



THE OHIO STATE UNIVERSITY

Ohio State University Extension

Licking County

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<http://licking.osu.edu>

2023-2024

Dear Prospective 4-H Volunteer:

Attached to this letter you will find a complete 4-H Advisor application packet. I encourage you to review all materials and information thoroughly and to contact me at the Extension Office should you have questions.

First and foremost, you should closely review the appropriate enclosed Volunteer Position Description and be sure that you understand the roles and responsibilities of your potential new role. Please note that all applicants must be at least 20 years of age as of 01/01/2024 – allowing for at least one year between enrollment as a member and stepping in to an Advisor role. Once you have reviewed all information, you should complete the Volunteer Application, and all included materials. Submit all materials to the Extension Office by no later than **JANUARY 1st**.

Once you have submitted this information, you should make an appointment as soon as possible with the Licking County Educational Service Center to request a Bureau of Criminal Investigations (BCI) Background Check. It can take multiple weeks or longer to receive verification of your background check report from the state. When you go in to have your fingerprints taken, you will need to take the waiver included with this packet (last 2 pages), a valid driver's license (or state issued identification card), and the appropriate fee (as noted on the waiver form) to cover the cost of having the background check completed. Your payment must be in the form of either cash or a check. BCI Background check must be completed by no later than February 1st.

Once your report is received by the OSU Human Resources Office, they will contact us to verify your eligibility to serve as an Extension Volunteer. After I have reviewed your application, received notification of your approved background check, and have received at least two reference forms (which we will distribute to references), I will contact you to schedule your interview - which is the last step in the process.

Once your interview is complete, within a week you will receive notification by mail / email regarding your acceptance to serve as a 4-H Volunteer. At that point, if you are accepted, you may begin to work with youth in the capacity of a 4-H Club Advisor. I do ask that you not work with club activities in an advisor role until the process is complete. I realize that this may be an inconvenience for a few of you who are anxiously starting new clubs, but it is simply appropriate that you wait until the entire process is completed.

Should you have questions or concerns throughout this process, please do not hesitate to contact me. I realize that it may seem cumbersome to complete each step within the screening process, but just remember that we are working to ensure the safety of a very precious group of people - our youth. I certainly feel that we should take every step possible to protect our children.

Yours In 4-H,

Lisa McCutcheon
Extension Educator, 4-H Youth Development

Volunteer Position Description

4-H Youth Development

Position Title:

4-H Club Organizational Volunteer

Time Required:

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose:

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential. Serve in a leadership role providing overall club management.

Specific Responsibilities:

- ◆ Serve as the primary liaison between 4-H professionals, extension staff, volunteers, members and families
- ◆ Maintain and promote communication with all club volunteers, members, and families
- ◆ Secure, complete, and submit club organization/enrollment materials to the county Extension office by the posted deadline
- ◆ Provide county Extension office with all requested materials related to the 4-H club
- ◆ Ensure adequate supervision at all club functions
- ◆ Involve members in developing club programs, including project work, community service, social events and participation in county, regional and state 4-H events
- ◆ Assist officers to learn their responsibilities
- ◆ Welcome parent/guardian interest, ideas, support, and attendance at club activities
- ◆ Follow all OSU Extension and Ohio 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
- ◆ Read Ohio 4-H news and access information from the Ohio 4-H web site to keep members informed of opportunities
- ◆ Participate in volunteer development opportunities to stay current and enhance leadership skills
- ◆ Inform members/parents of 4-H guidelines and requirements
- ◆ Provide positive and constructive feedback to members and parents/guardians

Continues on page 2

Qualifications & Expectations:

- ◆ Work with volunteers and 4-H professionals to teach and motivate youth, while nurturing positive self-esteem, decision making, responsibility, and leadership
- ◆ Be dedicated to youth and sensitive to their abilities and needs
- ◆ Effectively organize, delegate, and communicate with the other club volunteers
- ◆ Work with minimal supervision from professional staff
- ◆ Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program

Ohio State University Extension Will:

- ◆ Provide training opportunities to assist volunteers to meet needs of members and families
- ◆ Provide access to educational materials and resources
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

Mentor/Supervising Professionals:

- ◆ County Extension 4-H Youth Development Professional(s)



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Volunteer Position Description

4-H Youth Development

Position Title:

4-H Club Volunteer (Project and Resource)

Time Required

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose:

Support and work in partnership with 4-H professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential.

