCI fingerprinting is done via Web Check at the Sheriff's Department at the Court House, 200 N Main St., Urbana between the hours of 9:00 am to 3 pm, Monday-Friday. Please call ahead of time at 652-1311 to make sure someone is available. The Sheriff's Department will charge you \$35 cash. They do not accept credit or debit cards, no checks and correct cash only.
- The 2<sup>nd</sup> option is to go to the Urbana Police Department at the Urbana Municipal Building, 205 S Main St., Urbana between 8 am -12 pm & 1-3:30 pm, Monday-Friday. They do not require an appointment. The Police Department will charge you \$27 cash. They accept credit or debit cards but there is an additional charge to use that method.
- The 3<sup>rd</sup> option is the Madison Champaign Education Service Center at 2200 US Hwy 68 South, Urbana. You must call ahead of time to set up an appointment at 937-484-1557. Their charge is \$40 and they accept credit and debit cards, checks and cash.

#### What You Need to Get Your Ohio 4-H Background Check

- 1. A government issued photo ID such as your driver's license with your current address, and showing your date of birth.
- 2. Your Social Security number Know your number? No need to bring your SS card.
- 3. Use **2151.86** as the reason code you are having the background check.
- 4. If you have not lived in Ohio for the past 5 years, you must also have an FBI report.
- Background check results must be mailed to:

Attention: Background Checks – 4-H CHAMPAIGN COUNTY
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201

# If the agency is not able to get a good scan of your fingerprints, please ask for an inked fingerprint card. You will then bring the inked card to the Extension office.

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: <a href="http://go.osu.edu/DQoffenses">http://go.osu.edu/DQoffenses</a>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, to your county OSU Extension office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. The check will be mailed from OSU in Columbus; it may take eight to ten weeks to process and will not say 4-H, but OSU.

#### **OSU Extension 4-H Volunteer Request for Reimbursement**

| Volunteer Name (Print first, middle, last):                            |                      |
|--|----------------------|
| Volunteer Signature:   | Date:                |
| For office use only. Tape receipt to top of this form before scanning. |                      |
| Date volunteer reimbursement request received at Extension Office:     | (month / day / year) |
| Name & initials of OSU Extension Professional receiving request:       | Initials:            |

#### **Position Title:**

4-H Club Volunteer (Project and Activity)

#### **Time Required**

On-going and dependent on county

#### **General Purpose:**

Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.

#### **Specific Responsibilities:**

- Provide a variety of 4-H project related learning experiences, including:
  - o Coordinate and conduct educational activities related to project areas.
  - o Monitor progress towards project completion.
  - o Prepare members for judging, skillathon, and exhibition
  - o Informing members of project requirements, deadlines, and events & activities.
  - o Provide constructive feedback to members, parents, and families.
- Advise members in coordinating/conducting club activities, including:
  - o Community service, fund raising, club trips & tours, recreational activities, achievement programs, promotional activities, parent's night and others.
- Promote 4-H opportunities in your club and local community, including:
  - o Encourage 4-H members' and parents' interest and participation.
  - o Invite parents' ideas, cooperation, support and attendance at 4-H activities.
  - o Recruit new members when the club has openings.
  - o Inform members of county 4-H events & activities.
- Actively participate as a volunteer by:
  - o Follow OSU Extension and 4-H Youth Development guidelines and policies.
  - o Attending all (or most) of the club meetings and activities.
  - Read 4-H mailings and access information from the 4-H web to keep members, parents and/or other volunteers informed.
  - Participate in volunteer development opportunities.

#### **Qualifications & Expectations:**

- Ability, interest, and willingness to:
  - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
  - o Effectively organize, delegate, and communicate (verbal and written)
  - o Work with minimal supervision from professional staff.
  - o Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

#### **Ohio State University Extension Agrees to:**

- Provide training opportunities to assist volunteers to meet needs of members and parents.
- Provide access to educational materials and resources.
- Have professional staff available to consult with and listen to volunteers.
- Provide appropriate recognition and awards to volunteers.

#### **Mentor/Supervising Professionals:**

County Extension 4-H Youth Development Professional(s)





THE OHIO STATE UNIVERSITY

#### **Position Title:**

4-H Club Organizational Volunteer

#### **Time Required**

On-going and dependent on county

#### **General Purpose:**

Serve as a liaison between the club's membership and the 4-H Youth Development professional regarding overall club management and leadership.

