

Dear Potential Volunteer,

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, please complete this Kansas 4-H Volunteer Service application and return it to the Butler County Extension Office.

In addition to the Kansas 4-H Volunteer Service Application we will ask you to take part in an 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, call the Butler County Extension Office at 316-321-9660.

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.butler.ksu.edu

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.

Volunteer Applicant Task List

1. _____ Complete the Volunteer Application included in this packet and return to the Butler County 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: 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

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
206 N. Griffith, Suite A
El Dorado, KS 67042
Attention: VIP

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.



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 _____

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) _____

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

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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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:

A. Contact Person:	
Agency Name:	
Mailing address:	
Email Address:	
Phone Number:	()

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

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

Current Address: _____

Signature: _____

Date: _____

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 (Administrative Office or Facilities), KNI, Dept. Of Education- Administrative 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, 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

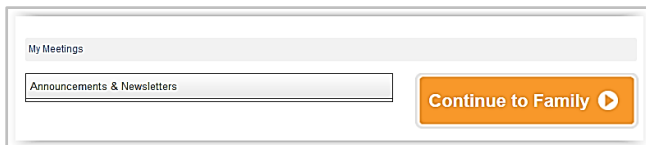
_____ **FEE ATTACHED**



Kansas 4-H Volunteer Orientation Training

Using your family's email and password, login to your existing family profile at <https://ks.4honline.com>. Do **not** create a new account. If you or your family have never created an account in 4HOnline, contact your local Extension office for assistance if needed.

Upon logging in, click the orange [Continue to Family] button.

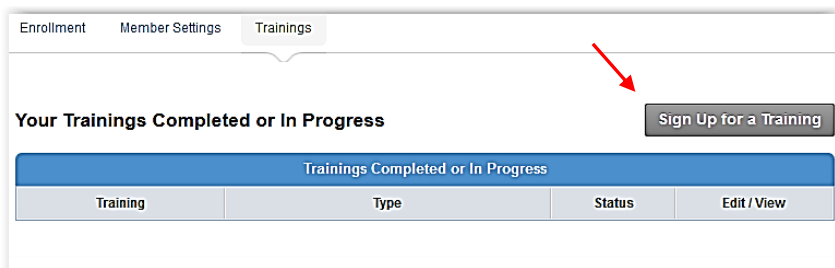


Whomever wishes to take the Online Volunteer Orientation, should click [Edit] next to their name in the member/volunteer list.

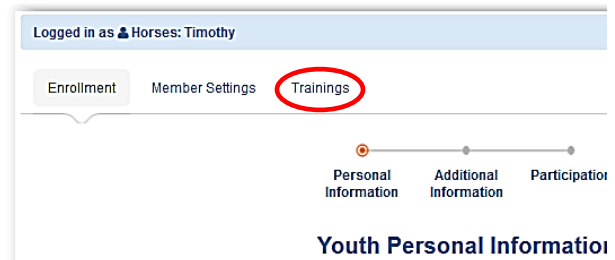
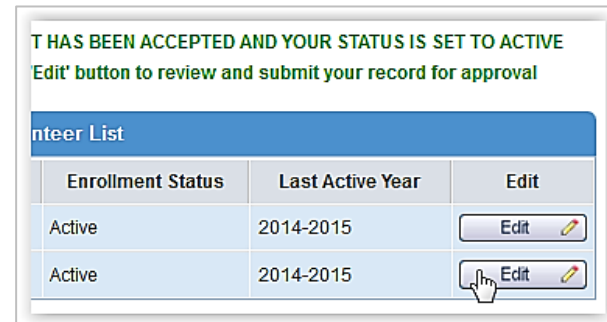
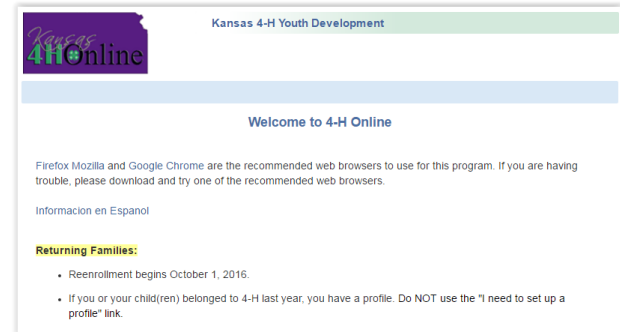
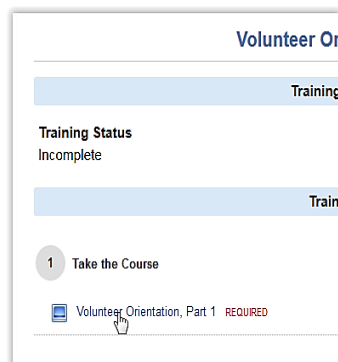
**The enrollment status must be Active.*