Specific Responsibilities:

- ◆ Provide a variety of 4-H project related learning experiences:
 - *Coordinate and conduct educational activities related to projects*
 - *Monitor progress towards project completion*
 - *Prepare members for knowledge assessment of projects, including but not limited to judging, skillathon, and/or exhibition*
 - *Inform members of project requirements and deadlines*
 - *Provide constructive feedback to members, parents, and families.*
- ◆ Advise members in coordinating/conducting club activities, including:
 - *Club meetings, community service, fund-raising, club trips & tours, learning activities, recognition events and leadership activities*
- ◆ Promote 4-H opportunities in your club and local community, including:
 - *Encourage family and member participation*
 - *Inform members of county 4-H events & activities*
 - *Recruit new members and retain current members*
- ◆ Actively participate as a volunteer by:
 - *Follow OSU Extension and 4-H Youth Development policies and procedures*
 - *Attend club meetings and activities*
 - *Read and review all forms of communication to keep members, parents, and other volunteers informed*
 - *Participate in volunteer development opportunities to enhance leadership skills*

Continues on page 2

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*
 - *Be dedicated to youth and sensitive to their abilities and needs*
 - *Effectively organize and communicate with the other club volunteers*
 - *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 Will:

- ◆ Provide training opportunities to assist volunteers to meet needs of members and families
- ◆ Provide access to educational materials and resources
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

Mentor/Supervising Professionals:

- ◆ County Extension 4-H Youth Development Professional(s)
- ◆ 4-H Club Organizational Volunteer



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Volunteer Position Description

4-H Youth Development

Position Title:

4-H Cloverbud Volunteer

Time Required

On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

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:

- ◆ Willingness to become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program, and county 4-H program
- ◆ Follow the Cloverbud guidelines and policies of Ohio State University Extension, Ohio 4-H Program, and county 4-H program
- ◆ Provide an emotionally and physically safe environment
- ◆ Serve as a liaison between the county Extension office/staff and 4-H Cloverbud members, their parents/guardians, and those working with you
- ◆ Support 4-H professionals and members in conducting meaningful educational experiences to help young people grow and reach their fullest potential
- ◆ Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities
- ◆ Give support and recognition to members
- ◆ Understand the importance of being a positive role model
- ◆ Have fun
- ◆ Let the 4-H Cloverbud children know you care
- ◆ Be committed to young people and their growth in all areas
- ◆ Utilize the Ohio 4-H Cloverbud Curriculum Instructional materials or other approved activities while working with 4-H Cloverbud children
- ◆ Be aware of available learning experiences and help the club members select appropriate activities
- ◆ Maintain open communications with other club volunteers
- ◆ Be dedicated to young people and sensitive to their needs
- ◆ Attend 4-H Cloverbud events, meetings, and activities
- ◆ Read 4-H newsletters and literature from the Extension office and their web site and keep members, parents, and others informed
- ◆ Participate in appropriate volunteer development opportunities

Continues on page 2

Qualifications & Expectations:

- ◆ Work with volunteers and 4-H professionals to teach and motivate youth, while nurturing positive self-esteem, decision making, responsibility, and leadership
- ◆ Be dedicated to youth and sensitive to their abilities and needs
- ◆ Interest in learning the characteristics of 4-H Cloverbud-aged children
- ◆ Work with minimal supervision from professional staff
- ◆ Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program
- ◆ Attend annual volunteer training as directed by county 4-H professional

