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| (Office use only) Date Received: _____             |
| Year Screened: _____                               |
| Screened___ Restricted___ Household___ Inactive___ |

# Application for New 4-H Volunteers (Screening Step A)

4-H County: \_\_\_\_\_ Email: \_\_\_\_\_  
*For Otter Tail County, please indicate East or West. For St. Louis County, please indicate North or South.  
For American Indian programs, please write Fond du Lac or White Earth as the county.*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:  Male  Female Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  Accept text messages Cell Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Extension: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Racial Groups (check all that apply):  
 American Indian or Alaskan Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander  Prefer not to state

Residence (check one):  Farm  Town < 10,000 and rural non-farm  
 Town/city 10,000 - 50,000 and suburbs  Suburb of city > 50,000  Central city > 50,000

Does anyone in your family serve in the military? (check if yes)  Parent  Sibling  Son/Daughter  Self/Spouse

Branch: \_\_\_\_\_ Component:  Active Duty  National Guard  Reserves  
*(Air Force, Army, Coast Guard, DOD Civilian, Marines, Navy)*

Were you in 4-H as a youth?  Yes  No If yes, list projects/areas involved: \_\_\_\_\_

\_\_\_\_\_ Your year of birth: \_\_\_\_\_

Please select the highest education level in your household:  
 Unknown  Partial high school  High school graduate or GED certificate  Some college, incl. vocational/technical  
 College (2-4 year degree completion)  Graduate/professional training  I prefer not to provide this information

Have you been a 4-H volunteer before?  Yes  No If yes, list County/State: \_\_\_\_\_

Number of years as 4-H volunteer: \_\_\_\_\_ Role(s) held: \_\_\_\_\_

In what way(s) would you like to volunteer with 4-H? (Ex. leading/ working with a club, group or project, chaperoning)

\_\_\_\_\_  
\_\_\_\_\_

Check here if you would like to talk further with 4-H staff about volunteer roles or opportunities.

Current Occupation: \_\_\_\_\_ How long have you worked at that position? \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Educational Degrees Held: \_\_\_\_\_

Special Training Received: \_\_\_\_\_

Past volunteer experience (type of organization, role played, number of years, etc.):

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Other interests, hobbies or skills that may contribute to 4-H youth development work:

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Which would you prefer to work with?    \_\_\_ Youth                    \_\_\_ Adults                    \_\_\_ Either/Both

If you prefer to work directly with youth, what grade level(s) do you prefer? (Check all that apply)

\_\_\_ Grades K-2                    \_\_\_ Grades 3-5                    \_\_\_ Grades 6-8                    \_\_\_ Grades 9+

**Health Information:**

*Please be accurate yet concise. In the event of an emergency, this may be the only immediate source of information.*

|   |  |
|---|--|
| Do you have a health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? | <input type="checkbox"/> No, I do not have any relevant health diagnosis.<br><input type="checkbox"/> Yes, I have a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.           |
| Health diagnosis details/explanations and suggested accommodations.   |  |
| Do you have any specific dietary needs?   | <input type="checkbox"/> No special food needs or requests.<br><input type="checkbox"/> Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian) or religious restrictions.       |
| Dietary needs details/explanation.  |  |
| Do you have any allergies or reactions to drugs or things in nature?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| Describe allergies or reactions.  |  |
| Do you have any conditions requiring medication?  | <input type="checkbox"/> No medications are needed.<br><input type="checkbox"/> Yes, and assistance is needed with medications.<br><input type="checkbox"/> Yes, and this member is capable of self-administering medications. |
| Medication details/explanation.   |  |
| Is your Tetanus immunization current?   | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure   |
| Date of last Tetanus shot (month/year).<br>Leave blank if not current or unknown  |  |
| Do you have any other health conditions?  | <input type="checkbox"/> No <input type="checkbox"/> Yes   |
| Describe other health conditions.   |  |

