



Dear Potential Ohio 4-H Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer. Each year, thousands contribute their time, energies, and talents that enable Ohio 4-H to reach nearly 300,000 youth, helping Ohio State University Extension to engage people in educational programs that meet their immediate needs.

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 service recipients, 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. Forms need to be submitted to the Extension Office before February 24, 2022.

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 State University Extension 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,

LETTER 2021-2022

Kathy Bruynis and Danielle Combs  
Extension Educators 4-H Youth Development

Kirk Blair, PhD  
Interim Assistant Director 4-H Youth Development

# Ohio State University Extension Volunteer Selection Policy & Procedures

Effective: May 1, 2007

## **Policy**

Adults who desire to volunteer their time, energy and talents to Ohio State University Extension with the potential to serve members of a vulnerable population (minors, elderly, and/or disabled) must complete a volunteer selection process.

## **Long-Term or High Responsibility Volunteer Assignment**

Adults serving members of a vulnerable population (minors, elderly, and/or disabled) in an unsupervised capacity with potential for ongoing/sustained contact with clientele and/or includes opportunities for financial, overnight, and transportation responsibilities will:

1. Receive, at the time of application or change of position, a written volunteer position description outlining the responsibilities.
2. Read, agree to, and sign the O.S.U. Extension Volunteer Standards of Behavior Form.
3. Complete a volunteer application, in its entirety, and submit to the appropriate O.S.U. Extension office.
4. At minimum, have two references returned that are non-relatives, either in writing, over the telephone, or face-to-face.
5. Complete an interview with the appropriate O.S.U. Extension representative.
6. Submit to a criminal history fingerprint background check.
7. Participate in a new volunteer orientation/training program.

## **Short-Term Volunteer Assignment**

Adults serving a short-term assignment for a consecutive series of days, or several nonconsecutive days for a period of one (1) week or less in which they will be under the direct supervision of a paid staff member (or approved volunteer key leader), not having the potential for financial, overnight, and transportation responsibilities and no sustained/on-going contact with clientele will complete the following selection procedures:

1. Receive a volunteer role description;
2. Complete and submit volunteer information form;
3. Read, agree to, and sign the O.S.U. Extension Volunteer Standards of Behavior Form;
4. Receive role/responsibility orientation; and
5. Complete an Ohio Electronic Sex Offender Registration and Notification (eSorn) and National Sex Offender Public Registry web check (not fingerprint) based upon name, county, city, state, zip code, and school.

Ohio Electronic Sex Offender Registration <http://www.esorn.ag.state.oh.us/Secured/p1.aspx>

National Sex Offender Public Registry <http://www.nsopr.gov/>

## **Partnerships & Exceptions**

- When entering into partnerships/collaborations, OSU Extension professionals shall work cooperatively with those entities to establish volunteer selection procedures that meet minimum requirements of all organizations.
- In partnerships where volunteers are representing O.S.U. Extension programs, the volunteers must meet minimum OSU Extension selection requirements.
- In limited situations, Extension professionals may need to implement alternative selection strategies that are not identified in OSU Extension policy. In those cases, Extension professionals shall work with the Associate Director, Operations and the appropriate program area representative.
- The following are not required to complete a selection process: one-time guest speakers; one-time group facilitators; judges for pre-fair judging; county and state fair judges; field day host; parents (providing they are not providing leadership to children other than their own); and other similar positions.

## Ohio 4-H Volunteer Application

### I. GENERAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Length of time at this address (years): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Work: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

School District: \_\_\_\_\_ Email: \_\_\_\_\_

Are You a 4-H Alumni: ☐ Yes ☐ No If yes, what state and county: \_\_\_\_\_

#### Demographic Information

Occupation (optional): \_\_\_\_\_ Level of Education (optional): \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-hispanic

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Asian

Residence: ☐ Farm ☐ Town/Rural (<10,000) ☐ Town (10,000-50,000) ☐ Suburb (< 50,000) ☐ City (> 50,000)

Military Service: ☐ 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: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Branch Component: ☐ Active ☐ Guard ☐ Reserves

Health Considerations/Notes (i.e., food allergy, diabetes, etc...): \_\_\_\_\_

### II. VOLUNTEER INTEREST

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

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[ohio4h.org](http://ohio4h.org)

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity).