Ohio State University Extension Will:

- ◆ Provide training opportunities to assist volunteers to meet needs of members and parents
- ◆ Provide access to educational materials and resources
- ◆ Approve 4-H Cloverbud curriculum and activities per Ohio 4-H Cloverbud guidelines other than the Big Book of Cloverbud Activities
- ◆ Have professional staff available to consult with and listen to volunteers
- ◆ Provide recognition to volunteers

Mentor/Supervising Professionals:

- ◆ County Extension 4-H Youth Development Professional(s)
- ◆ 4-H Club Organizational Volunteer (if participating in a club-based program)



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Ohio State University Extension Volunteer Selection

Evaluating Criminal Offenses

Statement on Criminal Offenses

Revised Ohio Senate Bill 187 identifies offenses that are to be considered disqualifying for those who desire to work with minors. Ohio State University Extension considers those offenses, and those that are substantially equivalent, as automatically disqualifying when considering an individual's qualifications for working with members of a vulnerable population (minors, elderly over age 65, and individuals with disabilities).

There are likely to be additional criminal offenses, not identified on this list that will surface when conducting criminal fingerprint background checks on potential volunteers. Offenses identified that are not listed as disqualifying offenses must be thoroughly evaluated prior to making a decision concerning a potential volunteer's acceptance into the organization.

Considering Criminal Offenses

As decisions are made concerning individuals who have criminal records, the following information is critical and must be thoroughly evaluated and discussed prior to making any decision. It will be necessary to discuss the facts with the county chair, district specialist, district director, and/or identified representative from your state program area or Extension administration. Extension professionals will consider the following:

- Nature of offense identified
- Time the offense occurred (year) or age when offense occurred
- Parties affected by the offense (minors, elderly, disabled)
- Potential volunteer responsibilities (i.e. relationship to vulnerable populations)
- Relationship of offense to potential responsibilities
- Opportunity to place individual in alternative role (no responsibilities for vulnerable populations)

Offenses Listed under section 109.572 (a)(1)

| | |
|----------|---|
| 2903.01 | Aggravated murder; specific intent to cause death |
| 2903.02 | Murder |
| 2903.03 | Voluntary manslaughter |
| 2903.04 | Involuntary manslaughter |
| 2903.11 | Felonious assault |
| 2903.12 | Aggravated assault |
| 2903.13 | Assault |
| 2903.16 | Failing to provide for functionally impaired person |
| 2903.21 | Aggravated menacing |
| 2903.34 | Patient abuse, neglect |
| 2905.01 | Kidnapping |
| 2905.02 | Abduction |
| 2905.04 | Child enticement |
| 2905.05 | Criminal child enticement |
| 2907.02 | Rape |
| 2907.03 | Sexual battery |
| 2907.04 | Unlawful sexual conduct with a minor |
| 2907.05 | Gross sexual imposition |
| 2907.06 | Sexual imposition |
| 2907.07 | Impositioning (now importuning) |
| 2907.08 | Voyeurism |
| 2907.09 | Public indecency |
| 2907.12 | Felonious sexual penetration |
| 2907.21 | Compelling prostitution |
| 2907.22 | Promoting prostitution (children) |
| 2907.23 | Procuring |
| 2907.25 | Prostitution: after positive HIV test |
| 2907.31 | Disseminating matter harmful to juveniles |
| 2907.32 | Pandering obscenity |
| 2907.321 | Pandering obscenity involving a minor |
| 2907.322 | Pandering sexually oriented matter involving a minor |
| 2907.323 | Illegal use of a minor in nudity oriented material or performance |
| 2911.01 | Aggravated robbery |
| 2911.02 | Robbery |
| 2911.11 | Aggravated burglary |
| 2911.12 | Burglary |
| 2919.12 | Unlawful abortion |
| 2919.22 | Endangering children |
| 2919.23 | Interference with custody |
| 2919.24 | Contributing to the unruliness or delinquency of a child |
| 2919.25 | Domestic violence |
| 2923.12 | Carrying concealed weapons |
| 2923.13 | Having a weapon while under a disability |
| 2923.161 | Improperly discharging a weapon at or near a school or dwelling |
| 2925.02 | Corrupting another with drugs |

