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 enclosed Volunteer Position Description and be sure that you understand the roles and responsibilities of a community club advisor. Once you have reviewed that information, you should complete the Volunteer Application and Policy 1.50/Standards of Behavior. Submit both of these forms to the Extension Office by no later than February 1st. (If you are planning to start a new club, we would appreciate it if you could return your advisor packet to our office by December 15th.)

Once you have submitted this information, you should make an appointment as soon as possible with the Licking County Educational Service Center in order to submit to the Bureau of Criminal Investigations (BCI) Background Check. It can take six 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.

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 and Standards of Behavior and received notification of your approved background check and at least two reference forms, 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 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 an 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 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 D. McCutcheon

Extension Educator, 4-H Youth Development

Enc.
Volunteer Position Description
4-H Youth Development
Ohio State University Extension
~ Licking County ~

Position Title:
4-H Community Club Advisor

Time Required:
Appropriate time needed to fulfill commitment to members and fellow volunteers

Location:
Licking County Area

General Purpose:
♦ Serve as a liaison between the county Extension office/county 4-H professional and 4-H members, their parents and other volunteers with regard to 4-H club programs.
♦ Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.
♦ Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.

Specific Responsibilities:
♦ Be committed to young people and their growth in all areas.
♦ Advise 4-H club members regarding their contributions to and participation in club activities.
♦ Be dedicated to young people and sensitive to their abilities and needs.
♦ Encourage 4-H members’ and parents’ interest and participation.
♦ Welcome parents’ ideas, cooperation, support and attendance at 4-H activities.
♦ Follow all 4-H guidelines and policies of the Ohio State University Extension, Ohio 4-H Program and county 4-H program.
♦ Recruit new members when the club has openings.
♦ Attend all (or most) of the club meetings and activities.
♦ Read 4-H newsletters and literature from the county Extension office and keep members, parents and/or other volunteers informed.
♦ Participate in one or more volunteer development opportunities each year.
♦ Be aware of 4-H projects available, help members select projects and encourage parents to support their child’s project work.
♦ Inform members and parents of project evaluation requirements and dates.
♦ Continually provide feedback to members, letting them know when they are doing a good job and advising them when they need to improve.
♦ Praise members for the progress they make.
♦ Maintain a positive and productive working relationship with fellow volunteers and professional staff.

Qualifications:
An individual serving as a 4-H Club Advisor must have:
♦ The ability to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership in the youth.
♦ A sincere interest in teaching and sharing knowledge and skills with youth and adults in an educational setting.
♦ The ability to organize information and materials and delegate responsibility.
♦ The ability to work and communicate effectively in verbal and written forms.
♦ The ability to motivate members, parents and other volunteers to assume leadership positions.
♦ The ability to work with minimal supervision from professional staff.
♦ A sincere interest in working with other volunteers and professional staff in an educational setting.
♦ A 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.

**Ohio State University Extension Service Agrees to:**
♦ Provide training opportunities that will help the volunteer meet the needs of members, volunteers, and parents.
♦ Provide appropriate manuals, pamphlets, audio-visual aids, newsletters and other resource materials.
♦ Have professional available to consult with volunteers on a one-to-one basis.
♦ Provide opportunities for professionals to listen to volunteers’ ideas to help improve the 4-H program.
♦ Provide appropriate recognition and awards to volunteers.

**Mentor/Supervising Professional:**

Lisa D. McCutcheon  
Extension Educator, 4-H Youth Development  
771 East Main Street, Suite 103  
Newark, Ohio 43055  
mccutcheon.46@osu.edu  
(740) 670-5315
Licking County 4-H Volunteer Application

I. GENERAL INFORMATION

Full Name: ___________________________ Date of Birth (MM/DD/YY): ______________

Street Address: _______________________

City/State/Zip: _________________________ Length of time at this address (years): _____

Phone:  
Home: ___________________________ Best Time to Call: ___________________________
Cell: ___________________________ Best Time to Call: ___________________________
Work: ___________________________ Best Time to Call: ___________________________

