

Baker County
1025 W Macclenny Ave
Macclenny, FL 32063
904-259-3520
904-259-9034 Fax
<http://baker.ifas.ufl.edu>

Dear Friend of 4-H,

Thank you for your interest in becoming a Baker County 4-H Volunteer. Per your request, enclosed with this letter are our 4-H Volunteer Application and other paperwork required to become a 4-H Volunteer. Please return the forms as soon as possible so you can begin your efforts with 4-H, the largest youth development organization in the country!

Enclosed:

1. "Florida 4-H Volunteer Application," – this is standard procedure to become a 4-H volunteer anywhere in Florida.
2. "Request for Law Enforcement Check for Volunteer Applicant," – Baker County 4-H screens all their potential volunteers. This form gives us your permission for the criminal history check.
3. Two Fact Sheets "Understanding the Culture of 4-H" and "4-H FAQs – Frequently Asked Questions." for your use.

All applications are kept confidential in a locked filing cabinet.

For more information about 4-H before you apply to be a volunteer, check out our websites:
Florida 4-H:

<http://www.florida4h.org>

Baker County 4-H:

<http://baker.ifas.ufl.edu>

University of Florida IFAS Extension Service:

<http://www.solutionsforyourlife.com>

We look forward to hearing from you again.

Your in 4-H,

Renee' L. Gore
Extension Educator

Enclosures
VEP 1 BAK4H008 08/07

Florida 4-H Volunteer Application



New Enrollment
 Re-Enrollment
 Male
 Female
 Race(s)/Ethnicity: White Black Hispanic Asian Amer.Indian PacificIsland
Check all that Apply

Name _____ **Birth Date** ____/____/____
Last First

Address _____ **Home Phone** _____
City/State/Zip _____ **Work Phone** _____
Email _____ **Cell Phone** _____

PAST 4-H EXPERIENCE

4-H Alumnus **Location** _____
 Past 4-H Leader **How many years** _____ **Where** _____
City County State

VOLUNTEER PREFERENCES

Why are you interested in becoming a 4-H volunteer _____

Do you prefer to work directly with Youth Adults Both

If you prefer to work directly with youth, what grade levels do you prefer Primary (K,1,2) Junior (3,4,5) Inter (6,7,8) Senior (9,10,11,12)

What time commitment do you initially desire 1-3 months 3-6 months 6-12 months

PREVIOUS WORK OR VOLUNTEER EXPERIENCE

Employer or Organization	Position Title or Volunteer Role	Year

Have any of your previous jobs completed a background check? If so, which? What clearance was obtained? _____

HOBBIES, CERTIFICATIONS, & QUALIFICATIONS

REFERENCES - List two persons not related to you who have definite knowledge of your qualifications

Name _____ **Phone** _____
Last First

Address _____
Street City State Zip

Name _____ **Phone** _____
Last First

Address _____
Street City State Zip

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Florida Cooperative Extension volunteer or for termination after appointment. If appointed as a volunteer, I agree to abide by the expectations of the Florida Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my ability

Signature _____ Date _____ Last Revision : August 2008

Adult Agreement

Families and other youth serving programs place trust in the Cooperative Extension Service to provide quality leadership and care for participating youth. 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 merit this trust. For these reasons the following behaviors that merit this trust are listed for volunteers working in the Cooperative Extension 4-H Youth program

- Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth and exhibit good sportsmanship
- Represent the educational mission of the University of Florida Extension Service. Accept support and supervision from Extension program representatives
- Obey the laws of the locality, state, and nation
- Make all reasonable effort to assure that the 4-H youth programs are accessible to youth without regard to race, color, national origin, gender, religion, or disability
- Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs Do not participate in/or condone, neglect or abuse which happens to the 4-H youth participants outside the program and report suspected abuse to authorities
- Treat animals humanely and teach 4-H youth to provide appropriate animal care
- Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid license and the legally required insurance coverage
- Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so

I have read and understand the Adult Agreement outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with University of Florida IFAS Extension 4-H Youth Development Programs or my removal from the program activity. I understand that being involved with youth participants in Extension Programs, is a privilege, not a right. (Appointments are renewed on an annual basis.)

Signature of Adult

4-H Agent Signature

Date

Florida 4-H Applicant Disclosure Form



The University of Florida Cooperative Extension Service 4-H has an obligation to provide a safe atmosphere for all persons involved in youth activities. Please answer the next 4 questions with the understanding that we are all considerate of the well being of youth.

NOTE: An inquiry may be made to proper authorities to determine whether the applicant has a history relating to crimes against the person or child abuse.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court involved

1. Have you or anyone living at your residence ever been convicted of any crimes against persons listed as follows: aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first, second degree statutory rape; first, second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest, vehicular homicide; first degree promoting prostitution; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused or neglected any minor?

3. Have you even been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor?

4. Have you even been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

CRIMINAL HISTORY

Have you been convicted of a criminal offense in the last seven years Yes No

Have you been found guilty of a criminal offense even if adjudication was withheld Yes No

Have you pled nolo contendere Yes No

If YES to any of the above, please give date, nature of offense and disposition _____

A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to specifics of the position for which you have applied.

DRIVER'S LICENSE

Driver's License Number _____

Driver's License State _____

Please attach a photocopy of your driver's license to this form

HISTORY OF ADDRESSES

Please list the address of all residences over the last 10 years

Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____
Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____
Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____
Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____
Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____
Street Address	_____	City	_____
State	_____	Zip	_____
_____	_____	Date	_____

By completing and signing the **Applicant Disclosure Form**, the said *Applicant* gives Baker County 4-H and the University of Florida permission to conduct a national background check of the *Applicant*.

Applicant Name	_____
Applicant Signature	_____
Date and Place	_____
Witness Name	_____
Witness Signature	_____
Telephone/Address of Witness	_____
_____	_____
Address	City State Zip

Copy of Applicant's Drivers License is attached. (Preferably enlarged)

In accordance with the Americans with Disabilities Act and Section 286.26, F.S., persons needing accommodations or an interpreter to participate in the proceeding should notify the University of Florida Baker County Extension Service no later than 48 hours prior to the meeting at 904-259-3520 or fax 904-259-9034

An Equal Opportunity/Affirmative Action Institution