2925.03 Trafficking in drugs
2925.04 Illegal manufacture of drugs or cultivation of marijuana
2925.05 Funding of drug or marijuana trafficking
2925.06 Illegal administration or distribution of anabolic steroids
2925.11 Possession of drugs (that is not a minor drug possession offense)
3716.11 Placing harmful objects in food or confection
And any “substantially equivalent offense”

Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Email: _____

Full Name: _____ Preferred Name: _____

Date of Birth (MM/DD/YY): _____ Please note: Licking County 4-H Advisors must be at least 20 years old as of 1/1/2024

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.

If joining an existing club...

Signature of Organizational Advisor of Club:

4-H Club Name: _____



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ohio4h.org

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IV. OTHER INFORMATION

Military Service: ___ I am serving in the Military ___ My Son/Daughter serves
 ___ No one in my family is currently serving ___ My Sibling serves
 ___ My Parent serves ___ My Spouse/Partner serves

| | | | | | | | |
|--------------------------------------|-----------|-------|-------------|----------------|------|-----------------|-------------------|
| 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 *(not related to the applicant)*

Reference 1 PLEASE NOTE: All fields are required for each reference, including a valid email address.

| | | | |
|-------------------------|--|------------------------|--|
| 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, VIDEO RELEASE and AUTHORIZATION

Me and/or my child, _____ plans to participate in 2023-2024 4-H programming through Ohio 4-H, taking place in the 2023-2024 4-H program year. I acknowledge that during this programming, I and/or my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of me and/or my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with me and/or my child's participation in the 2023-2024 4-H program year in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my and/or my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my and/or my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

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



VIII. SCREENING QUESTIONS-Part A

| | | |
|--|-----|----|
| 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 |

VIII. SCREENING QUESTIONS-Part B

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|---------------------------------|-----------------------|------------|--------|----------|----------|-----------|--------------|--------------------|-----------------------|---------|---------------------------------|-----------------------|---------------|------------|--|--|--|--------------------------|--------------------|-----------------|----------------|-------------|-----------|---------------|---------|-------|----------|---------------------------------|-------|-----------------|-----------|----------------|------------|-----|----|
| <p>*Have you been subject to investigation in connection to, charged with or convicted of crimes that are a sexually oriented offense, the victim(s) was a minor or are considered an offense of violence under Ohio law, including but not limited to:</p> <table border="1"> <tr> <td>abduction,</td> <td>arson,</td> <td>assault,</td> <td>battery,</td> </tr> <tr> <td>burglary,</td> <td>child abuse,</td> <td>domestic violence,</td> <td>endangering children,</td> </tr> <tr> <td>escape,</td> <td>improperly discharging firearm,</td> <td>inciting to violence,</td> <td>intimidation,</td> </tr> <tr> <td>extortion,</td> <td></td> <td></td> <td></td> </tr> <tr> <td>gross sexual imposition,</td> <td>human trafficking,</td> <td>inducing panic,</td> <td>patient abuse,</td> </tr> <tr> <td>kidnapping,</td> <td>menacing,</td> <td>manslaughter,</td> <td>murder,</td> </tr> <tr> <td>rape,</td> <td>robbery,</td> <td>resisting arrest with violence,</td> <td>riot,</td> </tr> <tr> <td>sexual battery,</td> <td>stalking,</td> <td>strangulation,</td> <td>terrorism.</td> </tr> </table> | | | | abduction, | arson, | assault, | battery, | burglary, | child abuse, | domestic violence, | endangering children, | escape, | improperly discharging firearm, | inciting to violence, | intimidation, | extortion, | | | | gross sexual imposition, | human trafficking, | inducing panic, | patient abuse, | kidnapping, | menacing, | manslaughter, | murder, | rape, | robbery, | resisting arrest with violence, | riot, | sexual battery, | stalking, | strangulation, | terrorism. | YES | NO |
| abduction, | arson, | assault, | battery, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| burglary, | child abuse, | domestic violence, | endangering children, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| escape, | improperly discharging firearm, | inciting to violence, | intimidation, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| extortion, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| gross sexual imposition, | human trafficking, | inducing panic, | patient abuse, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| kidnapping, | menacing, | manslaughter, | murder, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rape, | robbery, | resisting arrest with violence, | riot, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| sexual battery, | stalking, | strangulation, | terrorism. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I understand that if I have questions about this form I should error on the side of disclosing any relevant information and will reach out to my county 4-H professional for assistance. I understand that if I fail to accurately disclose the requested information in this form it may result in an automatic disqualification or termination of my status as a 4-H volunteer.</p> | | | | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*If Yes, please provide the information below:

Full Name and any other known aliases (e.g. maiden name): _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____



*Has any member of your current household been subject to investigation in connection to, charged with or convicted of crimes that are a sexually oriented offense, the victim(s) was a minor or are considered an offense of violence under Ohio law, including but not limited to:

| | | | |
|--------------------------|---------------------------------|---------------------------------|-----------------------|
| abduction, | arson, | assault, | battery, |
| burglary, | child abuse, | domestic violence, | endangering children, |
| escape, | improperly discharging firearm, | inciting to violence, | intimidation, |
| extortion, | | | |
| gross sexual imposition, | human trafficking, | inducing panic, | patient abuse, |
| kidnapping, | menacing, | manslaughter, | murder, |
| rape, | robbery, | resisting arrest with violence, | riot, |
| sexual battery, | stalking, | strangulation, | terrorism. |

YES

NO

I understand that if I have questions about this form I should error on the side of disclosing any relevant information and will reach out to my county 4-H professional for assistance. I understand that if I fail to accurately disclose the requested information in this form it may result in an automatic disqualification or termination of my status as a 4-H volunteer.

YES

NO

*If Yes, please provide the information below:

Name of Individual: _____

This individual's relationship to the volunteer applicant _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____

I understand that being a volunteer with 4-H is not guaranteed and may depend upon successful completion of the background check and the information disclosed in this form.

YES

NO

I understand that failure to disclose may result in an automatic disqualification or termination of my status as a 4-H volunteer.

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: _____



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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 professionally represent the activity/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 The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, 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.
- Do their best to help youth thrive while exploring their ‘sparks’.
- Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
 - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- 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 report any red-flag behaviors, 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 at the OSUE’s sole discretion.

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

Volunteer Signature

Date



THE OHIO STATE UNIVERSITY
EXTENSION



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Revised 10/2022

What is this policy?

Whether you are a faculty member, staff member, student, or volunteer working with youth/minors entrusted to the university's care, each of us have an important role. Together, we share the responsibility of providing enriching experiences for the nearly half a million youths who participate in more than 600 programs sponsored by the university on a typical year.

The purpose of this policy is to promote the safety and welfare of youth/youths who participate in these activities and programs. To support the protection of youth, this policy outlines what is required of personnel and volunteers who work in activities and programs with youth participants and informs individuals of their reporting obligations in instances of known or suspected abuse or neglect of youth.

Policy Requirements:

- Activities and programs must be registered;
- Individuals working in these activities and programs must receive training, know reporting obligations, and sign standards of behavior, all of which are included here; and
- Those with care, custody, or control of youth must successfully complete a background check.

The policy includes an important focus on reporting obligations in instances of known or suspected abuse or neglect of youth.

Ask your supervisor if you have questions regarding your responsibilities within the policy or view it at

go.osu.edu/youthpolicy

What is child abuse?

When a child has suffered or faces a substantial threat of suffering any physical or mental wound, injury, disability or condition that reasonably indicates abuse or neglect.

