



NORTH CAROLINA 4-H VOLUNTEER APPLICATION

First Name:	Middle Name:	Last Name:	Preferred Name:	Birth Date:
Number of Previous Adult Years In Program:	Gender: <ul style="list-style-type: none"> • Female • Male • Gender Identity Not Listed • Prefer Not To Respond 	Residence: <ul style="list-style-type: none"> • Farm • Town under 10,000 or Rural - Non-Farm • Town, City or Suburbs 10,000-50,000 • City or Suburb more than 50,000 • City – Central, More than 50,000 		
Are you of Hispanic or Latino ethnicity? <ul style="list-style-type: none"> • Yes • No • Prefer Not To State 	Race: <ul style="list-style-type: none"> • White • Black or African American • American Indian or Alaskan Native • Native Hawaiian or Pacific Islander • Asian • Balance (other combinations) • Prefer Not To State 			

Emergency Contact

Full Name:	Relationship to member:	Contact Phone:	Contact Email (Optional):
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How would you like to participate?

<ul style="list-style-type: none"> • I want to join as a new or Returning 4-H Adult Volunteer <i>continues to page 2</i> • I want to participate in 4-H but not as a 4-H Adult Volunteer at this time.
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VOLUNTEER TYPE

North Carolina 4-H has two (2) types of Certified Volunteers. Please review the information below and select the volunteer “Type and Role” that best fits your needs.

#1: **CERTIFIED LEVEL 1 VOLUNTEERS:** An individual who works closely with, interacts with, supervises, instructs, or otherwise comes into direct contact with minors in a program/activity/event. Level 1 volunteers are required to have a background screening done once every three years. NC State University manages the screening process at no cost to the volunteer applicant. **NC State University will initiate the screening process; it is not done in 4-HOnline. Background screenings are not*

Club Leaders Roles

- Club Leader: An individual who serves as the primary leader for the club, group, or unit.
- Club Co-Leader: An individual who provides leadership or assistance with an activity or variety of activities in the club/group/unit program but is not the primary lead.
- Club Assistant/Coach: An individual who works with a 4-H Club, group, or unit in various program roles.
- Shooting Sports Club Leader: An individual who serves as the primary leader for a shooting/target sports club.
- Shooting Sports Club Co-Leader: An individual who provides leadership or assistance with an activity or variety of activities in the club/group/unit program but is not the primary lead.
- Shooting Sports Club Assistant/Coach: An individual who works with a 4-H Club or group in a discipline area.

Program Volunteer Role

- Screened Program Volunteer (not associated with a 4-H Club): An individual who serves in various direct serve-to-youth roles at the club, county, district, and/or state level.

#2: **CERTIFIED LEVEL 2 VOLUNTEERS:** An individual who works with Extension youth programs in roles not linked directly with youth and /or has limited/supervised youth interaction. Level 2 volunteers are not allowed to serve in roles where they could have direct youth interaction unless supervised by an Extension employee and/or a Level 1 volunteer. **Level 2 volunteers are not required to complete the background screening process.*

Activity Volunteer Role

- Level 2: Indirect Youth Volunteer: An individual who provides program/event support that does not involve direct youth interaction and/or has limited/supervised youth interaction under the supervision of an Extension employee and/or Level 1 volunteer.

YOUTH Project Volunteers: 4-H'ers who serve as volunteers at the club, county, district, and/or state level can register as 4-H Youth Volunteers.

- 4-H Youth Volunteer: 4-H'ers who serve as volunteers at the club, county, district, and/or state level.

About You:

Job Title (Optional):	Employer (Optional):	Work Phone (Optional):	Work Extension (Optional):
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Emergency Contact 2:

Full Name (Optional):	Relationship to member (Optional):	Contact Phone (Optional):	Contact Email(Optional):
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Military:

Family Member Military Service:

- I am serving in the Military
- No one in my family is serving in the Military.
- I have a family member serving in the Military.

Branch of Service:

- Airforce
- Army
- Coastguard
- D O D Civilian
- Marines
- Navy
- Not Applicable

Branch Component:

- Active Duty
- National Guard
- Not Applicable
- Reserves

Other:

Are you a sworn Law Enforcement Officer? *This information is used only for the background screening process. • Yes • No	How are you interested in volunteering?	Are you a 4-H Alumnus? • Yes • No If you selected yes, what state were you a 4-H'er in?	Please select your t-shirt size: • Small • Medium • Large • XL • 2XL • 3XL • 4XL • Youth Small • Youth Medium • Youth Large • Youth XL
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Consents:

To participate in 4-H, Volunteers are required to complete the following authorization forms.