School District: ______________________ Email: _________________________________

Are You a 4-H Alumni: __ Yes __ No  If yes, what state and county: _______________________

Demographic Information  
Occupation (optional): ___________________________ Level of Education (optional): __________

Ethnicity: ___ Hispanic ___ Non-hispanic

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

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

Military Service: ___ No one in my family is currently serving ___ My Parent serves ___ My Sibling serves ___ My Son/ Daughter serves ___ I/my spouse/partner serve

Branch of Service: ___ Air Force ___ Army ___ Coast Guard ___ Marines ___ Navy

Branch Component: ___ Active ___ Guard ___ Reserves

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

II. VOLUNTEER INTEREST

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?
Do you prefer to work directly with youth or adults?  ___ Youth  ___ Adults  ___ Both

If you prefer to work directly with youth, what age level(s) do you prefer?  
___ Ages 5-8  ___ Ages 9-12  ___ Ages 13-19  ___ No Preference

Type of 4-H Volunteer Position:
  o 4-H Club: ___Organizational Leader  ___Cloverbud Leader  ___Project Leader  ___Resource Leader
  o Project Area Interests: ____________________________
  o Committee Member – list committee: ____________________________
  o Camp (check all that apply): ___Residential  ___Day
  o Special Interest/Emphasis Program – list program: ____________________________
  o After-School Program – list site: ____________________________
  o Community Center/Youth Organizational Partner – list site: ____________________________
  o Other: ____________________________

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

If existing, name of club: ____________________________

Signature of Organizational Advisor: ____________________________

What time commitment do you initially desire to give?

__________________________________________

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

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

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III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony?  ____ Yes  ____ No
If yes, please give date, nature, and disposition of offense:
________________________________________________________________________

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

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

Name: __________________________________________ Relationship: __________________________
Street Address: __________________________ City/State/Zip: __________________________
Email: ______________________________________ Phone: __________________________

Name: __________________________________________ Relationship: __________________________
Street Address: __________________________ City/State/Zip: __________________________
Email: ______________________________________ Phone: __________________________

Name: __________________________________________ Relationship: __________________________
Street Address: __________________________ City/State/Zip: __________________________
Email: ______________________________________ Phone: __________________________

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

Permission to use photographic form for promotion contingent upon completing volunteer process:
Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity.

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

Applicant Signature: __________________________  Date: __________________________

Application is due to the Licking County Extension Office no later than February 1 of the year you are applying to be a volunteer.

LC4-H Volunteer Application, 8/19

Office Use Only: Application Rec'd _____ Standards of Behavior _____ BCI _____ References Rec'd _____ Interview _____ Approved: Y / N
VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension ("OSUE" or "Extension") program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:
- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Extension program and The Ohio State University.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

I understand and agree that as a volunteer:
- In accordance with Ohio State University policy, Self-Disclosure of Criminal Convictions Policy 4.17, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

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

Volunteer Signature _______________________________ Date ____________

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information: http://cfaes.osu.edu/cfaesdiversity.

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES
What is this policy?
Whether you are a faculty member, staff member, student, or volunteer working with 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 minors who participate in more than 600 programs sponsored by the university each year.

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

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 minors must successfully complete a background check.

Those without care, custody, or control of minors (those completing this training) must never have primary responsibility for minors.

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

Ask your supervisor if you have questions regarding your responsibilities within the policy or view it at http://hr.osu.edu/policy/policy150.pdf.

