

# SKAGIT COUNTY 4-H VOLUNTEER APPLICATION & ENROLLMENT FORM

<b>Category</b> (check one) <input type="checkbox"/> Organization/club leader <input type="checkbox"/> Project Leader <input type="checkbox"/> Activity Leader <input type="checkbox"/> Resource Leader		<b>Today's Date</b> (mm/dd/yy)	
<b>Last Name</b>		<b>First Name</b>	
<b>Middle initial</b>			
<b>Previous last names</b> (maiden, previous married, etc.)			
<b>Address</b>		<b>City</b>	<b>State</b>
<b>Zip</b>			
<b>Date of Birth</b> (mm/dd/yyyy)		<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Phone</b> (cell)	<b>Phone</b> (home)		<b>Phone</b> (work)
<b>Residence</b> (check one)			
<input type="checkbox"/> Farm		<input type="checkbox"/> Suburb of more than 50,000	
<input type="checkbox"/> Rural less than 10,000		<input type="checkbox"/> City of more than 50,000	
<input type="checkbox"/> Town of 10,000 to 50,000			
<b>E-mail</b>			<b>Drivers License Number</b>
<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		<b>Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Accommodation Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Race</b> (check all that apply)			
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian/Pacific Islander			
<b>Club you are volunteering with (if any)</b>			
<b>If Project Leader, indicate the following:</b>			
<b>Project code</b>		<b>Project name</b>	

**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.

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

## Part B - Background Disclosure

Answer Yes or No to each listed item. If the answer is Yes to any item, explain in the area provided at the bottom, listing the charge or finding, the date, and the court(s) involved.

Have you ever been . . . .

Yes No

1. Convicted of any crime against children or other persons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?	<input type="checkbox"/>	<input type="checkbox"/>
3. Convicted of crimes related to drugs as defined in RCW 43.43.830?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially	<input type="checkbox"/>	<input type="checkbox"/>
8. If you answered Yes to any of the above questions, please explain:		

## 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.

1	Name	Relationship	Home Phone	Work Phone	Email	
	Address		City		State	Zip
2	Name	Relationship	Home Phone	Work Phone	Email	
	Address		City		State	Zip
3	Name	Relationship	Home Phone	Work Phone	Email	
	Address		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 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 individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

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

Extension programs and policies are consistent with federal and state laws and regulations on non-discrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of non-compliance may be reported through your local Extension office.

## A Valuable Partnership

Volunteers and the Washington State University Extension 4-H Youth Development Program

Name \_\_\_\_\_

Position \_\_\_\_\_ County \_\_\_\_\_

WSU Extension appreciates your commitment to share your knowledge and talents with 4-H youth and hope this experience will be fulfilling during the time you serve as a 4-H volunteer. Your satisfaction and progress in this position are important and therefore subject to periodic reviews. Thank you for teaming with WSU Extension to expand educational opportunities for all youth and adults. Please read the following expectations of participation and behavior and indicate your willingness to cooperate by signing at the end of this form.

### The Washington State University Extension 4-H Youth Development Program agrees to:

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

- Perform the duties in my position description in a responsible and timely manner.
- Conduct myself in a courteous and respectful manner, exhibit good sportsmanship, and be a positive role model for all youth.
- Work cooperatively with WSU Extension staff, volunteers, parents, and members.
- Respect, adhere to, and enforce the rules, policies, and guidelines established for the 4-H Youth Development Program.
- Participate in and support 4-H Leaders' Councils and other advisory groups.
- Support and promote the 4-H Youth Development Program through 4-H clubs, schools, after-school programs, and other appropriate settings.
- Support and promote 4-H Youth Development opportunities and inform youth of county, state, and national programs.
- Promote the spirit of inclusion and welcome participation of volunteers and youth from all backgrounds.
- Follow the volunteer "Expectations of Behavior" that I have read and understand.

# Washington State University Extension 4-H Youth Development Volunteer Expectations of Behavior

The primary purpose of these Expectations of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents and families, staff and volunteers).

These expectations will guide volunteer behavior during involvement in the Washington State University Extension 4-H Youth Development Program. Just as it is a privilege for Washington State University to work with individuals who volunteer their time and energies to 4-H, a volunteer's involvement in 4-H is a privilege and a responsibility, not a right.

## 4-H Volunteers will:

- Treat others in a courteous, respectful manner and serve as a positive role model for youth.
- Accept supervision and work collaboratively with county 4-H staff while involved in the program.
- Abide by policies and guidelines of WSU Extension state and county 4-H programs.
- 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, and self-direction, will not abuse any 4-H participant by physical or verbal means, and will report such abuse, if observed.
- Refer to C1001, *Child Abuse: Information for WSU Faculty, Staff & Volunteers*, for child abuse information and reporting procedures.
- Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights.
- Treat animals humanely and teach youth to properly care for animals.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Handle fundraising and finances in an ethical manner according to C1059E, *Leader's Guide to the Treasurer's Book*.
- NOT consume alcohol 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.

I have read, understand, and agree to the expectations of participation and behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand and 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 of 4-H Volunteer

\_\_\_\_\_  
Date

Welcome to 4-H leadership, a wonderful opportunity for personal growth, satisfaction, and achievement.

\_\_\_\_\_  
Signature of Extension Educator/4-H Program Assistant

\_\_\_\_\_  
Date

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