NC 4-H Photo and Media Release Form For Volunteers

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image, voice recording, or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photographic, or printed matter that may be used in conjunction with the printed or recorded matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees, and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

- I AGREE to photo/media use for any use described herein.
- I do NOT AGREE to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me and the Minor, my and the Minor's heirs and assigns and on those who may claim by or through me and the Minor. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily. My electronic signature on this document shall carry the same force as a physical signature.

Printed Name: _____ Name of Minor: _____

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____

Date: _____

NC 4-H Volunteer Standards of Behavior and Personal Boundaries Form

North Carolina 4-H Volunteer Standards Of Behavior & Personal Boundaries for Working with Minors Families and other youth-serving organizations place trust in North Carolina Cooperative Extension to provide quality leadership and care for participants in 4-H programs. The opportunity to work with youth is a privileged position of trust that should only be held by those who are willing to commit to upholding behavior that fulfills this trust. The Program has established standards of behavior for face-to-face and online Programs for all volunteers, guest speakers, and third-party entities. It is the responsibility of the individual engaging with minors in the Program to review the Program rules and standards of behavior. Violations will be handled according to University policies and regulations. By signing below, you agree

1. Not to engage in private communications with minors, including via text messaging, e-mail, phone, internet chat, online games, or other forms of social media, unless there is an educational or programmatic purpose and the content of the communication is consistent with the program's mission. Should communication be necessary, I will include a third program staff member.
2. To create an environment where everyone is welcomed and given the opportunity to participate and succeed.
3. To ensure all participants are treated with dignity, fairness, and respect.
4. To maintain appropriate physical boundaries at all times.
5. That bullying, harassing, or using derogatory language towards another person or group of people is prohibited. Hazing of any kind is prohibited. Cyberbullying is prohibited.
6. To obey the laws of the locality, state, and nation.
7. To keep conversations and interactions focused on the Program's goals and objectives.
8. Not to share personal information, email, or social media accounts with minor participants.
9. Not to share links or passwords for Program meetings or content.
10. Not to "friend," "follow," or "like" minors from the Program on social media.
11. Not to record or take screenshots or images unless directed to do so for Program purposes.
12. Not to use Program content, contacts, images, or video for personal use outside the scope of the Program.
13. Not to share links or passwords for Programs or content unless directed to do so for Program purposes.
14. To dress appropriately.
15. To immediately report any reasonable suspicion or knowledge of abuse of a minor to the Division of Social Services, the NC State Office of Youth Programs and Compliance, and, if immediate intervention is necessary, to the local police.
16. Not to touch or speak to a minor in a sexual or other inappropriate manner.
17. To avoid one-on-one interaction with minors, but if such interactions are unavoidable, for them to take place in an open, well-illuminated space with windows observable by other program staff unless the one-on-one interaction is expressly authorized by the program administrator or is being undertaken by a health care provider.
18. Not to meet with minors outside established program locations or outside established times. Any exceptions require written parental authorization and must include more than one authorized adult or program staff.
19. Not to invite minors to my home or other private location or accept their invitations for the same. Any exceptions require authorization by the program administrator and written authorization by a parent/guardian.
20. Not to make sexual comments, tell sexual jokes, or allow minors to access sexually explicit materials.
21. Not to engage or allow minors to engage me in romantic or sexual conversations.
22. Not to accept or give gifts to minors without the knowledge of their parents or guardians.
23. Not to inflict any physical or emotional abuse on minors, including, but not limited to, striking, humiliating, ridiculing, or degrading minors.
24. Not to use, possess, or be under the influence of alcohol or illegal drugs at any time while working with minors or allow youth under my supervision to be under the influence.
25. Not to provide or knowingly allow minors to possess or consume alcohol, tobacco, or illegal drugs.

26. Not to use profanity, vulgarity, or harassing language in the presence of minors at any time.
27. Not to provide transportation to minors unless doing so is an acknowledged component of the program. When transporting minors, more than one volunteer or program staff must be present in the vehicle, except when multiple children/teens will be in the vehicle at all times during the transportation.
28. To make 4-H youth programs accessible to youth without regard to race, color, creed, national origin, religion, sex, age, sexual orientation, veteran status, disability, or political affiliation.
29. To operate motor vehicles (including machines or equipment) in a safe and reliable manner and only with a valid operator's license and the legally required insurance coverage.
30. To inform county 4-H staff of any arrests or charges of criminal activity. (Temporary suspension from working with 4-H pending resolution of the case may be required.)
31. Not to require 4-H participants to purchase materials, supplies, equipment, animals, or services from any specific vendor.
32. To address problems that are brought to my attention and work with Program staff to resolve issues that may arise.
33. To accept supervision and support from county, district, and state 4-H staff while involved in the 4-H program.

