



(Office use only) Date Received: _____
Year Screened: _____
Screened___ Restricted___ Household___ Inactive___

Application for New 4-H Volunteers

(Screening Step A)

4-H County: _____ **Email:** _____
*For Otter Tail County, please indicate East or West. For St. Louis County, please indicate North, South or Incredible Exchange.
For American Indian programs, please write the tribe name as the county.*

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Gender: Male Female **Primary Phone:** _____

Cell Phone: _____ Accept text messages **Cell Company:** _____

Work Phone: _____ **Work Extension:** _____

Emergency Contact: Name: _____ Primary Phone: _____

Alternate Phone: _____ Relationship: _____

Hispanic Ethnicity (check one): Hispanic or Latino *OR* Not Hispanic or Latino

Racial Groups (check all that apply):
 American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander Prefer not to state

Residence (check one): Farm Town < 10,000 and rural non-farm
 Town/city 10,000 - 50,000 and suburbs Suburb of city > 50,000 Central city > 50,000

Does anyone in your family serve in the military? (check if yes) Parent Sibling Son/Daughter Self/Spouse

Branch: _____ **Component:** Active Duty National Guard Reserves
(Air Force, Army, Coast Guard, DOD Civilian, Marines, Navy)

Were you in 4-H as a youth? Yes No **If yes, list projects/areas involved:** _____

Year of birth: _____

Please select the highest education level in your household:

Unknown Partial high school High school graduate or GED certificate Some college, incl. vocational/technical
 College (2-4 year degree completion) Graduate/professional training I prefer not to provide this information

Have you been a 4-H volunteer before? Yes No **If yes, list County/State:** _____

Number of years as 4-H volunteer: _____ **Role(s) held:** _____

In what way(s) would you like to volunteer with 4-H? (Ex. leading/ working with a club, group or project, chaperoning)

Check here if you would like to talk further with 4-H staff about volunteer roles or opportunities.

Current Occupation: _____ How long have you worked at that position? _____

Previous Work Experience: _____

Educational Degrees Held: _____

Special Training Received: _____

Past volunteer experience (type of organization, role played, number of years, etc.):

Other interests, hobbies or skills that may contribute to 4-H youth development work:

Which would you prefer to work with? ___ Youth ___ Adults ___ Either/Both

If you prefer to work directly with youth, what grade level(s) do you prefer? (Check all that apply)

___ Grades K-2 ___ Grades 3-5 ___ Grades 6-8 ___ Grades 9+

Health Information:

Please be accurate yet concise. In the event of an emergency, this may be the only immediate source of information.

Do you have a health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? No, I do not have any relevant health diagnosis.
 Yes, I have a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.

Health diagnosis details/explanations and suggested accommodations.

Do you have any specific dietary needs? No special food needs or requests.
 Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian) or religious restrictions.

Dietary needs details/explanation.

Do you have any allergies or reactions to drugs or things in nature? No
 Yes

Describe allergies or reactions.

Do you have any conditions requiring medication that program staff should be aware of to help ensure your safety (e.g. use of inhaler, epipen)? No medication needs to be brought to the program staff attention.
 Yes, staff should be aware of the medication(s) I take.
If YES, please provide details in the box directly below.

Medication details/explanation including condition(s) requiring medication, name of medication(s) and any possible assistance that may be needed with monitoring or administering.

Is your Tetanus immunization current? No Yes Not sure

Date of last Tetanus shot (month/year). Leave blank if not current or unknown

Do you have any other health conditions? No Yes

Describe other health conditions.

