



Dear Potential Volunteer,

K-State Research and Extension

Butler County

206 N Griffith, Suite A

El Dorado, KS 67042-2039

316-321-9660

Fax: 316-321-2302

[www.butlerksu.edu](http://www.butlerksu.edu)

Thank you for your interest in volunteering to work with 4-H members. Our 4-H program relies on volunteers to accomplish our Positive Youth Development goals. As a part of our commitment to these goals is the desire to provide a safe environment for learning. To help accomplish that, Kansas 4-H screens volunteers who work directly with youth. As a potential volunteer we ask you to complete our screening process. To start the process, there are few documents and tasks that will need to be completed. Those will be outlined on an attached piece of paper.

In addition to the Kansas 4-H Volunteer Service Application we will ask you to take part in an interview and complete an orientation to Kansas 4-H. Additional steps of the process include: checking your references and a two part background check on you. The two parts of the background check are; checking the Kansas Child Abuse and Neglect Central Registry and conducting (through an outside vendor) a national criminal background check.

Once all these steps are complete and no problems or concerns are found, your name will be presented to the local Extension Board for approval and appointment as a 4-H volunteer for our program.

Again, thank you for your interest in helping 4-H develop the leaders of tomorrow. If you have any questions, please contact me at (316) 321-9660 or [cmmiller1@ksu.edu](mailto:cmmiller1@ksu.edu).

Sincerely,

A handwritten signature in black ink that reads 'Charlene Miller'.

Charlene Miller, 4-H Youth Agent  
K-State Research and Extension/Butler County

K-State, County Extension Councils,  
Extension Districts, and U.S.  
Department of Agriculture Cooperating.

K-State Research and Extension is an  
equal opportunity provider & employer.

*“Knowledge  
for Life”*

# Volunteer Applicant Task List

1. \_\_\_\_ Complete the Volunteer Application included in this packet and return to the Extension Office (206 N. Griffith, Suite A, El Dorado, KS 67042)
2. \_\_\_\_ Collect 3 references using the enclosed reference check forms and return them along with the application. The references should be sealed individually in envelopes.
3. \_\_\_\_ Complete the 4-H Online Enrollment Process: <https://ks.4honline.com/>
4. \_\_\_\_ Complete the Kansas Child Abuse and Neglect Registry (DCF) form. You will mail it to the following address:
  - a. DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.

**The next two (2) items require Internet connection to complete and are required to be completed by the time the above documents are submitted to the Extension Office. If you do not have Internet access, please contact us and we can set you up a time to come to the office and use ours.**

5. \_\_\_\_ Complete the Background Check (CBC) handout by going online to: [https://www.ejobapp-validityscreening.com/applicant/companies/28337/accounts/40651/open\\_positions\\_list](https://www.ejobapp-validityscreening.com/applicant/companies/28337/accounts/40651/open_positions_list)

The process is all online using a commercial vendor and their secure website and server. Please do this as soon as possible. The results will be sent to our State 4-H Office and communicated to our local office. The check is being conducted by Validity Screening Solutions, a Kansas Company who provides background checks to the State of Kansas and Kansas State University and many volunteer organizations.

The online form will start with selecting your local Extension Unit which is Butler County. (fill in local Extension Unit name). The next page will be "application" asking for contact information. There will then be several pages of statements and disclosures, some of which will require you a check a box at the end of the page. At the end you will be asked for your Birthdate and Social Security Number and to grant permission for the background check by electronically signing the form. The check cannot be run without this information and signature. Upon completion of the application, an email will be sent to the address you provided, confirming creation of your profile.

6. \_\_\_\_ Complete the Volunteer Orientation. Here are the steps:
  - a. Go to <http://www.kansas4-h.org/resources/volunteers/volunteer-screening-resources/index.html>
  - b. Go to the Orientation Video Series
  - c. Watch the Introduction and 4 videos.
  - d. This needs to be completed prior to any project instruction

The documents in items 1 and 2 above need to be returned together to the following address:

Butler County Extension Office  
ATTN: Charlene Miller, 4-H CEA  
206 N. Griffith, Suite A  
El Dorado, KS 67042

Your application will be reviewed and remained in "pending" status until we have received confirmation of the Background Check and Child Abuse Neglect Registry Check from the State 4-H Office. You will be notified when the process is complete.

Updated January 2016

Child Abuse and Neglect Central Registry  
**Release of Information**

All releases and fees should be sent via postal mail to the attention of: **DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.** Please complete the information below by printing legibly in ink. All requested information is required to process this request. **Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.**

**CONFIDENTIALITY:** Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.

I, \_\_\_\_\_, give permission for the release of any information concerning  
(Please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

<b>A. Contact Person: Keli Yungeberg/Rod Buchele</b>	
Agency Name:	Department of 4-H Youth Development
Mailing address:	201 Umberger Hall, KSU
	Manhattan, KS 66506
Phone Number:	( 785 ) 532-5800

**I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.**  Yes

No Extension Unit: \_\_\_\_\_

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender:  Male  Female

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC-JS (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, Kansas 4-H are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://community.ksde.org/Default.aspx?tabid=5194>. If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:  If yes, please check**

**For Central Registry Use Only**

\_\_\_\_\_ **FEE ATTACHED**

## Kansas 4-H Volunteer Screening Reference Form

(Form may be used by mail or e-mail)

\_\_\_\_\_ is applying to work with 4-H youth as a volunteer with K-State Research and Extension  
(Applicant name)

\_\_\_\_\_ 4-H Youth Development Program and has given your name as a reference.  
(Local Unit name)

The 4-H program seeks your assistance in selecting qualified people to serve in volunteer roles and appreciates your prompt completion and return of this reference form.

