



OHIO STATE UNIVERSITY EXTENSION VOLUNTEER APPLICATION FORM



I. GENERAL INFORMATION

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Length of time at this address (years): _____
Date of Birth (MM/DD/YY) _____

Email: _____

II. VOLUNTEER INTEREST

Why are you interested in volunteering for O.S.U. Extension?

Which OSU Extension program area do you want to volunteer with:
_____ Agricultural & Natural Resources _____ Community Development
_____ 4-H Youth Development _____ Master Gardener
_____ Family & Consumer Sciences _____ other

Do you prefer to work directly with youth or adults: ___ Youth ___ Adults ___ Both

If you prefer to work directly with youth, what age level(s) do you prefer?
Ages 5-8 _____ Ages 9-12 _____ Ages 13-19 _____ No Preference _____

What time commitment do you initially desire?

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>

Previous Volunteer Experience: (List current or most recent experience first)

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date, nature, and disposition of offense. _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship _____ Home Phone _____ Work Phone _____
Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship _____ Home Phone _____ Work Phone _____
Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship _____ Home Phone _____ Work Phone _____
Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!



Ohio State University Extension Volunteer Standards of Behavior & Member/Service Recipient Protection

This Standards of Behavior is a contractual agreement accepted by volunteers who commit to an Ohio State University Extension program. The Standards of Behavior shall guide volunteer's behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer's involvement with Ohio State University Extension is a privilege and a responsibility, not a right.

Ohio State University Extension provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to insure the safety and well being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of Ohio State University Extension and the individual (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, Community Development) program area. Ohio State University Extension volunteers shall be individuals of personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold an individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Extension program and the Ohio State University.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and Ohio State University Extension.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not commit a felonious act.
- Comply with all civil rights laws and policies, including but not limited to O.S.U. Extension equal opportunity, anti-discrimination laws, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the job description.
- Report immediately any threats to the volunteer's emotional or physical well being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.

I understand that:

- Volunteers will not intentionally or purposefully place themselves in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited sharing sleeping quarters with non-related members and/or participants.
- Volunteers will endeavor to provide safe and healthy programs for all participants. In cases of illness or injury, participants will be treated on-site by the appropriate health care provider or taken to an appropriate health care provider if necessary, when a legal parent, guardian or caregiver is not available for consultation.
- Volunteers, will not, under any circumstances, physically, verbally or emotionally abuse, or fail to provide the basic necessities of care, such as food or shelter to members or participants.

I have read and understand the Standards of Behavior and Member/Service recipient protection policy outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards is grounds for immediate suspension and/or termination of my volunteer status with the Ohio State University Extension Program.

Signature

Date

Signature of
Extension Professional

Date