**Primary Club or Group:** \_\_\_\_\_

**Check 4-H Projects that would interest you as a volunteer:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aerospace                  | <input type="checkbox"/> Flower Gardening          | <input type="checkbox"/> Potatoes                      |
| <input type="checkbox"/> Aquatic Robotics           | <input type="checkbox"/> Food & Nutrition          | <input type="checkbox"/> Poultry (and pigeons)         |
| <input type="checkbox"/> Beef                       | <input type="checkbox"/> Forest Resources          | <input type="checkbox"/> Quilting                      |
| <input type="checkbox"/> Bicycle                    | <input type="checkbox"/> Fruit                     | <input type="checkbox"/> Rabbits (and guinea pigs)     |
| <input type="checkbox"/> Cat                        | <input type="checkbox"/> Geology                   | <input type="checkbox"/> Robotics                      |
| <input type="checkbox"/> Child & Family Development | <input type="checkbox"/> Global Connections        | <input type="checkbox"/> Safety                        |
| <input type="checkbox"/> Citizenship                | <input type="checkbox"/> Goat – Dairy              | <input type="checkbox"/> Self-Determined               |
| <input type="checkbox"/> Clothing & Textiles        | <input type="checkbox"/> Goat – Meat               | <input type="checkbox"/> Sheep                         |
| <input type="checkbox"/> Cloverbuds (Grades K-3)    | <input type="checkbox"/> Health                    | <input type="checkbox"/> Shooting Sports/Wildlife Mgmt |
| <input type="checkbox"/> Computers                  | <input type="checkbox"/> Home Environment          | <input type="checkbox"/> Shop (wood and/or metal)      |
| <input type="checkbox"/> Consumer Education         | <input type="checkbox"/> Horse                     | <input type="checkbox"/> Small Engines                 |
| <input type="checkbox"/> Crafts & Fine Arts         | <input type="checkbox"/> Horse Training            | <input type="checkbox"/> Swine                         |
| <input type="checkbox"/> Crop Sciences              | <input type="checkbox"/> Horseless Horse           | <input type="checkbox"/> Tractor                       |
| <input type="checkbox"/> Dairy                      | <input type="checkbox"/> Indoor Gardening          | <input type="checkbox"/> Vegetable Gardening           |
| <input type="checkbox"/> Dog                        | <input type="checkbox"/> Lama (llamas and alpacas) | <input type="checkbox"/> Veterinary Science            |
| <input type="checkbox"/> Electric                   | <input type="checkbox"/> Lawn & Landscape Design   | <input type="checkbox"/> Video                         |
| <input type="checkbox"/> Engineering Design         | <input type="checkbox"/> Needle Arts               | <input type="checkbox"/> Water/Wetlands                |
| <input type="checkbox"/> Entomology                 | <input type="checkbox"/> Performing Arts           | <input type="checkbox"/> Wildlife Biology              |
| <input type="checkbox"/> Exploring Animals          | <input type="checkbox"/> Pets                      | <input type="checkbox"/> Youth Leadership              |
| <input type="checkbox"/> Exploring the Environment  | <input type="checkbox"/> Photography               |  |
| <input type="checkbox"/> Fishing Sports             | <input type="checkbox"/> Plant & Soil Science      |  |

**4-H Activities/Groups vary by county and region; talk with your 4-H program staff about opportunities.**

## Code of Conduct

### Introduction

The University of Minnesota Extension 4-H Youth Development program (Minnesota 4-H) builds engaged young people who are able to learn and lead in a global society, educates adults to work effectively with youth, and partners with communities to create supportive social environments that help youth thrive. A standard of behavior for all individuals involved in our program is one of the key components for creating a welcoming learning environment that is physically and emotionally safe. Any individual participating and/or volunteering with the Minnesota 4-H program at any level (individual, club, county, regional, state, national and international) is subject to the behavior standards and rules governing participation and involvement as outlined in the Minnesota 4-H Code of Conduct. In addition to the Minnesota 4-H Code of Conduct, there may be additional policies, rules, and procedures relating to specific 4-H events and activities that will also apply to those events/activities.

The Minnesota 4-H Code of Conduct (adopted August 2013) applies and will be enforced with 4-H members, 4-H parents and 4-H volunteers as follows:

- While participating in or attending a 4-H sponsored program (e.g. club meeting, project meeting, activity, event, learning opportunity).
- At the county fair while participating in or attending a 4-H event or while on premises used for 4-H purposes (e.g. show ring, exhibit building, barn, food stand).
- At the state fair, during their (or their child's) assigned encampment or assigned volunteer responsibility.

In addition, the Minnesota 4-H Code of Conduct applies and will be enforced as follows:

- At all times during the year of service for 4-H members who agree to represent Minnesota 4-H to the public by accepting a statewide 4-H leadership role (e.g. state 4-H ambassador, state 4-H PDC member).
- At all times throughout a volunteer's service when behavior outside of the Minnesota 4-H puts youth at risk or has the potential to put youth at risk.