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

<table>
<thead>
<tr>
<th>Physical Abuse: any physical injury inflicted other than by accidental means.</th>
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<tbody>
<tr>
<td>Unexplained bruises or burns</td>
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<tr>
<td>Fear of going home</td>
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<tr>
<td>Fear of going with a particular staff member or person</td>
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<tr>
<td>Physical force used to correct behavior</td>
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<th>Emotional Abuse: a pattern of harmful interactions between an adult and child such as criticizing, belittling, and rejecting.</th>
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<tr>
<td>Not eating or overeating at meals</td>
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<tr>
<td>Extreme nervous habit behaviors</td>
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<tr>
<td>Parent/child interactions using inappropriate language or name calling</td>
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<tr>
<th>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.</th>
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<tbody>
<tr>
<td>Unusual sexual knowledge or behavior</td>
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<td>Child-to-Child sexual behavior</td>
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<tr>
<td>Bruises on inner thighs or other &quot;no touch&quot; areas</td>
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<td>Fear of being alone with a particular person</td>
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<th>Neglect: the failure of an adult to provide for a child's basic, educational, or medical needs (i.e., food, shelter, supervision, and clothing)</th>
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<tr>
<td>Stealing food</td>
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<tr>
<td>Poor shower habits/poor hygiene</td>
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<tr>
<td>Dirty clothes or clothes with numerous stains and/or tears</td>
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<tr>
<td>Low body weight</td>
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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.
- Only use physical restraint in situations when a child puts himself/herself or others in danger.
- 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.

2 CALLS: You must report in any of the above circumstances in the following order:
1. Imminent danger or life-threatening: 911 or Non-life threatening: Children Services Agency - 24 hour Child Abuse Hotline at 855-OH-CHILD
2. University Police at 614-292-2121

1 REPORT: Complete the Child Abuse, Sexual Abuse, or Neglect Incident Report form which can be found online at hr.osu.edu/policy/resources/150abuse.pdf.

OSU policy and state statutes may provide protection for those making reports in good faith.
Activities and Programs with Minor Participants
Office of Human Resources – Policy 1.50

Standards of Behavior for Employees and Volunteers Working in Activities and Programs with Minor Participants

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.

I will:

- 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 minors.
- 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 activities and programs with minors. 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 minor unless authorized by the dean/vice president (or designee). Approved one-on-one interactions may only take place in open, well-illuminated spaces or rooms observable by other adults from the activity or program. If the dean/vice president (or designee) determines that meeting in this manner is not practicable and approves other arrangements, an exemption request form must be submitted following the exemption process outlined in the policy.

- 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 activity or program with minors 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.

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.
OSU Extension Volunteer Selection Policy & Procedures

Frequently Asked Questions

Change in Volunteer Selection Policy

Why has the OSU Extension volunteer selection policy and procedures changed?
Over the past several years, several changes have taken place in relationship to volunteers working with youth, elderly, and individuals with disabilities. Included in those changes are increased expectations of parents, guardians, and caregivers that the organization provide a safe and positive environment for their child/charge; new state law providing guidelines for volunteer selection policy and procedure; and desire of the organization to continually provide an emotionally and physically safe environment.

Can you provide an overview of what the new policy and procedure will require?
Each new volunteer will: (1) receive a position description at time of application or when changing position; (2) complete an application in it’s entirety; (3) have, at minimum, two references collected; (4) complete an interview; (5) successfully pass a criminal history fingerprint background check; and (6) read, agree to, and sign a Standards of Behavior.

When will the new volunteer selection policy and procedures be implemented?
The new Ohio State University Extension Volunteer Selection Policy and Procedures will become effective on November 1, 2002.

What are the benefits of the changes in the volunteer selection policy and procedures?
Ohio State University Extension desires to provide positive, educational experiences for all members and service recipients. Implementing a more comprehensive selection process allows O.S.U. Extension faculty and staff to make sound decisions regarding an individual’s knowledge, skills, and abilities in relationship to the position they wish to volunteer. Additionally, this selection process allows potential volunteers the opportunity to become better acquainted with O.S.U. Extension programs and determine if this organization best fits their volunteer interests. Finally, this new selection process continues to communicate to parents, guardians, community leaders, and potential and current service recipients/members of the importance the organization places on engaging volunteers.

Who is affected by the new volunteer selection policy and procedures?
All new, potential volunteers recruited by OSU Extension faculty and staff, who will be working with members of a vulnerable population, will be required to adhere to the new policy and complete each procedure as outlined in the policy.

