



# Making the Best Better!

## Our Alabama 4-H Volunteer Application

Thank you for offering to help young people grow and learn. Your involvement is important to 4-H and our young people.

This application is important to you and 4-H for the following reasons:

- It matches you with the right job and responsibilities
- It assures that 4-H provides a safe and nurturing environment
- It protects you and everyone involved in 4-H

The volunteer application has two sections:

**General Information**—used to match your skills, interests, and abilities with 4-H's volunteer needs.

**Personal Information**—confidential information will only be accessible to authorized Extension personnel. This confidential information will be kept in a locked and secured location in your county Extension office.

Provide the requested information and return the application to your Extension office. Note that your signature is required.

### Background Screening

Auburn University and ACES is committed to ensuring that a safe and supportive environment exists for all staff, volunteers and students participating in programs. With this understanding, Auburn University recognizes both its institutional and legal obligation to ensure the safety and well-being of all individuals—but especially minor children that utilize university facilities, participate in university-sponsored events and programs, or are involved with university-affiliated individuals.

All potential 4-H volunteers must contact their local county 4-H office to begin the volunteer screening process. Background screening is administered by Auburn University Human Resources through Truescreen.

Your participation in providing these services is integral to our mission of creating and disseminating knowledge for the betterment of society. We deeply appreciate your compliance with our background screening process. All submitted information will be handled with the strictest confidence.

Potential 4-H volunteers are not cleared to serve until all the screening steps have been completed, a clearance communication from Auburn University Human Resources has been received, and all required training has been completed.

## GENERAL VOLUNTEER INFORMATION

Name \_\_\_\_\_

(First) (Middle Initial) (Last)

Mailing Address \_\_\_\_\_  
(Street) (City) (County) (Zip)

Physical Address \_\_\_\_\_  
(If Different) (Street) (City) (County) (Zip)

Have you ever been denied volunteer status with a youth organization? \_\_\_\_ Yes \_\_\_\_ No

Phone: Day \_\_\_\_\_ Best time to call: \_\_\_\_\_ a.m./p.m.

Evening \_\_\_\_\_ Best time to call: \_\_\_\_\_ p.m.

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Were you in 4-H?      \_\_\_\_\_Yes                  \_\_\_\_\_No                  Where?\_\_\_\_\_

(State)                                  (County)

Gender: ☐ Female ☐ Male

Are you of Hispanic or Latino ethnicity? Check (✓) only one.

Yes No

How would you describe yourself? (select one or more)

\_\_\_ 1. American Indian or Alaskan Native

## 2. Asian

3. Black or African American

4. Native Hawaiian or Pacific Islander

## 5. White

6. Other

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

Office Use Only			
____/____/____	____/____/____	_____	Application received
____/____/____	____/____/____	_____	Volunteer name, date of birth, and email sent to Nancy Alexander (alexana@aces.edu) for background check to be ordered.
____/____/____	____/____/____	_____	Auburn background investigation completed by Truescreen. Email received.
____/____/____	____/____/____	_____	All references checked
____/____/____	____/____/____	_____	Interview completed
____/____/____	____/____/____	_____	Alabama sex offender site reviewed ( <a href="http://www.nsopw.gov/">http://www.nsopw.gov/</a> )
____/____/____	____/____/____	_____	Letter of acceptance sent and 4HOnline enrollment complete
____/____/____	____/____/____	_____	Completion of volunteer lessons
____/____/____	____/____/____	_____	Verification of a valid Alabama drivers license

**VOLUNTEER INTERESTS**

Why are you interested in a 4-H volunteer position? \_\_\_\_\_

Do you prefer to work directly with:    \_\_\_\_ youth    \_\_\_\_ adults    \_\_\_\_ both

If you prefer to work with youth, what age level(s) do you prefer to work with?

\_\_\_\_ 7 and younger                      \_\_\_\_ ages 7-9                      \_\_\_\_ ages 10-12  
\_\_\_\_ ages 13-15                      \_\_\_\_ 15 and older                      \_\_\_\_ all ages

Are there specific ways that you want to volunteer for 4-H?

\_\_\_ No, I want to serve wherever needed

\_\_\_ Yes, I would like to serve in the following role(s): \_\_\_\_\_

Describe your skills, abilities, hobbies, and experiences that could benefit youth and 4-H:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered before (such as church, youth sports, or PTA)?

Organization	Volunteer Role	Date(s)
Organization	Volunteer Role	Date(s)
Organization	Volunteer Role	Date(s)

## PERSONAL INFORMATION

This information is strictly confidential. This information will be securely stored and will be available only to authorized personnel. Extension reserves the right to share information gained during the screening process on a need-to-know basis with relevant coordinating agencies, such as local school boards and law enforcement officials. Extension cannot guarantee that confidential screening information is protected from disclosure under the laws governing public records or that confidential screening information will not be produced in response to a subpoena.

1. 4-H is concerned that volunteers and leaders be appropriate role models for youth.

Have you ever had any problems with:

a. substance abuse? ☐ Yes ☐ No

b. criminal behavior? ☐ Yes ☐ No

c. child abuse or neglect? ☐ Yes ☐ No

d. suspension or revocation of your driving privileges? ☐ Yes ☐ No

If yes to any of these, please indicate what steps you have taken to remedy this problem:

2. Have you or anyone in your household been convicted of sexual misconduct or misuse of funds?  
(If yes, please explain):

---

---

3. Other than the above, is there any other fact about you that would affect your ability to be entrusted with the supervision, guidance, and care of youth under the age of 19? ☐ Yes ☐ No

(If yes, please explain):

---

---

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

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

## REFERENCES

List three people who are familiar with your character and your qualifications as they relate to working with youth. (Do not list family members or Extension staff.) Please include complete mailing address. References will be contacted.

1. \_\_\_\_\_  
(Name) (Phone: Day/Night) (How do they know you?)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. \_\_\_\_\_  
(Name) (Phone: Day/Night) (How do they know you?)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. \_\_\_\_\_  
(Name) (Phone: Day/Night) (How do they know you?)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating because of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the Alabama Cooperative Extension System Human Resources Department at (334) 844-5531 or the State of Alabama Governor's Office on Disability (GOOD) at (888) 879-3582 or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at [www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint](http://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax: (833) 256-1665 or (202) 690-7442; or Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.