



# Kansas 4-H Volunteer Service Application

Kansas 4-H Youth Development uses unique strategies and opportunities to engage youth in reaching their full potential through partnerships with caring adults. Volunteers are fundamental to the 4-H program and the accomplishment of the Kansas 4-H mission.

A **4-H volunteer** is a non-paid representative of the local K-State Research and Extension unit for which they provide services.

A **Registered 4-H Volunteer** is a volunteer who has completed the full Volunteer Information Profile (VIP) screening process including: application, screening, and orientation and has been appointed by the appropriate K-State Research and Extension Unit Board.

To the extent authorized and allowed by law, this application form and its contents will be kept confidential and accessible only to extension personnel and members of the local review committee and local K-State Research and Extension Board.

## Please complete in ink or on a computer and print a copy.

K-State Research and Extension takes its obligation seriously to provide a safe environment for all persons involved in 4-H Youth Development activities. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his/her qualifications.

### I. General Information

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

Mailing Address \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

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

Check the best number to use. Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_

Cell \_\_\_\_\_ Text OK?  Yes  No  Provider \_\_\_\_\_

Physical Address (If Different Than Above) \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you been at this present address? \_\_\_\_\_ Years

If less than 5 years, list your prior addresses and the length of time you lived at each.

\_\_\_\_\_  
(Street, Route, Box, Apt #) (City) (State) (Zip) (Length Of Stay)

\_\_\_\_\_  
(Street, Route, Box, Apt #) (City) (State) (Zip) (Length Of Stay)

(The following is for record-keeping purposes only.)

Check One Ethnicity:  Hispanic  Non-Hispanic

Gender:  Female  Male

Residence  Farm  Town < 10K  Town 10K – 50K  
 Suburbs >50K  Cities >50K

Check all that apply: Race:  Asian  White  
 Black  American Indian/Alaska Native  
 Hawaiian/Pacific Islander

Do you have special needs?

If yes, please describe: \_\_\_\_\_

Are you a 4-H alumnus?  No  Yes

Where? \_\_\_\_\_

Current or previous Volunteer Experience (List current or most recent experience first)

\_\_\_\_\_  
Organization Volunteer Role Year(s)

\_\_\_\_\_  
Organization Volunteer Role Year(s)

### Volunteer Interest

Check here if you do not have a volunteer role selected and need more information about 4-H Volunteer positions. To assist in matching you to an available volunteer role, please obtain and fill out a 4-H Volunteer Matching Information Form available from the Extension Office.

Do you wish to serve as a volunteer for an existing club?

Yes  No

If yes, name of Club and role: \_\_\_\_\_

### II. Personal Information

Is your driver's license current and valid?  Yes  No

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Do you currently have vehicle insurance coverage as required by the State of Kansas?  Yes  No



4-H is very concerned that volunteers be appropriate role models for youth participants. Please complete all questions. A "yes" does not automatically exclude you from becoming a registered volunteer. Have you ever had any problems with: Check all that apply:

a. substance abuse: alcohol, tobacco or other drugs ?  
 No  Yes If Yes:  Charged  Convicted

b. criminal behavior: Felony or Misdemeanor  
 No  Yes If Yes:  Charged  Convicted

c. child abuse or neglect:  
 No  Yes If Yes:  Charged  Convicted

Have you ever had your driver's license suspended or revoked?  No  Yes

If yes, to any of the above, please elaborate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes to any of the above, please describe what steps you have taken to correct the problem(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Other than the above, is there any other fact or circumstance involving you or your background that would affect your ability to be entrusted with the supervision, guidance and care of youth under the age of 19?  
 No  Yes (If yes, please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please add additional pages as necessary.**

**Signature Required**

I understand that:

a. I affirm the information I have given on this form is true, correct, and complete. The information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning my qualifications. I further waive the right to ever view, inquire into, or learn the substance and/or content of any reference given by any individual with regard to any aspect of this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the 4-H Club, local Extension Unit, Kansas State University, and the officers, employees, and volunteers thereof with respect to such information.

b. I have read and agree to abide by the Kansas 4-H Volunteer Code of Ethics. I agree to comply with the policies, rules, and regulations of the 4-H Youth Development program and local Extension Unit. I agree to complete an orientation. In signing this application, I apply for appointment and registration as a 4-H Volunteer with the local Extension Unit and the Kansas 4-H Youth Development Program.

c. As a 4-H Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parental Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Upon Completion, Return this Form in a Sealed Envelope to the Local Extension Unit Office**

**References**

List three adults who are familiar with your character and your qualifications as it relates to working with youth. **(Do not list family members or Extension Agents.)** Please include complete mailing address, phone, and **email address**. References will be contacted. Information received from references will not be accessible to applicants.

1. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_

2. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_

3. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_

## Kansas 4-H Volunteer Code of Ethics

### Youth Protection Policy

The mission of Kansas 4-H Youth Development is "Kansas 4-H Youth Development uses unique strategies and opportunities to engage youth in reaching their full potential through partnerships with caring adults." Volunteers are key to fulfilling this mission. This policy establishes expectations of all those who work with children and youth. These statements represent a code of ethics that all volunteers and paid staff are expected to observe.

#### As a Kansas 4-H Volunteer, I will:

- Work within the 4-H program. As a 4-H volunteer, I am accountable to the local club, the appropriate Extension Unit, the Kansas 4-H Youth Development Program, K-State Research and Extension, and Kansas State University for my actions.
- Work as a "team player" for the good of the 4-H program. I will work cooperatively with youth, other volunteers and extension staff and treat them with respect.
- Honor my volunteer commitment.
- Keep records, distribute materials and support the 4-H system.
- Follow established guidelines for keeping financial records and handling 4-H funds.
- I will participate in meetings, self-study, or other training programs which will help me work more effectively with young people and adults.
- Make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an Affirmative Action/Equal Opportunity employer committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons.
- Provide a safe environment. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
- Not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, or allow youth to do so while under my supervision.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I will have a valid driver's license and the legally required insurance coverage.
- Role-model the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.
- Promote and practice the responsible and ethical stewardship of livestock and/or companion animal projects.
- Obey the laws of the locality, state and nation and K-State Research and Extension and 4-H Youth Development policies and guidelines.
- Use technology and social media in safe and appropriate ways for the enhancement and promotion of the 4-H Youth Development program.

#### Signature Required

I understand that:

a. I affirm the information I have given on this form is true, correct, and complete. The information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning my qualifications. I further waive the right to ever view, inquire into, or learn the substance and/or content of any reference given by any individual with regard to any aspect of this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the 4-H Club, local Extension Unit, Kansas State University, and the officers, employees, and volunteers thereof with respect to such information.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

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