The opportunity to participate in and/or volunteer with Minnesota 4-H is a privilege and honor, not a right. All youth participants, parents/guardians supporting their child's participation in 4-H, and volunteers are expected to sign the Minnesota 4-H Code of Conduct before becoming involved with Minnesota 4-H. Continued participation in Minnesota 4-H is based on individuals meeting the requirements of the program including the Minnesota 4-H Code of Conduct.

Infractions to the Minnesota 4-H Code of Conduct will be addressed and may result in consequences. Because Minnesota 4-H is a safe place for youth and adults to learn from their mistakes, minor disruptive or inappropriate behavior will first be addressed through redirection and coaching. When the nature of the offense is more severe or there is a pattern of minor disruptive or inappropriate behavior, violations of the Minnesota 4-H Code of Conduct will result in consequences. The consequences may range from a verbal warning to the loss of privileges (e.g. participation at the event or future events, forfeiture of awards or other forms of recognition, forfeiture of positions of leadership, limitation on volunteer responsibilities) to full removal from Minnesota 4-H. Consequences may be applied to entire 4-H entities, when applicable.

## Code of Conduct for Volunteers

1. I understand that the Minnesota 4-H Youth Development program is a non-formal education program in which I have an option to volunteer. I will complete the expectations of my volunteer assignment, working with staff and volunteers to create quality learning environments for youth. I accept my responsibility to engage in program activities and to excuse myself from this volunteer assignment if it does not meet my volunteer objectives. I recognize the organization has the responsibility and authority to remove individuals who are serving as volunteers that are disruptive to the 4-H Youth Development program or for any other reason the 4-H Youth Development program deems appropriate.
2. I accept my responsibility to represent the University of Minnesota Extension 4-H Youth Development program by holding myself to the standards of the 4-H pledge and motto. I will refrain from behavior that negatively represents myself, my family, my community, 4-H or the University of Minnesota.
3. I acknowledge that the 4-H program utilizes competition related to project work as a tool for learning. I will demonstrate good sportsmanship, encourage this behavior in program participants and other volunteers, and not allow this behavior to detract from the learning experience. I will not let my personal desire to win overshadow the needs of the group or violate positive youth development principles.
4. I accept my personal responsibility to be informed and follow the policies, rules and deadlines established by Minnesota 4-H. I will not cheat, lie, knowingly furnish false information, deceive, or otherwise engage in dishonest, unethical or illegal behaviors. I will not encourage others to disregard or intentionally violate conditions of Minnesota 4-H participation.
5. I will act in a respectful and responsible manner during all 4-H programs. I will comply with directions of 4-H officials acting in the performance of their duties. I will not obstruct or disrupt any 4-H program or encourage others to engage in such conduct. I understand that a judge's decision is final.
6. I will promote a spirit of inclusion and welcome participation of individuals from all backgrounds. I will encourage youth involvement in decision making. I will practice fair-mindedness by being open to ideas and opinions of others. I will comply with equal opportunity and anti-discrimination laws. I will not participate in behaviors that discriminate against other people.
7. I will communicate (oral, written and electronic) in an open, honest, respectful manner in all situations involving the 4-H program. I will refrain from communication that is negative, offensive, destructive or hurtful to others. I will refrain from sharing private matters in a public group setting. I will not engage in or tolerate slander, put-downs, insults, taunting, name-calling, yelling, profane language, sexual innuendos and other comments or hostile behaviors likely to offend, hurt or set a bad example. If I witness this type of behavior, I will contact the staff member. If the situation is escalating to where I feel unsafe, I will contact the authorities.
8. I will ensure a safe environment for myself and others involved in 4-H programs that I am leading. I will not act in an irresponsible or potentially hazardous manner. I will access and operate machinery, vehicles and other equipment in compliance with laws, rules of the 4-H program, and general safety practices.
9. I will model healthy choices. I will not offer alcohol, tobacco products or illegal substances to youth. I will not possess or use illegal substances. I will not use alcohol or tobacco products during a 4-H program. I will not attend 4-H programs under the influence of alcohol or any illegal substance.