Do you prefer to work directly with youth or adults?   ☐ Youth   ☐ Adults   ☐ Both

If you prefer to work directly with youth, what age level(s) do you prefer?

☐ Ages 5-8      ☐ Ages 9-12      ☐ Ages 13-19      ☐ No Preference

**Type of 4-H Volunteer Position:**

- ☐ **4-H Club:**   ☐ Organizational Leader   ☐ Cloverbud Leader   ☐ Project Leader   ☐ Resource Leader
- ☐ **Project Area Interests:** \_\_\_\_\_
- ☐ **Committee Member – list committee:** \_\_\_\_\_
- ☐ **Camp** (check all that apply):   ☐ Residential   ☐ Day
- ☐ **Special Interest/Emphasis Program – list program:** \_\_\_\_\_
- ☐ **After-School Program – list site:** \_\_\_\_\_
- ☐ **Community Center/Youth Organizational Partner – list site:** \_\_\_\_\_
- ☐ **Other:** \_\_\_\_\_

**If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club?**   ☐ New   ☐ Existing

If existing, name of club: \_\_\_\_\_

**What time commitment do you initially desire to give?**

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

<i><b>Employer</b></i>	<i><b>Position Title</b></i>	<i><b>Year</b></i>
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**Previous Volunteer Experience** (list current or most recent experience first):

<i><b>Employer</b></i>	<i><b>Position Title</b></i>	<i><b>Year</b></i>
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### III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give date, nature, and disposition of offense:

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**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

**References:** List **non-family members** who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and e-mail addresses.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.*

**Permission to use photographic form for promotion contingent upon completing volunteer process:**

*Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity.*

\_\_\_\_ I GIVE \_\_\_\_\_ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If not completed, OSU Extension will not use publicity about your participation).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Volunteer Position Description 4-H Youth Development

**Position Title:**

4-H Club Volunteer

**Time Required**

On-going and dependent on county

**General Purpose:**

Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.

**Specific Responsibilities:**

- Coordinate and conduct educational activities related to project areas.
- Monitor progress towards project completion.
- Prepare members for judging, skillathon and exhibition.
- Informing members of project requirements, deadlines, events and activities.
- Provide constructive feedback to members, parents and families.
- Advise members in coordinating/conducting club activities, including: community service, fund raising, club trips and tours, recreational activities, achievement programs, promotional activities, parent's night and others.
- Welcome parent/guardian interest, ideas, support, and attendance at club activities.
- Follow all O.S.U. Extension and 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. Recruit new members when the club has openings.
- Read 4-H mailings and access information from the 4-H web to keep membership current.
- Participate in volunteer development opportunities to stay current and enhance leadership skills.
- Encourage 4-H members' and parents' interest and participation.
- Invite parents' ideas, cooperation, support and attendance at 4-H activities.

**Qualifications & Expectations:**

- ♦ Ability, interest, and willingness to:
  - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
  - Effectively organize, delegate, and communicate (verbal and written)
  - Work with minimal supervision from professional staff.
  - Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

**Ohio State University Extension Agrees to:**

- ♦ 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 appropriate recognition and awards to volunteers.

**Mentor/Supervising Professionals:**

County Extension 4-H Youth Development Professional(s)

I have read and I understand the responsibilities which I will be expected to fulfill as a 4-H Advisor/Volunteer. I also understand that this agreement may be terminated by either party.

\_\_\_\_\_  
4-H Volunteer\_\_\_\_\_  
Date\_\_\_\_\_  
Extension Educator\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Club Name

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**OSU EXTENSION, HIGHLAND COUNTY**  
**119 GOVERNOR FORAKER PLACE; SUITE 202**  
**HILLSBORO, OHIO 45133**  
**(937) 393-1918**

**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 represent their individual county Extension 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 OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti- discrimination laws, 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.

I understand and agree that as a volunteer:

- In accordance with Ohio State University policy, *Self-Disclosure of Criminal Convictions Policy 4.17*, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any 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.

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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## 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 Holmes County, 4-H volunteers should have their background check done at:

Highland County Sheriff's Department  
130 Homestead Drive  
Hillsboro, OH 45133  
By Appointment Only 937-393-1421

### 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 Highland 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: \_\_\_\_\_