



THE OHIO STATE UNIVERSITY

**COLLEGE OF FOOD, AGRICULTURAL
AND ENVIRONMENTAL SCIENCES**

**Ohio State University Extension
Washington County**
1115 Gilman Avenue
Marietta, OH 45750

740-376-7431 Phone
740-376-7435 Fax

<http://washington.osu.edu>

Dear Potential Ohio 4-H Volunteer,

Let us take this opportunity to thank you for expressing an interest in becoming an Ohio 4-H volunteer. Each year, more than 25,000 adult and teen volunteers contribute their time, energies, and talents that enable Ohio 4-H to reach nearly 300,000 youth, helping Ohio 4-H fulfill its mission of helping youth to become caring, capable, and contributing citizens.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our Ohio 4-H members, parents, volunteers, and professionals, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will:

- (1) receive a position description;
- (2) complete an application and return to Extension office;
- (3) have references collected by Extension professionals;
- (4) complete an interview;
- (5) submit to a criminal history fingerprint record check;
- (6) agree to and sign the volunteer standards of behavior form; and
- (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio 4-H volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Bruce Zimmer
Extension Educator
4-H Youth Development

Kathryn Hartline
Program Coordinator
4-H Youth Development

Volunteer Position Description 4-H Youth Development Ohio State University Extension

Position Title:

4-H Club Organizational Volunteer

Time Required:

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose:

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential. Serve in a leadership role providing overall club management.

Specific Responsibilities:

- Serve as the primary liaison between 4-H professionals, extension staff, volunteers, members and families
- Maintain and promote communication with all club volunteers, members, and families
- Secure, complete, and submit club organization/enrollment materials to the county Extension office by the post-ed deadline
- Provide county Extension office with all requested materials related to the 4-H club
- Ensure adequate supervision at all club functions
- Involve members in developing club programs, including project work, community service, social events and participation in county, regional and state 4-H events
- Assist officers to learn their responsibilities
- Welcome parent/guardian interest, ideas, support, and attendance at club activities
- Follow all OSU Extension and Ohio 4-H Youth Development policies and procedures
- Recruit new members when the club has openings
- Attend all (or most) of the club meetings and activities
- Read Ohio 4-H news and access information from the Ohio 4-H web site to keep members informed of opportunities
- Participate in volunteer development opportunities to stay current and enhance leadership skills
- Inform members/parents of 4-H guidelines and requirements
- Provide positive and constructive feedback to members and parents/guardians

Qualifications & Expectations:

- Work with volunteers and 4-H professionals to teach and motivate youth, while nurturing positive self-esteem, decision making, responsibility, and leadership
- Be dedicated to youth and sensitive to their abilities and needs
- Effectively organize, delegate, and communicate with the other club volunteers
- Work with minimal supervision from professional staff
- Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program

Ohio State University Extension Will:

Provide training opportunities to assist volunteers to meet needs of members and parents
Provide access to educational materials and resources
Have professional staff available to consult with and listen to volunteers
Provide recognition to volunteers

Mentor/Supervising Professionals:

County Extension 4-H Youth Development Professional(s)



Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Email: _____

Full Name: _____ Preferred Name: _____

Date of Birth (MM/DD/YY): _____

Mailing Address: _____

City/State/Zip: _____

County of Residence: _____

Primary Phone: _____ Secondary Phone: _____

Length of time at this address (years): _____

Please circle the appropriate response in each line

Gender	Male	Female	Gender Identity Not Listed	Prefer not to state	
Residence	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
Ethnicity:	Hispanic	Non-Hispanic	Prefer not to state		
Race:	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

II. EMERGENCY CONTACT

Full Name: _____ Relationship to Member: _____

Contact Phone: _____ Contact Email: _____

III. VOLUNTEER TYPE

Please circle the appropriate response

Program Volunteer (Committee)	Please List Committee:	
Camp Volunteer	Circle Role: Adult Volunteer or Camp Nurse	
Club Volunteer - Circle specific role to the right	Cloverbud Leader	Project Leader - teaching specific project skill
	Organizational Club Leader	Resource Volunteer - coordinates club activities
Project Volunteer	County project leader – shooting sports or other specialized projects	

List the 4-H Club you wish to apply to serve with.

4-H Club Name: _____



IV. OTHER INFORMATION

Military Service: ___ I am serving in the Military
 ___ No one in my family is currently serving
 ___ My Parent serves My Sibling serves
 ___ My Son/Daughter serves I/my spouse/partner serve

Branch of Service (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
Branch Component (circle)	Active	Guard	Reserves	Not applicable			

Health Considerations/Notes (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

Are You a 4-H Alumni: ___ YES ___ NO **State and County:** _____

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

V. ABOUT YOU

Job Title: _____ **Employer:** _____

Work Phone: _____ **Ext.** _____

Previous Work Experience (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

Previous Volunteer Experience (list current or most recent experience first):

<i>Organization</i>	<i>Volunteer Role</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

VI. REFERENCES

Reference 1

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 2

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 3

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

VII. PHOTO, VIDEO RELEASE and AUTHORIZATION

Me and/or my child, _____ plans to participate in 4-H programming through Ohio 4-H, taking place _____ (insert dates). I acknowledge that during this programming, I and/or my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of me and/or my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with me and/or my child's participation in the 4-H program year in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension / Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my and/or my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my and/or my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

- YES, I do give permission to the photo, video release, and authorization.
- No, I do not give permission to the photo, video release, and authorization.