10. I will be courteous and respectful of other individuals and their property. I will dress in a manner that is appropriate, tasteful and respectful for youth. I will not use, abuse or take another individual's personal belongings. I will not damage facilities.
11. I will not have sexual contact or a sexual relationship with a member. I will not use physical punishment for discipline. If I have reason to believe that a member is being neglected or physically or sexually abused, I will make an immediate report of the neglect or abuse to a law enforcement or social service agency. I will abide by the University of Minnesota policy on the safety of minors.
12. I will use appropriate channels within the University of Minnesota Extension to address concerns and conflicts, working towards resolution. I will accept the decision of the individual and/or group that has the leadership and authority to make the decision, even if the decision is not the one I personally desire.
13. I will demonstrate behaviors appropriate as a positive role model. If I have a guest or guests in attendance at a 4-H program, I will encourage them to abide by the Minnesota 4-H Code of Conduct and ask them to leave if they are unable to abide by the code. I recognize that if the guest's behavior interferes with the learning, my guests may be asked to leave the 4-H program.
14. I will expect youth and adults participating in the programs I lead as a 4-H volunteer to follow the Minnesota 4-H Code of Conduct. If behaviors contrary to the Minnesota 4-H Code of Conduct are demonstrated during a 4-H program, I will address the situation appropriately and consult with my staff supervisor when needed.

## Volunteer Acknowledgements

### Code of Conduct Release

I have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) Code of Conduct for Volunteers including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct WILL result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development.

I have reviewed the Volunteer Screening Release and authorize the University of Minnesota Extension and/or their agents to conduct a background check as it pertains to my volunteer considerations.

### Media Release

I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of me and/or my property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

NOTE: For information about opting out of the photo release, contact your local Extension staff: [www.4-H.umn.edu/county](http://www.4-H.umn.edu/county).

### Medical Authorization

I authorize each of the following: (a) the health history and medical information I have provided is correct. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which I intend to participate; (b) if an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.

### Screening Release

I understand that some of the above information is considered private under the Minnesota Government Data Practices Act, Chapter 13. This information will be used for programming purposes and given to people responsible for each program. By signing this form, I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of me and/or my property for use in any media format, now or hereafter known for future educational programs

to help promote 4-H. I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

I authorize the University of Minnesota Extension and/or their agents to investigate my background as it pertains to volunteer considerations. This may include investigation of information contained in public records including criminal and motor vehicle data. In signing below, I agree to complete a background check following the instructions provided for me, and I consent to be rescreened on a regular basis (typically every 3 years). I release all persons, companies, or organizations furnishing such information from liability and responsibility. This authorization does not expire, will include rescreening on a regular basis, and will be considered revoked only upon my written authorization or request to the University of Minnesota Extension. A copy of this document may be substituted for the original.

The background check includes criminal background information and does NOT include a credit check. The background check is for use only by the University of Minnesota Extension 4-H organization, is defined by the needs and requirements of 4-H, and is applied consistently to all volunteer applicants. Under no circumstances will the information collected and maintained by the McDowell Agency, Inc. ever be sold or provided to an outside entity for any purpose. For more information about the McDowell Agency's privacy policies, visit [www.mcdowellagency.com/faq.php](http://www.mcdowellagency.com/faq.php).

I certify that the information in this application is true and current. I understand that misrepresentation or omission of facts requested is cause for non-acceptance as a University of Minnesota Extension volunteer. I further understand that the University of Minnesota Extension is not obligated to accept or place me as a volunteer. If accepted as a volunteer, I agree to abide by the expectations of the University of Minnesota Extension and to fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of the University of Minnesota Extension and the Minnesota 4-H Program.

I am obligated to immediately report any criminal changes that may occur following the signing of this document or immediately request Minnesota 4-H to revoke my privilege of serving as a 4-H Volunteer.

**VOLUNTEER NAME (Printed)** \_\_\_\_\_

**VOLUNTEER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**AN ORIGINAL INK SIGNATURE IS REQUIRED ON THE APPLICATION.**

We cannot accept scanned, emailed or faxed signatures.

You can fill out the application online, but will need to print it in order to sign the last page.

Acceptance as a University of Minnesota Extension 4-H volunteer is contingent on evaluation of your application, background check, and orientation. Staff will work with you to match your skills and interests to roles within the 4-H program, and training will be provided periodically.

Have you completed the A-B-C's of 4-H volunteer screening?

A = Application

B = Background Check

C = (See the) Orientation

**ALL 3 STEPS ARE REQUIRED BEFORE YOU BEGIN SERVING AS A 4-H VOLUNTEER.**  
YOU WILL BE NOTIFIED OF ACCEPTANCE AS A VOLUNTEER AFTER ALL 3 STEPS ARE FINISHED.

*Instructions, forms and links for steps B and C can be found at [www.4h.umn.edu/volunteer](http://www.4h.umn.edu/volunteer).  
County staff will also have access to forms and instructions to help you complete these steps.*

**PLEASE RETURN THIS APPLICATION TO YOUR COUNTY EXTENSION OFFICE.**