



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 selected so that the integrity of the 4-H program can be maintained.

Effective April 15, 2003, University of Vermont Extension implemented a new 4-H volunteer selection policy and procedure that includes a background screening process with the Vermont Criminal Information Center (VCIC). All 4-H volunteers who will work directly with youth will be required to go through the 4-H Screening Process.

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**.
2. Complete the **Agency of Human Services Consent for Release of Registry Form** and return to the UVM Extension 4-H Educator or staff member coordinating your volunteer application. In addition, please be advised that UVM Extension will also conduct a Vermont Criminal Information Check and the 4-H Program Director will review any convictions listed, using the volunteer criteria:
 - 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 less than one year, at least one reference must be obtained from previous residence and you will be asked to complete an FBI background check which will require fingerprints. Please let your County 4-H Educator know so they can provide you with directions.
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.

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.



VOLUNTEER APPLICATION FORM

For office use only: _____ Interview _____ RSO
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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?

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.

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: _____

University of Vermont Extension, and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.



Agency of Human Services
 Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
 AND
 Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Gender: _____ Race: _____

Last 4 digits of your Social Security Number: XXX XX _____

Phone Number: _____ Email: _____

Date of Birth: _____ Place of birth (city, state): _____

Other *FIRST* names I have used, if any (i.e., Nicknames, Aliases): _____

Other *LAST* names I have used, if any (i.e., Maiden Names, Aliases): _____

Please select ONE of the following:

____ 4-H volunteer leader in _____ county.

____ Chaperone for _____ (4-H event or program)

____ Volunteer/Staff for the following UVM Extension program: _____

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, criminal record repositories of other states where I have been employed, volunteered, or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following state(s): _____

I understand that the results of that check will be made available to The University of Vermont Extension 4-H for use in reviewing my suitability for employment or volunteering. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Signed in the presence of UVM agency official or notary)

IDENTITY VERIFIED BY: _____ DATE: _____

(Signed by official making identification if notary please provide credentials)