



4-H Club Management

# VOLUNTEER APPLICATION

Wisconsin Record Form

Pub. No. YPAF

UW-Extension takes seriously its obligation to provide a safe environment for all persons involved in youth activities. UW-Extension will conduct a records check of volunteer applicants and periodic follow-up checks of continuing volunteers with the Wisconsin Department of Justice to help assure a safe environment for the well being of youth participants. Information obtained will not automatically disqualify you from consideration.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Racial-Ethnic Group: \_\_\_\_\_

1. I am applying to be a 4-H volunteer and acknowledge and understand that, through this application, my record will be checked.

2. Have you been a full time resident in Wisconsin during the past 3 years? Yes  No

3. If "no" to above, list non-Wisconsin address(es), including county and state, of residence(s) during the past 3 years:

4. If you have *not* lived in Wisconsin during the past 3 years, please list 3 people (not relatives) who can comment on your work with youth:

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

5. Has your driver's license been suspended or revoked within the last 10 years? Yes  No

6. Have you been convicted of a crime or crimes involving a minor (including a deferred imposition of sentence)? Yes  No

7. Have you used or been known by any other names, e.g., maiden name, previous marriage, or legally-changed name? If "yes," what names have you used? Yes  No

8. I acknowledge and agree that I or UW-Extension may terminate the volunteer agreement at any time. I certify to the best of my knowledge that these responses are true and complete. I hereby authorize UW-Extension to conduct a police and court investigation of my background.

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

\* The Privacy Act of 1974 (5U.S.C.552A) requires that an agency provide the following notice to each individual whom it asks to supply a social security number: 1. The authority for requesting and using your social security number here is found in 20 U.S.C. section 1232g. 2. Disclosure of the social security number is voluntary; however, failure to provide the number may result in denial of the application. 3. The social security number will be used for any and all necessary and usual identification and reference purposes associated with your application and continuation as a volunteer in a University of Wisconsin-Extension program.





# Wisconsin 4-H Leader Enrollment Form

Please Print Information



County \_\_\_\_\_ 4-H Club 4-H Tech Wizards  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Street / Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Primary Cell Phone \_\_\_\_\_  
 Gender:  Male  Female

**Ethnicity: (check one):**  Hispanic or Latino - OR -  Not Hispanic or Latino  
**Race (check all that apply):**  White  Black or African American  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  More than one Race  Undetermined  
**Residence:**  Farm  Rural Non-Farm or Town less than 10,000  Town/City 10,000 to 50,000  
 Suburb of City over 50,000  City over 50,000

Year in 4-H (Incl. this yr.) \_\_\_\_\_  
**Leader Type:**  Organizational/General  Project  
 Activity \_\_\_\_\_  Resource \_\_\_\_\_  
 Key \_\_\_\_\_  County Committee \_\_\_\_\_  
 Club Enrollment  Adult Advisor  
 mentor  
 4-H Alumni:  Yes  No  
 Primary E-mail Address \_\_\_\_\_  
 I Will Accept E-mail Communication:  Yes  No

Yes  No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.  
 Yes  No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.  
 Yes  No I require an accommodation for a disability to participate in this program.

**Additional Communications Information**  
 Primary Cell Phone Carrier (for number noted in first section) \_\_\_\_\_  
 I Will Accept Text (SMS) Messages:  Yes  No  
 Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 Alternate Cell Phone Number \_\_\_\_\_  
 Alternate E-mail Address \_\_\_\_\_  
 Alternate E-mail Address \_\_\_\_\_

**Form Continues on Next Page**





# Wisconsin 4-H Leader Enrollment Form

Please Print Information



## Project Selection

Code Project

Need Literature

Yes or No

\_\_\_\_\_  
Tech Wizards

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

\_\_\_\_\_

Yes or No

## Volunteer Behavior Expectations for Wisconsin 4-H Youth Development:

Families and youth serving organizations trust the University of Wisconsin-Extension to provide quality leadership and care for youth who are involved in Extension sponsored programs. The opportunity to work with youth is a privileged position and should be held only by those who are willing to demonstrate behaviors that fulfill this trust. All 4-H Youth Development volunteers working with youth are required to complete the Wisconsin 4-H Youth Protection program. This includes: a) a background check for arrest and conviction records, b) participation in a volunteer orientation program and c) signing the Volunteer Behavior Expectations form. The primary purpose of this process is to ensure the safety and well-being of all participants (i.e. youth, their parents and families, salaried and volunteer staff). 4-H Youth Development volunteers are expected to abide by the following behavior standards established by UW-Extension/4-H, and to conduct themselves as positive role models for youth. All 4-H Youth Development volunteers are ultimately accountable to UW-Extension for their 4-H related activities. As a 4-H Youth Development volunteer I will:

- > Conduct myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, treating others with respect, and demonstrating reasonable conflict resolution skills.
- > Abide by all local, state, and federal laws and UW-Extension and U.S.D.A. rules, policies and guidelines.
- > Accept supervision and support from Extension staff or designated management volunteers.
- > Make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, sex, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status.
- > Treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- > Not consume alcohol or illegal substances while responsible for youth in 4-H activities, nor allow 4-H youth participants under my supervision to do so.
- > When transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license and legally required insurance. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by a properly operating seat belt.
- > Conduct myself in a manner that is in the best interest of youth and UW-Extension/4-H Youth Development and will not use the volunteer position for purposes of private or personal gain.
- > Recognize that verbal, sexual, physical abuse and/or neglect of youth is unacceptable. Report suspected abuse.

I have read, understand and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position as a volunteer will result if I do not meet these expectations.

Signature \_\_\_\_\_

Date \_\_\_\_\_



An EEO/AA employer, the University of Wisconsin-Extension provides equal opportunities in employment and programming including Title IX and American with Disabilities Requirements.