Individuals in volunteer positions help youth have fun while learning new skills, increasing their ability to work together, managing their own activities, and developing into productive adults. Please share your impression and knowledge of this individual's qualification for the position by using specific examples where possible. All comments will be treated in a confidential manner.

*(Please add additional pages, if needed.)*

1. How long and in what capacity or position have you known the applicant? Number of years \_\_\_\_\_  
Describe your association with the applicant. \_\_\_\_\_

2. How would you rate the applicant's general ability to work in a volunteer role with youth?  
 Excellent     Good     Fair     Poor  
 Comments: \_\_\_\_\_

3. Would you be willing to place any child for whom you are responsible under his/her leadership?  
 Yes     No  
 Comments: \_\_\_\_\_

4. How would you describe the applicant's ability to handle records and/or money?  
 *Very good.* I would trust this person with my organization's records and money.  
 *Fair.* The person will do okay, but will need some help handling records and money.  
 *Poor.* Handling records and money is a problem for this applicant.  
 *Not able to evaluate.*  
 Comments: \_\_\_\_\_

5. Do you know of any reason why this person should NOT be considered for a volunteer position with 4-H?  
 Yes     No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Reference Signature/email address  
*(If you submit this reference by e-mail, your e-mail address is considered your signature)*

**Thank you! We appreciate your assistance in helping K-State Research and Extension and the local 4-H Youth Development Program select qualified people to serve in volunteer roles.**

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 Excellent     Good     Fair     Poor  
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 Yes     No  
 Comments: \_\_\_\_\_

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 Comments: \_\_\_\_\_

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 Yes     No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Reference Signature/email address  
*(If you submit this reference by e-mail, your e-mail address is considered your signature)*

**Thank you! We appreciate your assistance in helping K-State Research and Extension and the local 4-H Youth Development Program select qualified people to serve in volunteer roles.**



# Kansas 4-H Volunteer Service Application

Kansas 4-H Youth Development uses unique strategies and opportunities to engage youth in reaching their full potential through partnerships with caring adults. Volunteers are fundamental to the 4-H program and the accomplishment of the Kansas 4-H mission.

A **4-H volunteer** is a non-paid representative of the local K-State Research and Extension unit for which they provide services.

A **Registered 4-H Volunteer** is a volunteer who has completed the full Volunteer Information Profile (VIP) screening process including: application, screening, and orientation and has been appointed by the appropriate K-State Research and Extension Unit Board.

To the extent authorized and allowed by law, this application form and its contents will be kept confidential and accessible only to extension personnel and members of the local review committee and local K-State Research and Extension Board.

## Please complete in ink or on a computer and print a copy.

K-State Research and Extension takes its obligation seriously to provide a safe environment for all persons involved in 4-H Youth Development activities. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his/her qualifications.

### I. General Information

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Mailing Address \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

Email: \_\_\_\_\_

Check the best number to use. Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_

Cell \_\_\_\_\_ Text OK?  Yes  No  Provider \_\_\_\_\_

Physical Address (If Different Than Above) \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you been at this present address? \_\_\_\_\_ Years

If less than 5 years, list your prior addresses and the length of time you lived at each.

\_\_\_\_\_  
(Street, Route, Box, Apt #) (City) (State) (Zip) (Length Of Stay)

\_\_\_\_\_  
(Street, Route, Box, Apt #) (City) (State) (Zip) (Length Of Stay)

(The following is for record-keeping purposes only.)

Check One Ethnicity:  Hispanic  Non-Hispanic

Gender:  Female  Male

Residence  Farm  Town < 10K  Town 10K – 50K  
 Suburbs >50K  Cities >50K

Check all that apply: Race:  Asian  White  
 Black  American Indian/Alaska Native  
 Hawaiian/Pacific Islander

Do you have special needs?  
If yes, please describe: \_\_\_\_\_

Are you a 4-H alumnus?  No  Yes  
Where? \_\_\_\_\_

Current or previous Volunteer Experience (List current or most recent experience first)

Organization Volunteer Role Year(s)

Organization Volunteer Role Year(s)

### Volunteer Interest

Check here if you do not have a volunteer role selected and need more information about 4-H Volunteer positions. To assist in matching you to an available volunteer role, please obtain and fill out a 4-H Volunteer Matching Information Form available from the Extension Office.