Primary Club or Group: _____

Check 4-H Projects that would interest you as a volunteer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Flower Gardening | <input type="checkbox"/> Plant & Soil Science |
| <input type="checkbox"/> Aquatic Robotics | <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Food Preservation | <input type="checkbox"/> Poultry (and pigeons) |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Forest Resources | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Fruit | <input type="checkbox"/> Rabbits (and guinea pigs) |
| <input type="checkbox"/> Child & Family Development | <input type="checkbox"/> Geology | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Global Connections | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Clothing & Textiles | <input type="checkbox"/> Goat – Dairy | <input type="checkbox"/> Self-Determined |
| <input type="checkbox"/> Cloverbuds (Grades K-2) | <input type="checkbox"/> Goat – Meat | <input type="checkbox"/> Sheep |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Health | <input type="checkbox"/> Shooting Sports & Wildlife |
| <input type="checkbox"/> Consumer Education | <input type="checkbox"/> Home Environment | <input type="checkbox"/> Shop (wood and/or metal) |
| <input type="checkbox"/> Crafts & Fine Arts | <input type="checkbox"/> Horse | <input type="checkbox"/> Small Engines |
| <input type="checkbox"/> Crop Sciences | <input type="checkbox"/> Horse Training | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Horseless Horse | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Indoor Gardening | <input type="checkbox"/> Vegetable Gardening |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Lama (llamas and alpacas) | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Engineering Design | <input type="checkbox"/> Lawn & Landscape Design | <input type="checkbox"/> Video |
| <input type="checkbox"/> Entomology | <input type="checkbox"/> Needle Arts | <input type="checkbox"/> Water/Wetlands |
| <input type="checkbox"/> Exploring Animals | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Wildlife Biology |
| <input type="checkbox"/> Exploring the Environment | <input type="checkbox"/> Pets | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> Fishing Sports | <input type="checkbox"/> Photography | |

4-H Activities/Groups vary by county and region; talk with your 4-H program staff about opportunities.

Code of Conduct

Introduction

The University of Minnesota Extension 4-H Youth Development program (Minnesota 4-H) builds engaged young people who are able to learn and lead in a global society, educates adults to work effectively with youth, and partners with communities to create supportive social environments that help youth thrive. A standard of behavior for all individuals involved in our program is one of the key components for creating a welcoming learning environment that is physically and emotionally safe.

Any individual participating and/or volunteering with the Minnesota 4-H program at any level (individual, club, county, regional, state, national and international) is subject to the behavior standards and rules governing participation and involvement as outlined in the Minnesota 4-H Code of Conduct. In addition to the Minnesota 4-H Code of Conduct, there may be additional policies, rules, and procedures relating to specific 4-H events and activities that will also apply to those events/activities.

The Minnesota 4-H Code of Conduct applies to both face-to-face and online environments and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

- While participating in or attending a 4-H sponsored program (e.g. club meeting, project meeting, activity, event, learning opportunity).
- At the county fair while participating in or attending a 4-H event or while on premises used for 4-H purposes (e.g. show ring, exhibit building, barn, food stand).

- At the state fair, during their (or their child's) assigned encampment or assigned volunteer responsibility.

In addition, the Minnesota 4-H Code of Conduct applies and will be enforced as follows:

- At all times during the year of service for 4-H members who agree to represent Minnesota 4-H to the public by accepting a statewide 4-H leadership role (e.g. state 4-H ambassador, state 4-H PDC member).
- At all times throughout a volunteer's service when behavior outside of Minnesota 4-H puts youth at risk or has the potential to put youth at risk.

The opportunity to participate in and/or volunteer with Minnesota 4-H is a privilege and honor, not a right. All youth participants, parents/guardians supporting their child's participation in 4-H, and volunteers are expected to sign the Minnesota 4-H Code of Conduct before becoming involved with Minnesota 4-H. Continued participation in Minnesota 4-H is based on individuals meeting the requirements of the program including the Minnesota 4-H Code of Conduct.

Infractions to the Minnesota 4-H Code of Conduct will be addressed and may result in consequences. Because Minnesota 4-H is a safe place for youth and adults to learn from their mistakes, minor disruptive or inappropriate behavior will first be addressed through redirection and coaching. When the nature of the offense is more severe or there is a pattern of minor disruptive or inappropriate behavior, violations of the Minnesota 4-H Code of Conduct will result in consequences. The consequences may range from a verbal warning to the loss of privileges (e.g. participation at the event or future events, forfeiture of awards or other forms of recognition, forfeiture of positions of leadership, limitation on volunteer responsibilities) to full removal from Minnesota 4-H. Consequences may be applied to entire 4-H entities, when applicable.