Policy & Procedures Implementation

How do we determine if this policy applies in our situation?
Extension professionals should carefully examine the responsibilities of specific positions within their program area. If the position identifies actual or potential responsibilities for working with members of vulnerable populations, then individuals applying for those positions will complete all procedures associated with the volunteer selection policy that is effective November 1, 2002.

8/15/2017
What happens if a potential volunteer refuses to complete any part of the required policy or procedures? Individuals must fully complete all requirements in order to be considered for acceptance as a volunteer for Ohio State University Extension. Individuals not fully completing all requirements will not be accepted to volunteer by the organization.

Who determines if a potential volunteer is going to be accepted or not accepted? The appropriate Ohio State University Faculty or Staff member will make the final decision of acceptance or non-acceptance, based on information collected throughout the selection process.

Another organization that I work/volunteer for is collaborating with OSU Extension to deliver an educational program; do I need to complete OSU Extension’s volunteer selection procedures? Individuals in this situation will be required to meet, at minimum, the standards set by the Ohio State University Extension volunteer selection policy and procedure.

I am a volunteer in ABC County and am moving to XYZ County and would like to volunteer in that county. What requirements do I have to complete? It is acceptable to transfer volunteer status from one county to another county. It would likely not be necessary to have an individual complete the newly implemented volunteer selection policy and procedures, however Extension professionals should consider the responsibilities of the individual position and base their decision on those factors. For example, it may be necessary to require additional training or education or even to contact references or conduct an interview to ensure that the individual has the necessary skills, abilities and knowledge. It would be acceptable for the county in which the individual is moving from to provide the volunteer file to the new county and retain a copy of that file for their records. In an effort to obtain current contact information, Extension professionals may require that the individual in the above referenced situation complete a new application.

We are attempting to determine when it is necessary for an individual, who considers themselves a “parent helper” to complete the OSU Extension volunteer process. First, we must recognize that it is sometimes difficult to distinguish between the two, however answering the following question may provide some clarity: (1) does the individual provide on-going support, leadership, supervision or guidance to children, other than their own and on two or more occasions each year? If the answer were yes, then the individual would need to complete the volunteer selection process.

Please know that this same scenario may be used for any member of a vulnerable population, not just a 4-H club!

Is there a specific time period that the “2 or more times” covers? There is not a set definition of what this means, however if the individual is volunteering two or more times in any given year (or twelve month time period) it would be advisable for them to complete the volunteer selection procedures as outlined.

What type of information do I need on individuals who are not required to adhere to the new policy? Ohio State University Extension has not established specific information needed from individuals’ who are volunteers, but not serving nor having the opportunity to serve members of vulnerable populations. However, it would be beneficial to collect much of the basic information found on the application and have the individual sign the standards of behavior. Extension professionals should closely examine the responsibilities of individuals in these situations and implement a selection process that is representative of the level of responsibility of the potential volunteer.

8/15/2017
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 volunteers' 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”
In order to complete your fingerprint background check, you will need to schedule an appointment with:

Licking County Educational Service Center
621 Mount Vernon Road, Newark, OH 43055
Phone # 740.349.6084

**Walk-in Monday through Thursday: 1:00 p.m. - 3:00 p.m.**
(Mornings by Appointment only by calling the above number)
Office closed for lunch 12 noon - 1:00 p.m.

Please remember to take the following with you...
- **Valid Driver’s License** (or State-Issued Identification Card)
- **Social Security Number**
- **Cash / Check**
- **Waiver Form** (attached 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**

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**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:**
**Attention: Gina Thorpe—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
621 Mount Vernon Road, Newark, OH 43055

Available Weekdays

- Walk-ins are welcome Monday - Thursday afternoons from 1:00 - 3:00 p.m.
  OR
- You may call our office at 740-349-6084 to schedule a weekday morning 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 South Quentin. Please use the front entrance.