#### **Specific Responsibilities:**

- Serve as the primary community link between the County Extension office, County 4-H professionals and the 4-H club, maintaining communication with all club advisors.
- Secure, complete, and submit club organization/enrollment materials to the county Extension office.
- Provide county Extension office with all requested materials related to the 4-H club
- Ensure adequate supervision at all club functions.
- Involve members in developing club programs, including project work, community service, social events and participation in county, regional and state 4-H events.
- Assist officers to learn their responsibilities.
- Welcome parent/guardian interest, ideas, support, and attendance at club activities.
- Follow all O.S.U. Extension and 4-H Youth Development policies and procedures.
- Recruit new members when the club has openings.
- Attend all (or most) of the club meetings and activities.
- Read 4-H mailings and access information from the 4-H web to keep membership current.
- Participate in volunteer development opportunities to stay current and enhance leadership skills.
- Inform members/parents of 4-H guidelines and requirements.
- Provide positive and constructive feedback to members and parents/guardians.

### **Qualifications & Expectations:**

- Ability, interest, and willingness to:
  - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
  - o Effectively organize, delegate, and communicate (verbal and written)
  - o Work with minimal supervision from professional staff.
  - o Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

#### **Ohio State University Extension Agrees to:**

- Provide training opportunities to assist volunteers to meet needs of members and parents.
- Provide access to educational materials and resources.
- Have professional staff available to consult with and listen to volunteers.
- Provide appropriate recognition and awards to volunteers.

#### **Mentor/Supervising Professionals:**

County Extension 4-H Youth Development Professional(s)





# 4-H Cloverbud Volunteer Position Description

The importance of this position description is two-fold: 1) your role as a 4-H Cloverbud volunteer is essential for the 4-H Cloverbud program and the responsibilities for 4-H Cloverbud volunteers should be clearly described and understood, and 2) to meet the OSU Extension Volunteer Selection Policy and Procedure requirements, all 4-H volunteers must have a written position description.

### Position Title

4-H Cloverbud Volunteer Ohio 4-H County Program Ohio State University Extension

# Responsibilities

- Willingness to become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program, and county 4-H program.
- Provide an emotionally and physically safe environment.
- Serve as a liaison between the county Extension office/staff and 4-H Cloverbud members, their parents/guardians, and those working with you.
- Support 4-H professionals and members in conducting meaningful educational experiences to help young people grow and reach their fullest potential.
- Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.
- Give support and recognition to members.
- Understand the importance of being a positive role model.
- Have fun.
- Let the 4-H Cloverbud children know you care.
- Be committed to young people and their growth in all areas.
- Utilize the Ohio 4-H Cloverbud Curriculum Instructional materials or other approved activities while working with 4-H Cloverbud children.
- Be aware of available learning experiences and help the club members select appropriate activities.
- Maintain open communications with other club volunteers.
- Be dedicated to young people and sensitive to their needs.
- Follow the guidelines and policies of Ohio State University Extension, Ohio 4-H Program, and county 4-H program.
- Attend 4-H Cloverbud events, meetings, and activities.
- Read 4-H newsletters and literature from the Extension office and their web site and keep members, parents, and others informed.
- Participate in appropriate volunteer development opportunities.





#### 4-H Cloverbud Volunteer Qualifications

- Been approved through the OSU Extension Volunteer Selection Policy and Procedure requirements (includes a background check).
- A sincere interest in working with 4-H members.
- An interest in learning the characteristics of 4-H Cloverbud-aged children.
- The ability to teach and motivate youth while nurturing positive self-esteem, decision-making, responsibility, and other important life skills.
- The ability to work with minimal supervision from 4-H professional staff.

## Ohio State University Extension Will:

- Provide training opportunities that will help the volunteer meet the needs of members, volunteers, and parent/guardians.
- Provide appropriate manuals, pamphlets, newsletters, and other resource materials.
- Have professionals available to consult with volunteers on a one-to-one basis.
- Provide appropriate recognition and awards to volunteers.
- · Give leadership for recruitment of members.