Code of Conduct for Volunteers

1. I understand that Minnesota 4-H is a non-formal education program in which I have an option to volunteer. I will complete the expectations of my volunteer assignment, working with staff and volunteers to create quality learning environments for youth. I accept my responsibility to engage in program activities and to excuse myself from this volunteer assignment if it does not meet my volunteer objectives. I recognize the organization has the responsibility and authority to remove individuals who are serving as volunteers that are disruptive to Minnesota 4-H or for any other reason Minnesota 4-H deems appropriate.
2. I accept my responsibility to represent Minnesota 4-H by holding myself to the standards of the 4-H pledge and motto. I will refrain from behavior that negatively represents myself, my family, my community, 4-H or the University of Minnesota.
3. I acknowledge that the 4-H program utilizes competition related to project work as a tool for learning. I will demonstrate good sportsmanship, encourage this behavior in program participants and other volunteers, and not allow this behavior to detract from the learning experience. I will not let my personal desire to win overshadow the needs of the group or violate positive youth development principles.
4. I accept my personal responsibility to be informed and follow the policies, rules and deadlines established by Minnesota 4-H. I will not cheat, lie, knowingly furnish false information, deceive, or otherwise engage in dishonest, unethical or illegal behaviors. I will not encourage others to disregard or intentionally violate conditions of Minnesota 4-H participation.
5. I will act in a respectful and responsible manner during all 4-H programs. I will comply with directions of 4-H officials acting in the performance of their duties. I will not obstruct or disrupt any 4-H program or encourage others to engage in such conduct. I understand that a judge's decision is final.
6. I will promote a spirit of inclusion and welcome participation of individuals from all backgrounds. I will encourage youth involvement in decision making. I will practice fair-mindedness by being open to ideas and opinions of others. I will comply with equal opportunity and anti-discrimination laws. I will not participate in behaviors that discriminate against other people.
7. I will communicate (oral, written and electronic) in an open, honest, respectful manner in all situations involving the 4-H program. I will refrain from communication that is negative, offensive, destructive or hurtful to others. I will refrain from sharing private matters in a public group setting. I will not engage in or tolerate slander, put-downs, insults, taunting, name-calling, yelling, profane language, sexual innuendos and other comments or hostile behaviors likely to offend, hurt or set a bad example. If I witness this type of behavior, I will contact the staff member. If the situation is escalating to where I feel unsafe, I will contact the authorities.
8. I will ensure a safe environment for myself and others involved in 4-H programs that I am leading, implementing Minnesota 4-H risk management practices. I will not act in an irresponsible or potentially hazardous manner. I will access and operate machinery, vehicles and other equipment in compliance with laws, rules of the 4-H program, and general safety practices.
9. I will model healthy choices. I will not offer alcohol, tobacco products or illegal substances to youth. I will not possess or use illegal substances. I will not use alcohol or tobacco products during a 4-H program. I will not attend 4-H programs under the influence of alcohol or any illegal substance.

10. I will be courteous and respectful of other individuals and their property. I will dress in a manner that is appropriate, tasteful and respectful for youth. I will not use, abuse or take another individual's personal belongings. I will not damage facilities.
11. I will abide by the University of Minnesota policy on the safety of minors. I will not have sexual contact or a sexual relationship with a member. I will not use physical punishment for discipline. If I have reason to believe that a member is being neglected or physically or sexually abused, I will make an immediate report of the neglect or abuse to a law enforcement or social service agency.
12. I will abide by the University of Minnesota policy on possession and carrying of weapons (firearms and other dangerous weapons as defined by Minnesota law.) I will not possess or carry a weapon while on University property or during attendance at a 4-H program, regardless of location, except in the following two circumstances: (1) I am lawfully storing a firearm inside a personal motor vehicle, or (2) I have been authorized by the 4-H program to possess and carry firearms at 4-H Shooting Sports/Wildlife programs.
13. I will use appropriate channels within Minnesota 4-H to address concerns and conflicts, working towards resolution. I will accept the decision of the individual and/or group that has the leadership and authority to make the decision, even if the decision is not the one I personally desire.
14. I will demonstrate behaviors appropriate as a positive role model. If I have a guest or guests in attendance at a 4-H program, I will encourage them to abide by the Minnesota 4-H Code of Conduct and ask them to leave if they are unable to abide by the code. I recognize that if the guest's behavior interferes with the learning, my guests may be asked to leave the 4-H program.
15. I will expect youth and adults participating in the programs I lead as a 4-H volunteer to follow the Minnesota 4-H Code of Conduct. If behaviors contrary to the Minnesota 4-H Code of Conduct are demonstrated during a 4-H program, I will address the situation appropriately and consult with my staff supervisor when needed.

