

2019 Fairfield County Volunteer Orientation Packet

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All applications are due before February 1 of the current year to be considered



Volunteer Orientation Sessions

Welcome Volunteer! As mentioned in your letter, new volunteers to the 4-H program must complete a new volunteer orientation session prior to beginning their service. These volunteer sessions are listed below and are held at the OSU Extension office.

Please RSVP to the office 740-652-7260 for the one you will be attending.

February 28, 2019
6:30 p.m. – 9:00 p.m.

March 7, 2019
9:30 a.m. – 12:00 p.m.

Interviews The office will call you to set up a time for your interview.



Dear Potential Ohio 4-H Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer. Each year, thousands of volunteers contribute their time, energies, and talents that enable Ohio State University Extension to engage people in educational programs that meet their immediate needs.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our service recipients, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio State University Extension volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

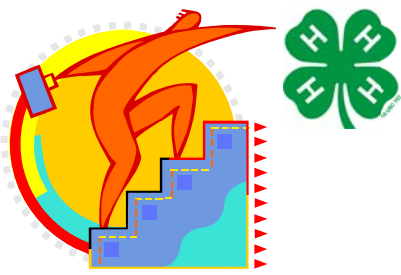
Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Thomas Archer
Assistant Director
4-H Youth Development

Leslie Cooksey
Extension Educator
4-H Youth Development



Steps to Become a 4-H Volunteer

*By Leslie S. Risch, Extension Educator,
4-H Youth Development, Fairfield County*



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AND ENVIRONMENTAL SCIENCES

- 1) Review position description:** Read through the position description that follows this page. It outlines the expectations and responsibilities of your volunteer position. If you find that you are interested such a position, move to the next step. If you find that the position outlined is not a good fit for you, contact your Extension professional to discuss other volunteer position options.

- 2) Complete the OSU Extension Volunteer Application:** Complete the attached application and return it to: 4-H Volunteer Process, OSU Extension–Fairfield County, 831 College Ave, Suite D, Lancaster, Ohio 43130.

- 3) Provide references:** On the application you will be asked to provide three references. You will want to contact those references and inform them that we will be contacting them for a reference. Please ask them to provide this information for us in a timely manner when requested. This step is one that causes the largest slow-down in the volunteer screening process and can delay your work with youth.

- 4) Complete a criminal history fingerprint record check:** All new volunteers must successfully pass this fingerprint record check. Please find the attached form on how to obtain this record check.

- 5) Complete an interview:** All new volunteers must schedule a time to meet with an Extension Educator for an interview. In Fairfield County, these interviews will only be conducted after all references have been returned. The office will call you to set up a time for your interview.

- 6) Agree to and sign the OSU Volunteer Standards of Behavior Form:** This form is attached and can either be returned with your application or brought to the interview. It outlines clearly the standards of behavior to be followed when serving the Ohio 4-H program.

- 7) Attend a Volunteer Orientation Session:** All new volunteers are required to complete a Volunteer Orientation. The scheduled date(s) for this orientation is attached to the front of this packet. Depending on your volunteer position, the Extension Professional and you may discuss an alternative orientation process. It is recommended that all volunteers attend at least one volunteer education opportunity each year.

- 8) Welcome Aboard:** Once you have successfully completed these steps you can expect to receive a letter of invitation from your Extension Professional. Your volunteer appointment with OSU Extension and the Ohio 4-H program will be reviewed each term or year.



Volunteer Position Description

4-H Youth Development
Ohio State University Extension
Fairfield County

740-652-7260 Phone
740-687-7010 Fax
fairfield.osu.edu

Position Title:

4-H Club Advisor

Time Required:

On-Going

Location:

Fairfield County, Ohio

General Purpose:

- ◆ Serve as a liaison between the county Extension office/county 4-H professional and 4-H members, their parents and other volunteers with regard to 4-H club programs.
- ◆ Secure, complete, and submit club organization/enrollment materials, and other requested materials to the county Extension office by the stated deadline.
- ◆ Plan, organize, and possibly teach meaningful educational experiences to help youth grow and reach their fullest potential.
- ◆ Support 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential.
- ◆ Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.

