University of Vermont Extension
College of Agriculture and Life Sciences

4-H VOLUNTEER RECRUITMENT AND SCREENING PROCEDURE

While volunteerism is crucial to the success of 4-H, it is a privilege, not a right to be a 4-H volunteer. Because of the influence that volunteers have on youth, it is critical that volunteers be vetted and selected so that the integrity of the 4-H program can be maintained.

University of Vermont Volunteers, which includes 4-H, who work with youth, must adhere to UVM's protection of minors policy, that mandates all who have care, custody and control of youth, complete a fingerprint background check once every 5 years. We appreciate your willingness to participate.

4-H Screening Process:

4-H Volunteer Leaders are considered representatives of University of Vermont Extension when carrying out 4-H work, and must adhere to the following procedure when applying to become a 4-H volunteer:

1. Complete the **University of Vermont Extension Volunteer Application form** and have a conversation with the County Educator to determine interest.
2. In conversation with the 4-H Educator/staff, fill out and sign the criminal check release and determine how you will get your fingerprints completed by either making an appointment with the county sheriff or via a group event organized by the office:

    a. Conviction of a criminal offense will not automatically disqualify the applicant from eligibility for a volunteer position.
    b. The severity of the crime and length of time since the last conviction will also be considered.
    c. A history of no convictions doesn't necessarily guarantee applicant a volunteer position.

3. Your **references** will be sent a form to be completed and returned to the Extension Office. If you have resided in Vermont for less than one year, at least one reference must be obtained from previous residence.

5. Meet with the County 4-H Educator to complete an **interview**.

6. Complete required trainings, including the **Positive Youth Development E-Learning Series** (four modules) and the **Child Protection training** (two modules), and others as specified by 4-H staff.

7. Upon acceptance as a 4-H volunteer you will sign the **4-H Volunteer Service Agreement and Code of Conduct**. Copies of these signed documents will be sent to you alongside your 4-H volunteer leader card. If your fingerprints results are not yet back by the time you complete this process, a provisional acceptance will be provided, allowing you to volunteer under the direction of a fully vetted volunteer.

Please be advised that 4-H Volunteers are considered mandatory reporters by the State of Vermont and have a legal and ethical obligation to report any suspicions to your local 4-H Educator and to the Department of Child and Family Services.

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VOLUNTEER APPLICATION FORM

For office use only:

_____ Interview _____ RSO

*Please print in **ink**, complete **both sides**, and **return** to your designated UVM Extension Office*

_____

First Name _____ **Last Name** _____ **Preferred Name** _____

Home Phone _____ **Cell Phone** _____**Work Phone** _____

Email _____

Address _____**Town** _____ **Zip** _____

How long have you been at this address? _____ I prefer to receive mailings via ☐ Email ☐ US Mail

Are you: ☐ Hispanic ☐ Non-Hispanic Gender: _____

Residence: ☐ On a farm ☐ Town < 10,000 ☐ Town 10,000 to 50,000

Are you : ☐ White ☐ Black ☐ American Indian ☐ Asian ☐ Hawaiian & Pacific Islander

If you are in the military, check the branch and the component:

☐ *Army* ☐ *Air Force* ☐ *Navy* ☐*Marine Corps* ☐*Coast Guard* *Active, Reserve or Guard?* ☐ *Active* ☐*Reserve* ☐ *Guard*

Are you a 4-H alumni? Yes ☐ No ☐

Name(s) of child(ren) currently in 4-H:

_____

Current Employer: _____**Occupation:** _____

Employer Address:

_____

Will you be affiliating with an existing club? If yes, which club?

_____

If not, will you be ☐ starting a new club ☐ needing assistance to join a club

Why are you interested in volunteering for the University of Vermont Extension 4-H program?

_____

_____

_____

What are your skills, interests and hobbies?

_____

_____

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With which age groups do you prefer?

☐ Cloverbuds (Ages 5-7) ☐ 8-12 years ☐ 13-18 ☐ No preference

Please list previous volunteer experience (list current or most recent experience first):

Organization	Volunteer Role	Year(s)

HISTORY: Answering "Yes" to these questions is not grounds for automatic rejection. More information may be requested from you before you can be considered a volunteer for University of Vermont Extension 4-H.

1.	Have you ever been convicted of a criminal offense?	☐ Yes	☐ No
2.	Have you ever been convicted for sale or use of controlled substances?	☐ Yes	☐ No
3.	Have you ever been charged, investigated or convicted of child neglect/abuse or domestic violence?	☐ Yes	☐ No
4.	Have you ever had your license suspended or driving privileges revoked?	☐ Yes	☐ No
5.	Are you aware of anyone currently sharing a residence with you having been convicted of a felony in the last 10 years?	☐ Yes	☐ No
6.	Are you aware of anyone currently sharing a residence with you having been charged, investigated or convicted of child neglect/abuse or domestic violence?	☐ Yes	☐ No

If the answers to any of the questions asked above change during the course of your service to 4-H, you are to notify University of Vermont Extension.

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REFERENCES: List three (3) persons not related to you who are familiar with your character and qualifications. References will be checked and kept confidential.

1. Name: _____ Relationship to Applicant: _____

   Mailing Address: _____Phone: _____

   Email: _____

2. Name: _____ Relationship to Applicant: _____

   Mailing Address: _____Phone: _____

   Email: _____

3. Name: _____ Relationship to Applicant: _____

   Mailing Address: _____Phone: _____

   Email: _____

I authorize the University of Vermont Extension to contact listed references. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as a 4-H volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed.

Applicant's Signature: _____ Date: _____

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