Do you wish to serve as a volunteer for an existing club?  
 Yes  No

If yes, name of Club and role: \_\_\_\_\_

### II. Personal Information

Is your driver's license current and valid?  Yes  No

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Do you currently have vehicle insurance coverage as required by the State of Kansas?  Yes  No



4-H is very concerned that volunteers be appropriate role models for youth participants. Please complete all questions. A "yes" does not automatically exclude you from becoming a registered volunteer. Have you ever had any problems with: Check all that apply:

a. substance abuse: alcohol, tobacco or other drugs ?  
 No  Yes If Yes:  Charged  Convicted

b. criminal behavior: Felony or Misdemeanor  
 No  Yes If Yes:  Charged  Convicted

c. child abuse or neglect:  
 No  Yes If Yes:  Charged  Convicted

Have you ever had your driver's license suspended or revoked?  No  Yes

If yes, to any of the above, please elaborate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes to any of the above, please describe what steps you have taken to correct the problem(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Other than the above, is there any other fact or circumstance involving you or your background that would affect your ability to be entrusted with the supervision, guidance and care of youth under the age of 19?  
 No  Yes (If yes, please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please add additional pages as necessary.**

**Signature Required**

I understand that:	
a. I affirm the information I have given on this form is true, correct, and complete. The information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning my qualifications. I further waive the right to ever view, inquire into, or learn the substance and/or content of any reference given by any individual with regard to any aspect of this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the 4-H Club, local Extension Unit, Kansas State University, and the officers, employees, and volunteers thereof with respect to such information.	
b. I have read and agree to abide by the Kansas 4-H Volunteer Code of Ethics. I agree to comply with the policies, rules, and regulations of the 4-H Youth Development program and local Extension Unit. I agree to complete an orientation. In signing this application, I apply for appointment and registration as a 4-H Volunteer with the local Extension Unit and the Kansas 4-H Youth Development Program.	
c. As a 4-H Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.	
Signature _____	Date _____
Parental Signature (if under age 18) _____	Date _____

**Upon Completion, Return this Form in a Sealed Envelope to the Local Extension Unit Office**

**References**

List three adults who are familiar with your character and your qualifications as it relates to working with youth. **(Do not list family members or Extension Agents.)** Please include complete mailing address, phone, and **email address**. References will be contacted. Information received from references will not be accessible to applicants.

1. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_

2. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_

3. \_\_\_\_\_  
 (Name) (Phone: Day & Night) (Association To You)  
 \_\_\_\_\_  
 (Street, Route, Box, Apt#) (City) (State) (Zip)

Email address (preferred) \_\_\_\_\_



## Kansas 4-H Volunteer Code of Ethics

### Youth Protection Policy

The mission of Kansas 4-H Youth Development is "Kansas 4-H Youth Development uses unique strategies and opportunities to engage youth in reaching their full potential through partnerships with caring adults." Volunteers are key to fulfilling this mission. This policy establishes expectations of all those who work with children and youth. These statements represent a code of ethics that all volunteers and paid staff are expected to observe.

#### As a Kansas 4-H Volunteer, I will:

- Work within the 4-H program. As a 4-H volunteer, I am accountable to the local club, the appropriate Extension Unit, the Kansas 4-H Youth Development Program, K-State Research and Extension, and Kansas State University for my actions.
- Work as a "team player" for the good of the 4-H program. I will work cooperatively with youth, other volunteers and extension staff and treat them with respect.
- Honor my volunteer commitment.
- Keep records, distribute materials and support the 4-H system.
- Follow established guidelines for keeping financial records and handling 4-H funds.
- I will participate in meetings, self-study, or other training programs which will help me work more effectively with young people and adults.
- Make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an Affirmative Action/Equal Opportunity employer committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons.
- Provide a safe environment. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
- Not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, or allow youth to do so while under my supervision.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I will have a valid driver's license and the legally required insurance coverage.
- Role-model the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.
- Promote and practice the responsible and ethical stewardship of livestock and/or companion animal projects.
- Obey the laws of the locality, state and nation and K-State Research and Extension and 4-H Youth Development policies and guidelines.
- Use technology and social media in safe and appropriate ways for the enhancement and promotion of the 4-H Youth Development program.

#### Signature Required

I understand that:

a. I affirm the information I have given on this form is true, correct, and complete. The information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning my qualifications. I further waive the right to ever view, inquire into, or learn the substance and/or content of any reference given by any individual with regard to any aspect of this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the 4-H Club, local Extension Unit, Kansas State University, and the officers, employees, and volunteers thereof with respect to such information.

b. I have read and agree to abide by the Kansas 4-H Volunteer Code of Ethics. I agree to comply with the policies, rules, and regulations of the 4-H Youth Development program and local Extension Unit. I agree to complete an orientation. In signing this application, I apply for appointment and registration as a 4-H Volunteer with the local Extension Unit and the Kansas 4-H Youth Development Program.

c. As a 4-H Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

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Publications are reviewed or revised annually by appropriate faculty to reflect current research and practice.

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