



Volunteer Application

Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

I. GENERAL INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

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

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (LENGTH OF STAY)

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (LENGTH OF STAY)

Hispanic Ethnicity: (check one): Hispanic or Latino Not Hispanic or Latino

Racial Groups (check all that apply): White Black or African American

American Indian or Alaskan Native Asian

Native Hawaiian or Other Pacific Islander

Gender: Female Male

Occupation: _____ **Employer:** _____

If you were a 4-Her, indicate County: _____ State: _____

If you have volunteered with youth (including 4-H), how long did you do this? _____

If yes, list City: _____ County: _____ State: _____

Extension staff with whom you worked. Name: _____ Phone: _____

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

II. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

I authorize the contact of the references listed above. I understand a Criminal Records Check will be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/disengagement as a volunteer.

III. BACKGROUND CHECK

Name: _____ Alias/Maiden Name _____

Date of Birth: _____ Social Security No.: _____ - _____ - _____

Driver's License # _____ State _____ Expiration Date _____

Please note: A court record will not necessarily prevent an applicant from being a volunteer; the record will be considered as it relates to specifics of the volunteer position for which you are applying.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel.

I hereby grant University of Kentucky Extension and their agents, the right to use, reproduce, assign and/or distribute still pictures, video, and sound recordings of myself and my children without compensation for use in promotion/advertising, educational publications or website content which they may create.

Applicant's Signature: _____ Date: _____

Motor Vehicle Record (MVR) Release & Information Form

Please provide all requested information and return form to UK Risk Management

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708 Fax: (859) 257-1050

Services provided by:
Sonic e-Learning Inc.
Phone: (877) 867-6642 Fax: (866) 462-6316

Please attach copy of Drivers' License here.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supv/Contact Phone: _____

Driver Information:

Name: _____ Work Phone: _____
Exactly as it appears on Drivers' license

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Years Driving Experience Yrs: _____ Mos: _____ Date of Hire: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to the University of Kentucky to obtain such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of UK driving privileges.

Driver's Signature: X _____ Date: _____

Risk Management Department Use only.		Supv	<input type="checkbox"/>	HR	<input type="checkbox"/>	ARB	_____
MVR Req	<input type="checkbox"/>	Rec'd	<input type="checkbox"/>	Filed	<input type="checkbox"/>	Referred	<input type="checkbox"/>

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals serving as Youth Leaders

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

*** ALL INFORMATION BELOW IS REQUIRED.**

Requestor/Contact Person	Date
Agency	Phone Number
Address	E-mail Address
City, State, Zip	

Kentucky Cooperative Extension Service Volunteer Reference Form (attach here)

Kentucky Cooperative Extension Service
Volunteer Reference Form (attach here)



Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate or allow bullying, hazing, harassment or malicious pranks.
- I will ensure that educational programs of Kentucky CES shall serve all people regardless of race, color, age, gender, religion, disability or national origin.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer

Date

Signature of Supervisor or Agent Date

Interview Notes (attach here)

Criminal Record (Background) Check Results (attach here)

To request a Criminal Record Report on a volunteer application, follow these steps:

1. **Login** to the AOCFastCheck online portal at:
<http://courts.ky.gov/aoc/AOCFastCheck.htm>
2. **New Users** will click on Register
Returning Users will click on Log in
3. On the “Request Type Information” screen, complete the following categories:
Category (“Youth” for all Extension Roles {the “Youth” designation is free of charge})
Group (4-H, etc.)
Reason (Volunteer/Care over Juvenile {this designation is free of charge})
4. **Requestor Information** (this is your personal information)
5. **Request Entry** (Manual Entry for single submissions; Batch Entry for multiple submissions)
Submit the information on the volunteer applicant as requested.

The staff at the AOC can be contacted by phone at 800/928-6381 or by e-mail through their website. (They are extremely helpful.)

Sex Offender Registry Results (attach here)

A search of both the national and the Kentucky sex offender registries can be conducted by accessing the following website: <http://kspsor.state.ky.us/>

Enter the last name and the first name (running an alias and/or maiden name if one is provided) to run a check on individual volunteer applicants. When the results come up, print the results and staple into the volunteer application packet.

