



Dear Potential Ohio 4-H Volunteer:

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio 4-H volunteer. Each year, more than 25,000 adult and teen volunteers contribute their time, energies, and talents that enable Ohio 4-H to reach nearly 300,000 youth, helping Ohio 4-H fulfill its mission of helping youth to become caring, capable, and contributing citizens.

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 Ohio 4-H members, parents, volunteers, and professionals, 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 4-H 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,

Kevin Harris.  
Extension Educator, Butler County  
4-H Youth Development

KH:cm



**OHIO STATE UNIVERSITY EXTENSION  
VOLUNTEER APPLICATION FORM**



**I. GENERAL INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: Day: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Length of time at this address (years): \_\_\_\_\_  
Date of Birth (MM/DD/YY)

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

**II. VOLUNTEER INTEREST**

Why are you interested in volunteering for O.S.U. Extension?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which OSU Extension program area do you want to volunteer with:

\_\_\_\_ Agricultural & Natural Resources      \_\_\_\_ Community Development  
\_\_\_\_ 4-H Youth Development              \_\_\_\_ Master Gardener  
\_\_\_\_ Family & Consumer Sciences        \_\_\_\_ other

Do you prefer to work directly with youth or adults:    \_\_\_\_ Youth    \_\_\_\_ Adults    \_\_\_\_ Both

If you prefer to work directly with youth, what age level(s) do you prefer?

Ages 5-8 \_\_\_\_\_ Ages 9-12 \_\_\_\_\_ Ages 13-19 \_\_\_\_\_ No Preference \_\_\_\_\_

What time commitment do you initially desire?  
\_\_\_\_\_  
\_\_\_\_\_

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Previous Volunteer Experience: (List current or most recent experience first)**

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

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

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

## State BCI Check Procedure for OSUE Volunteers

1. Per the Ohio Attorney General's Office, you need to obtain a State BCI fingerprint background check. You will need to use **Code #2151.86** as the reason code.
2. In Butler County, contact one of the following locations to check on dates and times that they do the State BCI checks (dates and times are subject to change). Below are a few places that do background checks. For more locations, please visit: <http://go.osu.edu/webcheckinfo>

Company Information	Hours
<p><b>Butler County Sheriff's Office</b>                      705 Hanover Street                      Hamilton, OH 45011                      (513) 785-1000</p> <p>BCI Cost - \$30.00 / Cash Only</p> <p><b>*Note:</b> 12 PM – 2 PM is very busy. Also, the Sheriff's office needs the exact cash amount.</p>	<p><b>Monday – Thursday</b>  <b>8:00 – 3:00 PM*</b></p>
<p><b>Bureau of Motor Vehicles</b>                      530 Wessel Drive                      Fairfield, OH 45014                      (513) 829-6224</p> <p>BCI Cost = \$32 / CASH or CHECK ONLY (Business check – not a personal check)</p>	<p><b>Monday - Friday, 8 AM - 5 PM</b>  <b>Saturday, 8 AM – 12:00 PM</b></p>
<p><b>Middletown Police Department</b>                      1 Donham Plaza                      Middletown, OH 45042                      (513) 425-7700</p> <p>BCI Cost: \$27.00                  FBI Cost: \$29.00                  Both: \$51.00</p>	<p><b>Monday &amp; Wednesday</b>  <b>4:00 – 5:30 PM</b></p>

3. Please note that a company does not have to make the web-check available to you just because they have the system. Some companies will only conduct fingerprint background checks internally and not provide the service to the general public.
4. The cost necessary for BCI to perform the background check ranges from \$25.00 to \$50.00 per transaction. Some companies may choose to charge additional fees over and above this required cost. Be sure to ask how the company prefers to be paid for their services.
5. A valid driver's license is required at the time the check is being completed. Some locations require a SSN# as well.
6. If the company says this Code 2151.86 is not correct, please tell them that this code has been preapproved by OSU Legal.

**See other side**

7. Please ask the company doing the web-check to have all results sent to the following:

**Background Check Coordinator  
OSU Office of Human Resources  
1590 N High St., Ste. #300  
Columbus, OH 43201**

\* Please note that if you have completed an Ohio BCI fingerprint background check within the past twelve months for a reason related to working with children, working with the elderly, or certain types of licensure, you can ask BCI to send a copy of that report directly to our office.

This BCI request form can be found at: <http://go.osu.edu/BCIreportrequest>. Please follow the instructions on the form and send the request form directly to BCI. On the request form, indicate the copy report should be mailed to:

**Background Check Coordinator  
OSU Office of Human Resources  
1590 N High St., Ste. #300  
Columbus, OH 43201**

Please note: if you are not sure if you can request a copy of a past report, contact the BCI Civilian Identification Department toll free at (877) 224-0043.



## Ohio 4-H Volunteer Enrollment Form

4-H Club \_\_\_\_\_

New volunteer   
Re-enrollment 

E-mail Address \_\_\_\_\_

Years as Volunteer (Including this year) \_\_\_\_\_

Name (please print) \_\_\_\_\_  
First Middle Initial LastMailing Address \_\_\_\_\_ County of Residence \_\_\_\_\_  
Street City ZipBirth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female Primary Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Check here to receive text alerts to your mobile device. Mobile Service Provider \_\_\_\_\_  
(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)Correspondence Preference  E-mail  Mail T-Shirt Size \_\_\_\_\_  Youth  Adult

Occupation (optional) \_\_\_\_\_ Level of Education (optional) \_\_\_\_\_

Ethnicity (check one)  Hispanic  Not Hispanic  
Race (check all that apply)  White  Black  American Indian/Alaskan  Hawaiian/Pacific Islander  Asian  
Residence (check one)  Farm  Town  Town  Suburb  City  
(Less than 10,000) (10,000 to 50,000) (More than 50,000) (More than 50,000)Active Military Service (check all that apply)  I and/or my spouse/partner  My parent(s)  I have a sibling(s)  I have a dependent(s)  
Branch of Service  Air Force  Army  Coast Guard  Marines  Navy  
Branch Component  Active Duty  National Guard  Reserves

Health Considerations/Notes (i.e. food allergy, diabetes, etc....) \_\_\_\_\_

 I GIVE  I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If this section is not completed, Ohio State University Extension will not use publicity about your participation)Volunteer Type (check one)  Organizational Club Leader  Cloverbud Leader  Project Leader  Resource Leader

Projects/topics in which I provide leadership \_\_\_\_\_

I also serve as a county volunteer for (list any other county clubs, committees, and/or organizations) \_\_\_\_\_

I am a previous 4-H member  Yes  No – If yes, County and State \_\_\_\_\_ I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined on the back of this form.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Organizational Club Leader Signature \_\_\_\_\_

Date \_\_\_\_\_



**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 one-on-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

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