Specific Responsibilities:

- ◆ To organize, teach, set a positive example, and lead members.
- ◆ Be committed to young people and their growth in all areas.
- ◆ Advise 4-H club members regarding their contributions to and participation in club activities.
- ◆ Be dedicated to young people and sensitive to their abilities and needs.
- ◆ Encourage 4-H members' and parents' interest and participation.
- ◆ Welcome parents' ideas, cooperation, support and attendance at 4-H activities.
- ◆ Follow all 4-H guidelines and policies of the Ohio State University Extension, Ohio 4-H Program and county 4-H program.
- ◆ Recruit new members when the club has openings.
- ◆ Attend all (or most) of the club meetings and activities.
- ◆ **Read 4-H newsletters and literature from the county Extension office and keep members, parents and/or other volunteers informed.**
- ◆ Participate in one or more volunteer development opportunities each year.
- ◆ Be aware of 4-H projects available, help members select projects and encourage parents to support their child's project work.
- ◆ Inform members and parents of project evaluation requirements and dates.
- ◆ Continually provide feedback to members, letting them know when they are doing a good job and advising them when they need to improve.
- ◆ Praise members for the progress they make.

OVER

Qualifications:**An individual serving as a 4-H Club Advisor must have:**

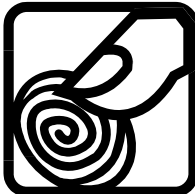
- ◆ The ability to teach and motivate youth while nurturing positive self- esteem, decision making, responsibility, and leadership in the youth.
- ◆ A sincere interest in teaching and sharing knowledge and skills with youth and adults in an educational setting.
- ◆ The ability to organize information and materials and delegate responsibility.
- ◆ The ability to work and communicate effectively in verbal and written forms.
- ◆ The ability to motivate members, parents and other volunteers to assume leadership positions.
- ◆ The ability to work with minimal supervision from professional staff.
- ◆ A sincere interest in working with other volunteers and professional staff in an educational setting.
- ◆ A willingness to become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and county 4-H program.

Ohio State University Extension Service Agrees to:

- ◆ Provide training opportunities that will help the volunteer meet the needs of members, volunteers, and parents.
- ◆ Provide appropriate manuals, pamphlets, audio-visual aids, newsletters and other resource materials.
- ◆ Have professionals available to consult with volunteers on a one-to-one basis.
- ◆ Provide opportunities for professionals to listen to volunteers' ideas to help improve the 4-H program.
- ◆ Provide appropriate recognition and awards to volunteers.

Mentor/Supervising Professional:

Leslie Cooksey, Extension Educator, 4-H Youth Development, OSU Extension Fairfield County, 831 College Avenue, Suite D, Lancaster, Ohio 43130-1081, 740-652-7272, email: cooksey.25@osu.edu web: <http://fairfield.osu.edu>



Fingerprinting Instructions

as of 4/2019

For Individuals Who Haven't Been Fingerprinted in the Previous 12 Months:

- 1) The simplest method of complying with the fingerprint requirement is to utilize the Fairfield County Sheriff's Department internet check system. To do this:
 - a. Visit the Fairfield County Sheriff's Office at 345 Lincoln Avenue in Lancaster (entering the larger doors on the left) from 8:00 a.m. – 4:00 p.m. (M-F) – please arrive by 3:45 p.m.
 - b. Take along your current, valid driver's license and social security card. You must have your actual social security card (no copies).
 - c. Request a BCI Check. The cost to you will be \$35.00 and checks should be made payable to: *Fairfield County Sheriff's Office. Cash is also accepted.*
 - d. Request that the results be sent to the address at the bottom of this page.
- 2) If you are completing a web-based check at a different agency, you will need to check with them to obtain hours of availability and costs. Please be sure that the results are sent to the address listed below. The address below can only receive results from BCI.
- 3) Please fill out the form enclosed and take it with you to the office (the local sheriff's office. Other offices may have their own form) that you have your fingerprints processed.

