

Oregon State University Extension Service 4-H Volunteer Service Application

Personal Information

Legal Name: _____
(Last) (First) (Middle)

Address: _____
City State Zip

Length of time at above address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Name of nearest elementary school: _____

Occupation: _____ Employer: _____

Do you have special needs for assistance in this application process: _____

Education, Training, Experience

If a student, school attending: _____

Education and/or special training: _____

Languages spoken (other than English): _____

Special skills, interests and/or hobbies: _____

Have you had CPR training? (when): _____ Have you had First Aid training? (when): _____

Background in 4-H and Other Youth Programs

Have you been a 4-H leader before? Yes: ___ No: ___ If yes, where and how long? _____

Are you a 4-H alumni? Yes: ___ No: ___ If yes, which state/county? _____

Experience in other youth programs: _____

Memberships in other organizations: _____

References (employer, minister, etc. - **not family members/relatives**) - **Please include complete mailing address.**

1. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____
City State Zip

2. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____
City State Zip

3. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____
City State Zip

Please complete other side ➡

Have you ever been convicted of a crime involving offenses against children?	Yes: _____ No: _____
Have you ever been convicted of a crime involving physical harm to another person?	Yes: _____ No: _____
Have you ever been convicted of a crime involving a firearm?	Yes: _____ No: _____
Within the past 10 years, have you been convicted of a crime involving theft or dishonesty?	Yes: _____ No: _____
Within the past 10 years, have you been convicted of a crime involving possession of a controlled substance?	Yes: _____ No: _____

If yes, please explain: _____

Please note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position.

Adult Volunteer Expectations

The Oregon State University Extension Service strives to provide quality leadership for youth participating in 4-H programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. The following behavior expectations are provided for volunteers working in the OSU Extension Service 4-H Youth Development Program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Abide by policies and guidelines of the Oregon State University Extension Service state and county 4-H programs.
3. Obey all laws of the locality, state, and nation, including those related to use of illegal substances, or use of firearms.
4. Make all reasonable effort to assure that 4-H youth programs are accessible without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status.
5. Recognize that verbal, sexual, physical abuse, and/or neglect of youth is unacceptable either within or outside the 4-H Youth Development Program. Report suspected abuse.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate machinery, vehicles, and other equipment in a safe and responsible manner, and only with a valid operator's license and the legally required insurance coverage.
8. Handle fund raising and finances in an ethical manner.
9. Do not consume alcohol while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to consume alcohol or illegal substances.

Why are you interested in a 4-H volunteer position? _____

Please read the following before signing:

- I am aware of, or willing to learn and accept the basic philosophy and objectives of the 4-H Youth Development Program.
- I have read, understand and agree to the OSU Extension Service 4-H Adult Volunteer Expectations.
- I understand that the information I have provided may be verified by contacting persons or organizations identified in this application.
- I affirm that the information given in this application is true. If appointed as a volunteer, I agree to abide by the expectations of the Extension Service and to fulfill the volunteer responsibilities to the best of my ability.

Signature of Applicant _____ Date _____ Oregon Drivers License # _____

For Extension office use only

Date Received: _____ Application Reviewed By: _____ Approved: _____

Status of References: _____

Leader Education (orientation/training): _____

Comments: _____