Volunteer Acknowledgements

Code of Conduct Release

I have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) Code of Conduct for Volunteers including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct will result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by Minnesota 4-H.

Media Release

I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of me and/or, my property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

NOTE: For information about opting out of the photo release, contact your local Extension staff: www.4-H.umn.edu/county.

Medical Authorization

I authorize each of the following: (a) the health history and medical information I have provided is correct. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which I intend to participate; (b) if an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

Screening Release

I understand that some of the above information is considered private under the Minnesota Government Data Practices Act, Chapter 13. This information will be used for programming purposes and given to people responsible for each program.

I authorize the University of Minnesota Extension and/or their agents to investigate my background as it pertains to volunteer considerations. This may include investigation of information contained in public records including criminal and motor vehicle data. In signing below, I agree to complete a background check following the instructions provided for me, and I consent to be rescreened on a regular basis (typically every 3 years). I release all persons, companies, or organizations furnishing such information from liability and responsibility. This authorization does not expire, will include rescreening on a regular basis, and will be considered revoked only upon my written authorization or request to the University of Minnesota Extension. A copy of this document may be substituted for the original.

The background check includes criminal background information and does NOT include a credit check. The background check is for use only by the University of Minnesota Extension 4-H organization, is defined by the needs and requirements of 4-H, and is applied consistently to all volunteer applicants. Under no circumstances will the information collected and maintained by the McDowell Agency, Inc. ever be sold or provided to an outside entity for any purpose. For more information about the McDowell Agency's privacy policies, visit www.mcdowellagency.com/faq.php.

I certify that the information in this application is true and current. I understand that misrepresentation or omission of facts requested is cause for non-acceptance as a University of Minnesota Extension volunteer. I further understand that the University of Minnesota Extension is not obligated to accept or place me as a volunteer. If accepted as a volunteer, I agree to abide by the expectations of the University of Minnesota Extension and to fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of the University of Minnesota Extension and the Minnesota 4-H Program.

I am obligated to immediately report any criminal changes that may occur following the signing of this document or immediately request Minnesota 4-H to revoke my privilege of serving as a 4-H Volunteer.

I have reviewed the Volunteer Screening Release and authorize the University of Minnesota Extension and/or their agents to conduct a background check as it pertains to my volunteer considerations.

VOLUNTEER NAME (Printed) _____

VOLUNTEER SIGNATURE _____

DATE _____

AN ORIGINAL INK SIGNATURE IS REQUIRED ON THE APPLICATION.

We legally cannot accept scanned, emailed or faxed signatures.

PLEASE RETURN THIS APPLICATION TO YOUR COUNTY EXTENSION OFFICE.

Acceptance as a 4-H volunteer is based on evaluation of your application, background check, and orientation. Staff will work with you to match your skills and interests to roles within the 4-H program, and training will be provided periodically.

**Have you completed the Background Check and Orientation?
ALL 3 STEPS ARE REQUIRED BEFORE YOU BEGIN SERVING AS A 4-H VOLUNTEER.**

YOU WILL BE NOTIFIED WHEN YOU ARE ACCEPTED AS A VOLUNTEER.

The University of Minnesota Extension is an equal opportunity educator and employer.