VIII. SCREENING QUESTIONS-Part A

Do you currently hold a valid Driver's License?	YES	NO
Do you have current vehicle liability insurance?	YES	NO
Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?	YES	NO
Have you ever had a background screening prior to now?	YES	NO

VIII. SCREENING QUESTIONS-Part B

<p>*Have you been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:</p> <table border="1"> <tr> <td>abduction,</td> <td>arson,</td> <td>assault,</td> <td>battery,</td> </tr> <tr> <td>burglary,</td> <td>child abuse,</td> <td>domestic violence,</td> <td>endangering children,</td> </tr> <tr> <td>escape,</td> <td>extortion,</td> <td>improperly discharging firearm,</td> <td>inciting to violence,</td> </tr> <tr> <td>intimidation,</td> <td>gross sexual imposition,</td> <td>human trafficking,</td> <td>inducing panic,</td> </tr> <tr> <td>kidnapping,</td> <td>menacing,</td> <td>manslaughter,</td> <td>murder,</td> </tr> <tr> <td>patient abuse,</td> <td>rape,</td> <td>robbery,</td> <td>resisting arrest with violence,</td> </tr> <tr> <td>riot,</td> <td>sexual battery,</td> <td>stalking,</td> <td>terrorism.</td> </tr> </table>	abduction,	arson,	assault,	battery,	burglary,	child abuse,	domestic violence,	endangering children,	escape,	extortion,	improperly discharging firearm,	inciting to violence,	intimidation,	gross sexual imposition,	human trafficking,	inducing panic,	kidnapping,	menacing,	manslaughter,	murder,	patient abuse,	rape,	robbery,	resisting arrest with violence,	riot,	sexual battery,	stalking,	terrorism.	YES	NO
	abduction,	arson,	assault,	battery,																										
	burglary,	child abuse,	domestic violence,	endangering children,																										
	escape,	extortion,	improperly discharging firearm,	inciting to violence,																										
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	patient abuse,	rape,	robbery,	resisting arrest with violence,																										
	riot,	sexual battery,	stalking,	terrorism.																										
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.	YES	NO																												

*If Yes, please provide the information below:

Full Name and any other known aliases (e.g. maiden name): _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____

*Has any member of your current household been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

*If Yes, please provide the information below:

Name of Individual: _____

This individual's relationship to the volunteer applicant _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____

I understand that being a volunteer with 4-H is not guaranteed and may depend upon successful completion of the background check and the information disclosed in this form.	YES	NO
I understand that failure to disclose may result in an automatic disqualification or termination of my status as a 4-H volunteer.	YES	NO

IX. WAIVER

Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

Applicant Signature: _____

Date: _____

VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to professionally represent the activity/program and The Ohio State University. Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Do their best to help youth thrive while exploring their ‘sparks’.
- Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
 - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- I will report any red-flag behaviors, child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE at the OSUE’s sole discretion.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

Volunteer Signature

Date



4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check and provide these instructions to the fingerprint official before you are fingerprinted.

In Washington County, 4-H volunteers should have their background check done at:

Washington County Sheriff's Office – 373-6623 X305 (205 Putnam Street, Marietta) M-F 9 a.m. to 11 a.m. and 1 p.m. to 4 p.m.
\$35 BCI - Money order payable to “Washington County Sheriff’s Office”

Bureau of Motor Vehicles (BMV) – 740-374-6824 (142-B Gross Street, Marietta -Frontier Shopping Center) M 8-5:30, Tu-F 8-5, Sa 8-2
\$35 BCI – Bring cash or check made payable to “Marietta BMV”

Fingerprint Background Check- You will need:

1. A government issued photo ID - such as your driver’s license – showing current address and your date of birth.
2. Your Social Security Number – If you know your number, there is no need to bring your SS card.
3. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) background check. [Use the following reason codes:](#)

BCI Revised Code: 2151.86

FBI Revised Code: 2151.86, Out of Home Child Care

4. Background check results **must be mailed DIRECTLY to:**

Attention: **Background Checks – 4-H Washington County**
OSU Office of Human Resources
1590 N. High St., Ste. 300
Columbus, Ohio 43201

If the agency is not able to get a good scan of your fingerprints, you will need to complete the ink fingerprint process. If you have not lived in Ohio for the last five consecutive years, you are required to complete both a BCI (Ohio) and FBI (National) ink card.

- **Card #1:** [Ohio Bureau of Criminal Investigation \(BCI\)](#) (see pages 2-3)
- **Card #2:** [Federal Bureau of Identification \(FBI\)](#) (see pages 4-5)

The ink card(s) with payment and the [exemption form](#) (page 6-7) must be submitted to BCI for processing. Cash, third party or starter checks will not be accepted. A money order, certified check, business check or personal check must be made **payable to:**

Treasurer, State of Ohio

Enclose all background check contents and mail to:

Civilian Unit Identification Dept.

Bureau of Criminal Identification & Investigation (BCII)

P.O. Box 365

London, Ohio 43140

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: <http://go.osu.edu/DQoffenses>.

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, **to your county OSU Extension office** not the Office of Human Resources, Background Check Office. Complete the form below and be sure your name appears on your receipt. We will submit a reimbursement request for you. [Please submit receipt for reimbursement no more than 60 days past your fingerprinting to allow ample time to reimburse your request.](#)

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer **Full Legal** Name (Print first, middle, last): _____

Volunteer Signature: _____ Date: _____

For office use only. Tape receipt to top of this form before scanning.

Date volunteer reimbursement request received at Extension Office:
_____ (month / day / year)

Name & initials of OSU Extension Professional receiving request:
_____ Initials: _____