# North Carolina 4-H Volunteer Application

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Name You Prefer</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>How long at this address?</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
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If less than a year, previous address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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How long have you resided in the county?

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Evening Phone</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
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</table>

## 4-H EXPERIENCE

Are you a 4-H Alumnus?

- [ ] Yes
- [ ] No

If yes, where?

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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If yes, what year(s) were you a 4-Her?

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
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</table>

Have you ever been a 4-H volunteer?

- [ ] Yes
- [ ] No

If yes, where?

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
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<tbody>
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</table>

Why are you interested in a 4-H Volunteer position?

<table>
<thead>
<tr>
<th>Have you ever worked with youth before? Please explain briefly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

What time commitments are you considering?

- [ ] hrs./week
- [ ] hrs./month

## TRANSPORTATION

Do you have access to a car?

- [ ] Yes
- [ ] No

Do you have a valid drivers licenses?

- [ ] Yes
- [ ] No

Drivers licenses number and state

<table>
<thead>
<tr>
<th>DL#</th>
<th>State</th>
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Date of Expiration

<table>
<thead>
<tr>
<th><em><strong><strong>/</strong></strong></em>/_______</th>
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</thead>
</table>

Have you ever received a traffic violation?

- [ ] Yes
- [ ] No

If yes, please explain.

(Continued on page 2)
EMPLOYMENT OR VOLUNTEER EXPERIENCE
(This information is needed for the past 10 years. Please attach extra sheet if necessary.)

<table>
<thead>
<tr>
<th>Current Occupation/Volunteer Position</th>
<th>Employer/Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer/Organization Address</td>
<td>Employer/Organization Telephone</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Email Address</td>
</tr>
<tr>
<td>Previous Occupation/Volunteer Position</td>
<td>Employer/Organization</td>
</tr>
<tr>
<td>Employer/Organization Address</td>
<td>Employer/Organization Telephone</td>
</tr>
<tr>
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<td>Email Address</td>
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<td>Employer/Organization</td>
</tr>
</tbody>
</table>

EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Name of Last High School Attended</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you graduate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive a GED?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not, please circle highest grade completed.</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 GED</td>
<td></td>
</tr>
</tbody>
</table>

Education Beyond High School (Please begin with current or most recent.)

<table>
<thead>
<tr>
<th>Institution/City/State</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Month/Year</th>
<th>Major</th>
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<tbody>
<tr>
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<td>From:</td>
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<td>To:</td>
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</table>

(Continued on page 3)
# North Carolina 4-H Volunteer Application

## REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address, City, State, Zip</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Day Telephone</td>
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<tr>
<td>Evening Telephone</td>
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<td>Evening Telephone</td>
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I authorize contacting the listed references, I understand the omission or misrepresentation of information requested is just cause for non-appointment as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of the North Carolina Cooperative Extension Service and the North Carolina 4-H Program and to fulfill my volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature ___________________________ Date ________________

---

For Office Use Only

The reference check was: □ Satisfactory □ Unsatisfactory

Date of reference check: ______________ Name of person conducting the check: ______________

If unsatisfactory, please explain __________________________________________________________________________

__________________________________________________________________________________________

(Continued on page 4)
This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. 4-H policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability.

**CONFIDENTIAL DATA**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Maiden Name</th>
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<tr>
<th>Social Security Number</th>
<th>Gender</th>
<th>Date of Birth</th>
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<tr>
<td></td>
<td>☐ Male</td>
<td>☐ Female</td>
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<th>Month</th>
<th>Day</th>
<th>Year</th>
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Ethnic Group:

A. Latino or Hispanic Origin? ☐ Yes ☐ No

B. Please choose all that apply:

- ☐ White or Caucasian
- ☐ Black or African-American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other _____________________

Do you require any special accommodations in order to serve? Please explain briefly.

*(Continued on page 5)*
NORTH CAROLINA 4-H VOLUNTEER STANDARDS OF BEHAVIOR

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. For these reasons, the following behavior guidelines are provided for volunteers working in the North Carolina Cooperative Extension 4-H program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model for youth.
2. Obey the laws of the locality, state and nation.
3. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regard to race, color, national origin, sex, age or disability.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs, and report suspected abuse to 4-H officials or the proper authorities.
5. Do not participate in, or condone, neglect or abuse which happens outside the program to 4-H youth participants, and report suspected abuse to the proper authorities.
6. 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.
7. Inform county 4-H staff of any arrests or charges of criminal activity. (Temporary suspension pending resolution of the case may be required.)
8. Notify Extension staff promptly of any incident which may violate 4-H policies or personal rights.
9. Do not require 4-H participants to purchase materials, supplies, equipment, animals or services from any specific vendor.
10. Teach 4-H youth to provide appropriate animal care and treat animals humanely.
11. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.
12. Accept supervision and support from county, district, and state 4-H staff while involved in the 4-H program.

I have read and understand the North Carolina 4-H Volunteer Standards of behavior. I agree to perform my duties as explained by Extension staff and to abide by the 4-H Code of Conduct and any other rules specific to individual events at which I may be serving as a 4-H volunteer. I understand that volunteering with North Carolina Cooperative Extension is a privilege, not a right. I further understand that I may terminate this appointment without prior notice. I understand and agree that failure to comply with this agreement is grounds for immediate suspension and/or termination of my volunteer status with the North Carolina 4-H program.

Volunteer Signature ____________________________ Date ________________

NCCES Representative’s Signature ____________________________ Date ________________

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8/02 4-H 0-1-204

(See Attachments)
Name ___________________________________________ (Last)               (First)                                        (Middle)

Address ___________________________________________ (Street)                                                 (City, State)                                  (Zip)

Email:  _______________________________________           County________________________________

Phone:  Day (______)__________________________       Evening (_________)____________________________

Volunteer Position_________________________________  Time Commitment_____________________________

Adults who assume Extension volunteer roles have the opportunity for a personally rewarding experience. It is
satisfying to observe the personal growth and development that occurs as a result of your effort.

Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these by
signing where indicated. In addition, adults serving as volunteers can expect the following from the North Carolina
Cooperative Extension Service (NCCES).

NCCES 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 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.

VOLUNTEER AGREES TO:
- Enroll as a volunteer.
- Complete New 4-H Leader Training.
- Be supportive of Extension programs and staff members.
- Participate in County Leader Association meetings and training as appropriate.
- Inform enrolled youth of Extension program opportunities.
- Comply with Affirmative Action Agreement and promote a spirit of inclusion.
- Supply County Extension Office with application updates annually.
- Abide by the North Carolina 4-H Volunteer Standard of Behavior.
- Participate in available training as appropriate to fulfill my duties.

Describe negotiated adjustments in job responsibilities: ________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

______________________________________________     _____________________________________________
County Faculty Signature                       Date  Volunteer Signature                    Date
AFFIRMATIVE ACTION AGREEMENT

The ____________________________ 4-H unit (i.e. club, after school, special interest group) is open to all youth regardless of race, color, national origin, sex, age, or disability. We have publicized the organization of our group through the newspapers, personal contact, and letters. If our group reaches full capacity of members, we will begin a waiting list for future members.

Volunteer Leader

Date

North Carolina State University and North Carolina A&T University including North Carolina Cooperative Extension Service is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, religion, sex, age, national origin, disability, or political affiliation.

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MECKLENBURG COUNTY
Park and Recreation Department - Cooperative Extension / 4-H
Volunteer Screening Process

All applicants over the age of 18 serving in any capacity other than special events will be background checked. For this purpose, a special event volunteer is defined as a volunteer who is assisting with an event or project lasting less than one week. The applicants must authorize this screening and provide the following information; full name, current address, date of birth, and social security number. This information will be collected solely for the purpose of determining the applicant’s eligibility for acceptance into the Volunteer Program. The following screening will be completed.

- Social Security verification
- Address trace
- State and County Criminal Record check
- National Criminal History Check
- Sex Offender Registry Check

The applicant will be notified of the results in writing; these results will be reported in as eligible or ineligible only. Applicants who have been charged for any disqualifying offense or have a case pending in court will not be accepted as a volunteer until the official adjudication of the case.

Screening Guidelines

No applicant will be accepted as a volunteer who has been convicted of, pled guilty to or No Contest to any of the following crimes:

All Sex Offenses (Regardless of the amount of time since offense):
- Examples include but are not limited to: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure

All Felony Violence (Regardless of the amount of time since offense):
- Examples include but not limited to: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary

All Other Felony Offenses within the past 10 years:
- Examples include but not limited to: drug offenses, theft, embezzlement, fraud, child endangerment.

Misdemeanor – (Violent offenses within the past 7 years):
- Examples include but not limited to: simple assault, battery, domestic violence, hit and run.

Misdemeanor - Drug Offenses (within the past 7 years or multiple offenses in the past 10 years):
- Examples include but are not limited to: Simple marijuana possession, possession of drug paraphernalia.

Misdemeanor Offense (within the past 7 years that would be considered a potential danger to children, seniors, people with a disability or any other fragile population):
- Examples include but are not limited to: contributing to the delinquency of a minor, providing alcohol to a minor.
Applicant Name: (First Middle Last)  
Current Address: (street address)  

Other Name(s) Used: (like Maiden)  
City:  
State:  
Zip:  

Gender:  
Male  
Female  
Former Address: (1)  
City:  
State:  
Zip:  

Social Security No:*  
City:  
State:  
Zip:  

Driver’s License No.:  
State:  
Former Address: (2)  
City:  
State:  
Zip:  

Date of Birth:*  
Place of Birth: (City, State, Country)  
City:  
State:  
Zip:  

APPLICANT INFORMATION (Please Print)  
Account Number: 101-104810  
* This information will be used for purposes of background screening only and will not be used in making any employment decisions.  

DISCLOSURE AND AUTHORIZATION  

NOTICE REGARDING BACKGROUND INVESTIGATION  

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.  

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.  

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.  

ACKNOWLEDGMENT AND AUTHORIZATION  

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.  

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.  

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.  

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.  

APPLICANT:  
Signature: ___________________________ Date: __/__/____  
Print Name: _________________________
BACKGROUND QUESTIONNAIRE

Please complete the following questionnaire. This information is to be used to assist Mecklenburg County Cooperative Extension / 4-H in determining my fitness and qualification for a position of trust and responsibility.

**Answering yes does not necessarily make you ineligible for a volunteer position with Mecklenburg County Cooperative Extension / 4-H. However, making a false statement or failing to provide material information will result in disqualification.**

Have you ever used illegal drugs? _______________________________________________

What drugs did you use? _________________________________________________________

When was the last time you used? ______________________________________________

Have you ever sold or provided illegal or prescription drugs to another person? ______

If so, please explain. ___________________________________________________________

Have you ever committed a crime and did not get caught? _________________________

What was the crime and when was it? Please explain. ______________________________

Have you ever had to go to court for a crime? ____________________________________

What was the crime and when was it? Please explain. ______________________________

Have you ever been charged with or arrested for a crime? ___________________________

Did you do it? Explain________________________________________________________

What was the crime and when was it? Please explain. ______________________________

Have you ever been convicted or found guilty of a crime? ___________________________

What was the crime? Please explain. _____________________________________________

My signature below acknowledges that I have answered the above questions truthfully and completely.

_________________________________________     ______________________
Signature                                    Date

Please return this form to Mecklenburg County 4-H
Fax: 704-336-6876