

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 RELEASE***Photo Release: 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. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. 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.

- ☐ YES, I do give permission
- ☐ NO, I do not give permission



VIII. SCREENING QUESTIONS

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
Have you ever been accused or charged with an offense involving a minor?	YES	NO
Has any member of your current household ever been accused of or charged with an offense involving a minor?	YES	NO
Have you ever been accused of or charged with an offense of domestic assault?	YES	NO
Have you ever had a protective or no contact order issued against you?	YES	NO
I understand that I am required to submit for a fingerprint background screening.	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 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 possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- 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, 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 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 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:** _____





THE OHIO STATE UNIVERSITY

4-H Volunteer Criminal History Fingerprint Background Check Procedure

College Of Food, Agricultural, and Environmental Sciences

Ohio State University Extension

Wood County

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

Wood County Justice Center
Deputy Amy Taulker
1906 E. Gypsy Lane Rd.
Bowling Green, OH 43402

639 S. Dunbridge Road
Suite 1
Bowling Green, OH 43402

419-354-9050 Phone
419-352-7413 Fax
<http://wood.osu.edu>

9:00 am - 4:00 pm, Monday thru Friday. Book **WEBCHECK** appointment online

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 Wood 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: _____



WEBCHECK

BOOK APPOINTMENT ONLINE

WEBCHECK

If you are unable to register for an appointment online, please call the Wood County Sheriff's Office at 419-354-9007 between the hours of 9:00 am and 4:00 pm, Monday thru Friday.

INFORMATION REQUIRED FOR PROCESSING:

- Proof of Identity: (Ohio Driver's License, Birth Certificate, Social Security Card, Passport, Ohio Identification Card)
- Correct address for agency to receive fingerprint/background check certificate.
- BCI/FBI Reason Code needed for submission
- **Cash Only** payment to be made at time of service

If the person being fingerprinted is a minor, a parent or guardian must accompany the minor to sign additional paperwork giving our office permission to fingerprint.

ELECTRONIC FINGERPRINT FEES:

- Resident of OHIO for the last consecutive five years – \$32.00
- Resident of OHIO for FEWER than five years or an FBI check – \$35.00
- Based on information needed by requestor, both an FBI and a BCI&I check may be required. Total cost is \$67.00

To expedite your visit, you may **DOWNLOAD** and complete our form prior to your appointment.

Contact Information

Deputy Amy Taulker

Phone: 419-354-9007

Email: ataulker@woodcountyohio.gov



SERVICES



WOOD COUNTY SHERIFF'S OFFICE

MARK WASYLYSHYN
Sheriff



RODNEY KONRAD
Chief Deputy

BE ADVISED ALL FINGERPRINT RESULTS WILL BE MAILED FROM THE OHIO ATTORNEY GENERAL'S OFFICE, LONDON, OHIO. ADDITIONAL COPIES MUST BE REQUESTED FROM THEM.

(Name: Last, First, Middle)

(Address, City, State and Zip Code)

(Social Security #)

(Date of Birth)

(Phone)

TYPE OF BACKGROUND CHECK REQUESTED:

- ☐ **BCI** (OHIO) I have been an Ohio resident for the last 5 years.
I further understand that \$32.00 is the charge for this service.
- ☐ **FBI** (National) I am an out of state resident, or have not lived in Ohio for the past 5 years.
I further understand that \$35.00 is the charge for this service.
- ☐ **BCI & FBI** Needed
I further understand that \$67.00 is the charge for this service.

- ☐ **DIRECT COPY TO:** Ohio Dept of Education _____ Ohio Board of Nursing _____
Social Work Board _____ Ohio Pharmacy Board _____
Child Care/ODJFS _____ OTHER _____

☐ **REASON CODE FBI:** _____ **REASON CODE BCI:** _____

☐ **MAILED COPY TO:** _____

Address _____
(Address, City, State and Zip Code)

I certify that the personal identifiers on this form are accurate and I voluntarily and knowingly authorize the Wood County Sheriff's Office to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

Applicant's Signature: _____ **Date:** _____