What are some signs of child abuse? You might notice some of these common signs of abuse when working with youth. It is important to remember, however, that not all children will exhibit all of these symptoms. They may exhibit alternative symptoms.

| Physical Abuse: any physical injury inflicted other than by accidental means. | Emotional Abuse: a pattern of harmful interactions between an adult and child such as criticizing, belittling, and rejecting. |
|--|--|
| <ul style="list-style-type: none"> – Unexplained bruises or burns – Fear of going home – Fear of going with a particular staff member or person – Physical force used to correct behavior | <ul style="list-style-type: none"> – Not eating or overeating at meals – Extreme nervous habit behaviors – Parent/child interactions using inappropriate language or name calling |
| Sexual Abuse: when a person uses power and directly involves the child in any sexual act, involves the child in pornography, or forces the child to witness sexual acts. | Neglect: the failure of an adult to provide for a child's basic, educational, or medical needs (i.e., food, shelter, supervision, and clothing) |
| <ul style="list-style-type: none"> – Unusual sexual knowledge or behavior – Child-to-Child sexual contact – Bruises on inner thighs or other "no touch" areas – Fear of being alone with a particular person | <ul style="list-style-type: none"> – Stealing food – Poor shower habits/poor hygiene – Dirty clothes or clothes with numerous stains and/or tears – Low body weight |

Office of Institutional Equity Youth Activities & Programs Training

How can I help prevent child abuse?

- Recognize and understand signs of child abuse. Be alert and act on your suspicions.
- Know the procedure for reporting child abuse.
- Always use proper touches when working with children. Some examples include: hand to shoulder contact, side by side hugs, pats on the head, high fives, handshakes, eye contact, and smiles.
- Never use a physical restraint unless a is facing imminent and serious physical harm to themselves or others.
- Minimize high-risk opportunities for child abuse.
- Avoid one adult/one child interactions. Unless pre-approved, don't be alone in private spaces with a child.
- These tips not only help to protect children, but also yourself from potential false allegations.

REPORTING

YOU MUST ACT IMMEDIATELY

If you witness or believe that there is a substantial threat of child abuse

Under this policy, you are required to **immediately report** all incidents whether you observed them directly, someone reported them to you, or you believe that there is a substantial threat of child abuse.

You may also be a mandated reporter under Ohio law. A complete list of mandated reporters can be found at <http://codes.ohio.gov/orc/2151.421>.

Youth Activities & Programs Policy

IF YOU OBSERVE OR SUSPECT CHILD ABUSE OR NEGLECT:

- 1) Alert the appropriate agency:** a. If a youth is in imminent danger (life threatening or abuse is being witnessed), call 911.

If you are unsure whether there is imminent danger, call 911. OR b.

If a youth is not in imminent danger, call Children Services Agency at 855-O-H-CHILD (855-642- 4453),

- 2. Report to OIE in one of the following ways :**
a. Online go.osu.edu/reportchildabuse b. Call – 614-247-5838, or c. Email – equity@osu.edu

If consultation is needed regarding reporting, or if there are questions on the process or other support needed, contact the Director of Youth Protection at 614-292-1404.

Standards of Behavior for Employees and Volunteers Working in Youth Activities & Programs

This Standards of Behavior is an agreement accepted by employees/volunteers who work in an activity or program with minor participants. The primary purpose of these standards is to promote the safety and wellbeing of all activity/program participants.

Employees/volunteers are expected to function within these standards.

- Accept supervision and support from professional staff while involved in the activity/program.