A national search of registered sex offenders can be conducted by entering the zip code of the searchable area at the same website. It is also a good safeguard to enter the zip code of the meeting place for clubs, events, programs and activities, to see the number of registered sex offenders in that zip code. (The number of offenders that are registered in most zip codes is truly sobering.) This print out should be placed in the secure volunteer file at least once each year.

Volunteer Position Description (attach here)

All volunteers are required to sign a volunteer position description for each role they serve. Volunteers who continue their service to Extension *in the same role* do not need to sign a new volunteer position description each year.

A collection of volunteer position descriptions can be found in the GEMS Toolbox at: <http://www.ca.uky.edu/agcollege/4h/oldsite/VolPosDescription/index.htm>

All volunteer position descriptions will include the following statement immediately preceding the signature lines at the bottom:

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Prior to the end of the program year, agents will send each volunteer a letter, e-mail, thank-you note (retaining a hard copy in the volunteer's file), thanking them for their year of service. For those volunteers who the agent wants to retain, the following paragraph must be included in the letter:

"The volunteer position in which you have served during the past year is renewable annually. I appreciate your service to Extension and to the (name) program. Unless you notify me differently, your appointment to this volunteer position is renewed for the 20__ - 20__ program year."



NAME OF VOLUNTEER POSITION

VOLUNTEER POSITION DESCRIPTION

Kentucky (**4-H, FCS, ANR, Horticulture, Fine Arts**) Program
Kentucky Cooperative Extension Service
The University of Kentucky College of Agriculture

TIME REQUIRED:

(Estimate the total time required for both preparation and actual volunteer efforts.)

LOCATION:

(Identify where the volunteering will occur.)

GENERAL PURPOSE:

(Identify the overall volunteer responsibilities and expectations, in paragraph form.)

SPECIFIC RESPONSIBILITIES:

(Identify specific duties and responsibilities of the volunteer position in a bulleted list.)

QUALIFICATIONS:

(Identify specific skills and abilities necessary for a volunteer in the specific position to be successful.)

SALARY & BENEFITS:

Unsalaries; volunteer.

(Identify all benefits and "perks" which are available through this position.)

SUPERVISOR:

Name:

Title:

Address:

City, State, Zip

Phone:

Fax:

e-mail:

I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving.

SIGNATURES:

Signature of volunteer

Date

Signature of supervisor

Date

A collection of volunteer position descriptions can be found in the GEMS Toolbox at:
<http://www.ca.uky.edu/agcollege/4h/oldsite/VolPosDescription/index.htm>

Kentucky Cooperative Extension Service



Volunteer Reference Form

Applicant's Name _____

Reference Name _____ Phone () _____

Address _____
Street City State Zip

Position applying for _____
(Provide a written volunteer position description if done by letter. Provide a brief synopsis of the volunteer position description if done by telephone.)

Interviewer's Signature _____

Date of Telephone Interview _____
(If done by letter, use date of completion.)

1. How long have you known the applicant? _____

2. What are the applicant's strengths and weaknesses as applied to this position?

Strengths: _____

Weaknesses: _____

3. Would you be willing to place your child or any other child for whom you are responsible under their supervision? No _____ Yes _____ Why or why not?

3. Why do you consider this applicant to be a positive role model for youth?

4. In comparison with persons you have known how would you rate the applicant in the following areas?

	<u>Below</u> <u>Average</u>	<u>Average</u>	<u>Outstanding</u>
Emotional maturity	_____	_____	_____
Leadership	_____	_____	_____
Enthusiasm and energy	_____	_____	_____
Self-confidence	_____	_____	_____
Sense of humor	_____	_____	_____
Handling emergencies	_____	_____	_____
Understanding of children	_____	_____	_____
Communication skills	_____	_____	_____
Dependability	_____	_____	_____
Patience	_____	_____	_____
Ability to work with children	_____	_____	_____

5. If given the opportunity, would you select this person for this position?

No ___ Yes ___

Why or why not?