I understand and acknowledge that violation of the Program or university code, policy, or regulation may result in my dismissal from the 4-H program.

North Carolina 4-H Volunteer Agreement

Adults serving as volunteers can expect the following from the North Carolina Cooperative Extension (NCCE).

NCCE AGREES TO:

- Provide orientation training for the position.
- Set educational tone and directions.
- Provide job descriptions.
- Provide assistance, support, and encouragement.
- Give recognition for time and energy devoted to the job.
- Inform of coming events and activities.
- Make annual evaluations.
- Provide training opportunities and material to develop an understanding and management of the volunteer assignments.
- Provide educational materials to be used for project and club organizations.
- Provide timely information on events, programs, and opportunities for youth at the county, state, and national levels.

Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these by signing where indicated.

VOLUNTEER AGREES TO:

- Register and maintain an Active Status in 4-HOnline.
- Complete New 4-H Leader Orientation & Training.
- Be supportive of Extension programs and staff members.
- Participate in County Volunteer meetings and trainings as appropriate.
- Inform enrolled youth of Extension program opportunities.
- Supply the County Extension Office with application updates annually.
- Abide by the North Carolina 4-H Volunteer Standards of Behavior & Personal Boundaries for Working with Minors Form.
- Participate in available training as appropriate to fulfill my duties.

- *WATCH THE REQUIRED “MINORS REGULATION TRAINING VIDEO” in its entirety via the 4-HOnline Training Module. This training module is required annually.

My electronic consent/signature has the same force and effect as a physical signature.

Signature: _____ Date: _____

NC 4-H Youth Development Program Liability Waiver, Assumption of Risk & Indemnification Volunteer Agreement

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program (hereinafter “Program”), I, for myself and/or on behalf of the minor child listed below (“Minor”), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction, or expertise can completely eliminate them. These dangers and risks include, but are not limited to loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, exposure to contagious viruses (including but not limited to COVID-19) and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor’s participation in the aforementioned activities, and I voluntarily authorize the Minor’s participation in reliance upon my own judgment and knowledge of the Minor’s experience and capabilities.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor, and that I have authority to enter into this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor’s physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the “Released Parties”) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from, resulting from, or relating in any way to the Minor’s participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor’s behalf, makes a claim against any of the Released Parties, I will indemnify, defend, and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program’s rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document that is binding on me and the Minor, my and the Minor’s heirs and assigns, and on those who may claim by or through the Minor or me. I am eighteen years of age or older and have the full capacity to enter into this agreement and do so voluntarily. My electronic consent/signature on this document shall carry the same force as a physical signature.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

My electronic signature has the same force and effect as a physical signature.

Signature: _____ Date: _____

VOLUNTEER SCREENING

Current Day Phone:	Current Evening Phone:	Reason For Wanting To Be a 4-H Volunteer:
*Volunteer Experience: (*Optional) Organization: Volunteer Role and Duties: City / State: Years:		
*Current Employment: (*Optional) Employer: Position Title and Duties:		
References Please list three persons, not related to you, who have known you well in either a personal or professional capacity for at least two years. Please provide complete addresses, phone numbers, email addresses, and their relationship to you. <u>Reference 1</u> Name: Address: City: State: Zip Phone Number: Email Address: Relationship: <u>Reference 2</u> Name: Address: City: State:		

Zip

Phone Number:

Email Address:

Relationship:

Reference 3

Name:

Address:

City:

State:

Zip

Phone Number:

Email Address:

Relationship:

I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested is just cause for non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies, regulations, and rules of North Carolina Statute University, the North Carolina Cooperative Extension, and the North Carolina 4-H Program and to fulfill my volunteer responsibilities to the best of my ability. I hereby authorize the 4-H agent or authorized representative of the organization to which this application is submitted to obtain and release any information pertaining to my background for the sole use of obtaining a criminal, financial and traffic violation background check. I give my consent to a criminal, financial, and traffic violation background check. *Financial checks are only processed for volunteers who manage club or project finances.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. My electronic signature has the same force and effect as a physical signature

Signature: _____

NC State University Non-Discrimination and Accommodation Statements

NC State University Non-Discrimination and Accommodation Statements

Please see NC State University's Non-Discrimination and Accommodation Statements here:

<https://diversity.ncsu.edu/ndastatements/>.

USDA's Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at "How to File a Program Discrimination Complaint" and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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_____ I attest that I have read this policy.