Once inside your Personal Information profile, click on the **Trainings** link at the top of the page.

Next, click the gray [Sign Up for a Training] button.



Click the name of the training to begin.



A listing of available trainings will appear. Click a [Sign Up] button to begin the training.

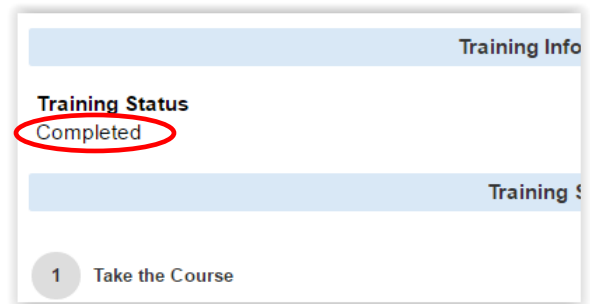
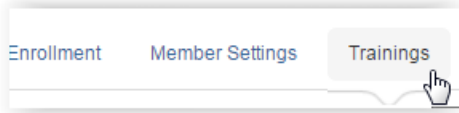
**Complete all Volunteer Orientation training modules in numerical order, beginning with Part 1 and ending with Part 9.*

A new window will open and the video will automatically start playing.

After the video or quiz ends, close the video player/quiz window.

Users will see the Training Status change to “Completed.”

Click the **Trainings** link and then the [Sign Up for a Training] button to continue selecting Volunteer Orientation trainings.



****Once all nine Volunteer Orientation training modules have been completed, notify your local Extension office. You may logout of 4HOnline at any time.**

r Trainings Completed or In Progress				Sign Up for a Traini
Trainings Completed or In Progress				
Training	Type	Status	Edit / View	
Volunteer Orientation Part 1	Orientation Video	Completed	Edit / View	
Volunteer Orientation Part 2	Section 1 Video	Completed	Edit / View	
Volunteer Orientation Part 3	Section 1 Quiz	Completed	Edit / View	
Volunteer Orientation Part 4	Section 2 Video	Completed	Edit / View	
Volunteer Orientation Part 5	Section 2 Quiz	Completed	Edit / View	
Volunteer Orientation Part 6	Section 3 Video	Completed	Edit / View	
Volunteer Orientation Part 7	Section 3 Quiz	Completed	Edit / View	
Volunteer Orientation Part 8	Section 4 Video	Completed	Edit / View	
Volunteer Orientation Part 9	Section 4 Quiz	Completed	Edit / View	

Training Tips

Video

- Click on the speaker icon to adjust volume if desired.
- Videos can be paused/resumed by clicking on the video screen.
- At the conclusion of a video, users have the option to Replay or Finish. Once finished, the video will be marked as successfully completed and the video cannot be accessed again.
- Users may obtain a video transcript by clicking the Resources link in the upper right corner of the video window.

Quiz

- A passing score is 80% or higher.
- At the conclusion of a quiz, users have the option to Review, Retry or Finish the quiz.
- To retake a quiz, click the [Edit/Review] button and click the name of the training to try again.

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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If yes, please explain: _____

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