- Accept the responsibility to professionally represent the activity/program and The Ohio State University.
- Conduct myself in a courteous and respectful manner, exhibit good sportsmanship and be a positive role model for youth
- Respect, adhere to and enforce the rules, policies and guidelines established by the activity or program and the university.
- Refrain from engaging in any criminal conduct.
- Comply with all applicable civil rights laws and policies, including and not limited to Ohio State equal opportunity and nondiscrimination policies.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Report any child abuse or neglect in accordance with university policy.
- Self-disclose felony or misdemeanor convictions that occur within three days of pleading guilty or being convicted. If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in youth activities and programs. If the break in service is longer than 12 months, I must be background checked again.
- Not intentionally or purposefully place myself in a situation where I am alone with a youth unless authorized by an approved exemption from the Youth Programs Advisory Board. to the activity/program, such as food or shelter, to participants.
- Not, under any circumstances, physically, sexually, verbally, or emotionally abuse or fail to provide the basic necessities of care applicable to the activity/program, such as food or shelter, to participants.
- Endeavor to provide a safe and healthy experience for all participants.
- Report red-flag behaviors to the activity or program administrator of the youth activity or program that I am working or volunteering in. If I am an activity or program administrator, I will review red flag behaviors and work with those working and volunteering in my activity or program to correct these behaviors.
- Learn and abide by the Youth Privacy Principles located at go.osu.edu/youthprivacy

I have read and understand the standards of behavior outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards may be grounds for immediate suspension and/or termination of my employee/volunteer status with The Ohio State University.

Employee/volunteer printed name _____ Date _____

Employee/volunteer signature _____ Date _____

Please submit this form to activity or program director to retain for their records

In order to complete your fingerprint background check, you will need to schedule an appointment with:

Licking County Educational Service Center
145 North Quentin Road, Newark, OH 43055
Phone # 740.349.6084 (ext. 6097)

***Available most weekday mornings by appointment only.
Call 740.349.6084 to make an appointment.***

Please remember to take the following with you...

- **Valid Driver's License** (or State-Issued Identification Card)
- **Social Security Number**
- **Cash / Check Only**
- **Waiver Form** (included below)

Cost to potential volunteer is as follows...

\$35 for BCI check if you have lived in Ohio for five years or more
\$65 for BCI & FBI check if you have lived in Ohio for fewer than five years

**Licking County Volunteer Fingerprint Background Check
~ Waiver Form ~**

I understand that, after submitting to a background check provided by the Licking County Educational Service Center, my background report will be sent directly to the OSU Office of Human Resources located on the Columbus campus of The Ohio State University. I also understand that my report will be reviewed by professional staff within the OSU Office of Human Resources and will be securely kept on file for a period of three years from the time of application, or from the date of my resignation from the program, whichever time period is longer. Furthermore, I understand that the Licking County Extension Office will not receive or view a copy of my report, but will be notified of my eligibility to serve as a volunteer with OSU Extension in Licking County.

CODE #: 2151.86

**Mail fingerprint report to:
Attn: Background Checks—Licking County
OSU Office of Human Resources
1590 N. High Street, Suite 300
Columbus, OH 43201**

Print Name

Signature

Date

WebCheck Electronic BCI & FBI Fingerprinting Services

provided by the Licking County ESC located in the Roosevelt Building
145 North Quentin Road, Newark, OH 43055

Available Weekdays

- Most weekday mornings by appointment only.
- You may call our office at 740-349-6084 ext. 6097 to schedule an appointment.

Fee for Fingerprinting Services

- \$35.00 for BCI only (you have lived in Ohio for the last 5+ years)
- \$65.00 for both BCI/FBI (you have lived outside of Ohio within the last 5 years)

What to Bring

- Cash or personal check for payment (no credit or debit cards)
- Valid Photo ID (Driver's License or State ID only)
- Social Security Number
- Address where BCI&I will be sending your report/s
- Required Ohio Revised Codes: The agency you are being printed for should supply this information to you.
- NOTE: Minors must be accompanied by a parent or guardian.

The Licking County ESC is on the corner of North Quentin and Mt. Vernon Roads (State Route 13) in the newly renovated Roosevelt building. Our office is located on the third floor. Visitor parking is located on North Quentin. Please use the front entrance.

