



4-H Volunteer Application Form



UCONN EXTENSION

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

NAME _____

MAIL ADDRESS _____

HOME ADDRESS (if different) _____

PHONE: HOME _____ WORK _____ CELL _____

EMAIL _____

DATE OF BIRTH: _____

ADDRESS(ES) FOR PREVIOUS 5 YEARS

NAME(S) PREVIOUSLY USED _____

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

Because we are required by the federal government and our funding agency(s) to submit data on all participants that we serve, we would appreciate you checking the category below that best describes your sex, race(s) and national origin group.

Sex: _____Female _____Male

Racial Categories (Please check all that apply):

_____American Indian/Alaskan Native _____Asian _____Black or African American

_____Native Hawaiian or Other Pacific Islander _____White

FOR OFFICE USE ONLY:
County: _____ 4-H Club: _____

5. **Briefly explain why you would like to be a 4-H volunteer.**

6. **If there is a specific program or club you wish to work with, please list here:**

7. **Additional Information (use additional sheets if necessary)**

The 4-H Youth Development Program has a responsibility to provide a safe and healthy environment for all youth. Because of this responsibility, we ask for the following information. Answers to the following questions will be considered if relevant to the volunteer position for which you are applying:

- | | | | |
|----|---|---------|--------|
| a. | Do you use illegal drugs? | yes ___ | no ___ |
| b. | Have you ever been convicted of child abuse or neglect? | yes ___ | no ___ |
| c. | Have you ever been convicted of animal abuse? | yes ___ | no ___ |
| d. | Have you ever been convicted of a criminal offense? | yes ___ | no ___ |
| e. | Have you ever been convicted of a motor vehicle violation? | yes ___ | no ___ |
| f. | Have a valid driver's license?
driver's license # _____ State _____ | yes ___ | no ___ |
| g. | Are there any criminal charges pending against you? | yes ___ | no ___ |
| h. | Other than the above, is there any fact or circumstance that would cause questions about having you supervise, guide and care for young people? | yes ___ | no ___ |

Please explain any "yes" answers here. For convictions, please include an explanation of the nature of the conviction, the degree of rehabilitation and the time since release. (You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a)).

7. References

Please list 3 people who have known you for at least 2 years and are not related to you. They should be familiar with your character as it relates to working with young people. Please do not include family members. Each will be asked by phone or by letter to complete a short questionnaire. All responses will be held confidential.

NAME	COMPLETE MAIL ADDRESS	PHONE NUMBER
(1) _____	_____	_____
EMAIL ADDRESS: _____	_____	
(2) _____	_____	_____
EMAIL ADDRESS: _____	_____	
(3) _____	_____	_____
EMAIL ADDRESS: _____	_____	

8. Upon acceptance as a volunteer for the University of Connecticut Extension 4-H Youth Development program, I agree to fulfill the following responsibilities while serving in this role:

- a. Participate in appropriate volunteer training and conduct 4-H activities in compliance with University of Connecticut Extension guidelines.
- b. Maintain the integrity and standards of 4-H youth development.
- c. Keep 4-H staff fully informed of group or project activities, including field trips, fund raising events, and other special activities.
- d. Maintain up-to-date enrollment with the local University of Connecticut Extension 4-H office for myself, my members, and other volunteers I direct.
- e. Welcome all youth, their families and other volunteers to participate in the program, regardless of race, color, national origin, religion, sex, age and disability.
- f. Maintain appropriate records and financial information. Prepare and submit reports as requested.

I hereby certify that there are no misrepresentations or omissions of fact in the foregoing statements and answers to questions. I understand that misrepresentation or omission of fact is cause for non-appointment or dismissal as a volunteer.

I understand that to have custodial care of 4-H youth participants such as supervising, chaperoning or otherwise overseeing minors, I must complete a UConn Criminal Background Check (CBC)

CBC forms submitted (please circle) Yes No

I authorize the University of Connecticut Extension 4-H Youth Development Program to contact listed references and to conduct a background investigation which may include, but not be limited to, employment, child welfare, motor vehicle and/or criminal offense histories and animal cruelty. I release from liability the University of Connecticut, its Extension 4-H Youth Development Program, the State of Connecticut and their agents and employees in conducting this background investigation and any persons or entities which provide information in response to the background investigation.

I agree to never disclose personally identifiable information (PII) to any parents/guardians, family or other individuals unless explicit permission is provided by a 4-H member's parent/guardian. You may only share 4-H PII with other registered 4-H volunteers for use within 4-H.

Signature
Revised 2/8/21

Date
AA/EEO and Program Provider