



UNIVERSITY OF VERMONT EXTENSION 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 to maintain the quality and safety of the 4-H program.

In accordance with the [University of Vermont's Protection of Minors Policy](#), the University of Vermont Extension 4-H volunteer selection policy and procedure 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. Read and sign the **Code of Conduct form**.
3. Complete the **Vermont Child Abuse and Neglect/Adult Protective Services Registry Form**. In addition, please be advised that UVM Extension will also conduct a Vermont Criminal Information Check and the State 4-H 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.
4. 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. Upon acceptance as a 4-H volunteer you will receive an official appointment letter, 4-H volunteer leader card and a copy of your **Code of Conduct**.

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.



**UNIVERSITY OF VERMONT EXTENSION
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)
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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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Have you ever been convicted for sale or use of controlled substances? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Have you ever been charged, investigated or convicted of child neglect/abuse or domestic violence? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Have you ever had your license suspended or driving privileges revoked? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Are you aware of anyone currently sharing a residence with you having been convicted of a felony in the last 10 years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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.

As a 4-H volunteer, I understand that participation may involve certain risks of physical activity, including but not limited to interaction with 4-H project animals, and that UVM will provide me with due care, but that UVM cannot insure that the I will remain free of injury. I nonetheless wish to participate in the UVM 4-H Program and voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by the participant, or any loss or damage to property owned by the participant, as a result of participating in the UVM 4-H Program.

I, for myself, my heirs, assigns and next of kin, agree to: (i) covenant not to sue UVM and its trustees, employees or agents and indemnify and hold harmless UVM, and its trustees, employees and agents from any and all losses, penalties, damages, settlements, costs or other expenses or liabilities arising out of the participant’s participation in the UVM 4-H Program; and (ii) release, waive, and discharge UVM and its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by the participant, or to any property or belongings of the participant, while participating in the UVM 4-H Program.

This release, however, is not intended to release UVM from causes of action arising out of the sole negligence of UVM, its trustees, employees or agents.

UVM reserves the right to dismiss me as a volunteer, if in their view, I pose a significant safety risk to myself or others, or do not adhere to program policies.

I have read this Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Signature _____ Date _____

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.

The following guidelines are to assist volunteers leaders in understanding what conduct is expected while serving in the capacity of a 4-H Volunteer Leader.



CODE OF CONDUCT – University of Vermont 4-H Adult Volunteer Leader

Upon receiving a 4-H Volunteer Leader’s Card, signed by the designated 4-H Extension representative, all 4-H Volunteer Leaders shall:

1. Respect the individual rights, safety, and property of others;
2. Be an active participant in the local volunteer 4-H organization and participate in routine volunteer leader training opportunities and activities;
3. Maintain a courteous and respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills, and act with dignity and pride;
4. Remember that the purpose of 4-H is youth development, and act in a way supportive of the 4-H Youth Development Program and its policies and procedures;
5. Recognize and support the responsibilities of the 4-H program staff in setting program standards, priorities and direction through clear communication and direct feedback;
6. Observe all policies, procedures or practices relating to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status, and any other basis prohibited by law;
7. Make reasonable efforts to provide equal opportunities for youth, to participate in project activities, awards programs and other activities and events; and make reasonable efforts to provide access to 4-H related information;
8. Provide a safe environment, free from sexual harassment, violence, verbal or mental abuse, neglect or other harmful behavior;
9. Abstain from alcohol and/or illegal drugs (or be under the influence thereof) while involved in any 4-H event, meeting or activity;
10. Refrain from the use of tobacco products while involved in any 4-H event, meeting or activity;
11. When acting as a chaperone, never leave the delegation being supervised or the grounds of the 4-H event unless approval is received from the adult in charge of the event or delegation;
12. Forward all lease agreements or use permits with schools or other public or private facilities to the UVM Extension 4-H Office for review and approval;
13. Process any 4-H funds through the local 4-H club, 4-H project group or local 4-H foundation; and keep financial records and make them available for auditing upon request of UVM Extension;
14. When working with animal projects, treat animals in a humane manner and teach program participants appropriate animal care and management;
15. Acknowledge that it is a privilege to represent 4-H Youth Development Programs and act as a positive role model for youth, providing encouragement and support of each member’s self-esteem.



PENALTIES FOR INFRACTIONS

Infractions of the Code of Conduct should be reported by anyone observing them to 4-H Youth Development representatives and/or UVM Extension Administrators. Penalties may include any or all of the following:

1. Discussion with the 4-H leader on the expectations outlined in the code of conduct.
2. Referral to the appropriate law enforcement agency.
3. Termination as a 4-H volunteer leader.

By my signature, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a 4-H volunteer leader is contingent upon my agreeing to this document and failure to comply with these guidelines may result in termination as a volunteer.

NAME OF 4-H LEADER (Print)

SIGNATURE

DATE



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: _____

Address: _____ Zip: _____
Street#/Box # Town

Male _____ Female _____ 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): _____

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

The University of Vermont Extension 4-H

Signature

Date