For Individuals Who Have Been Fingerprinted in the Previous 12 Months:

- 1) If you have completed an Ohio BCI fingerprint background check within the past twelve months for a reason related to working with children, working with the elderly, or certain types of licensure, you can ask BCI to send a copy of that report directly to the address below.
- 2) This BCI request form can be found at <http://go.osu.edu/BCIreportrequest>
- 3) Please follow the instructions on the form and send the request form directly to BCI.
- 4) On the request form, indicate the copy report should be mailed to address below.
- 5) Please note: If you are not sure if you can request a copy of a past report, contact the BCI Civilian Identification Department toll free at 877-224-0043.

PLEASE SEND ALL RESULTS TO:

**Background Checks – Fairfield County 4-H
OSU Office of Human Resources
1590 N. High St., Suite 300
Columbus, OH 43201**

You must provide valid **Drivers License** (or Government issued photo ID) for Identification and **Social Security Card** for Verification to be fingerprinted

Webcheck# _____ Log# _____

Request for a Background Check via Electronic Fingerprinting

___ BCI/State \$35 ___ FBI/Federal \$35 ___ BCI and FBI/State and Federal \$55

Personal Information (please PRINT)

Name _____
Date of Birth _____ SSN _____
Address _____
City _____

Type of Photo ID# _____
State/Province _____
Zip/Postal _____
Phone # _____
Email Address _____

Complete this portion only if an FBI background check is needed:

Sex Race Height Weight Eyes Hair

Reason for Background Check: 2151.86 ORC

Direct Copy to (circle only one):

Name and Address of organization
for results to be mailed to:
Attention: Background Checks -
Fairfield County 4-H
OSU Office of Human Resources
1590 N High St., Suite 300
Columbus, OH 43201

BMV Dealer Licensing
BMV Deputy Registrar
Childcare Ctr/Type A ODJFS
Dietetic Board
Lottery Commission Ohio
OPOTA Ohio

Ohio Board of Nursing Ohio
Department of Education
Ohio Department of Liquor Control
Ohio Department of Public Safety
Department of Insurance
Racing Commission
Respirator Care Board
None

I certify that the personal Identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate, criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature Date

Witness Signature

Parent/Guardian' Printed name

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Parent/Guardian Signature (Minor Applicants only)

Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Full Name: _____ Date of Birth MM/DD/YY): _____

Street Address: _____

City/State/Zip: _____ Length of time at this address (years): _____

Phone: Home: _____ Best Time to Call: _____

Cell: _____ Best Time to Call: _____

Work: _____ Best Time to Call: _____

School District: _____ Email: _____

Are You a 4-H Alumni: Yes___ No___ If yes, what state and county: _____**Demographic Information:**

Occupation (optional) _____ Level of Education (optional) _____

Ethnicity Hispanic Non-Hispanic**Race:** White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian**Residence:** Farm Town/Rural (>10,000) Town (10,000-50,000) Suburb (<50,000) City (<50,000)**Military Service:** No one in my family is serving I have a parent serving
 I have a sibling serving I have a son/daughter serving**Branch of Service:** Air Force Army Coast Guard Marines Navy N/A**Branch Component:** Active Duty National Guard Reserves N/A**Health Considerations/Notes** (i.e. food allergy, diabetes, etc....)

II. VOLUNTEER INTEREST

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?**Type of 4-H Volunteer Position Applying:**4-H Club: Organizational Club Leader Cloverbud Leader Project Leader Resource Leader**Project Area Interest:** _____

Committee Member – list committee: _____

Camp (check all that apply): Residential Day Special Interest/Emphasis Program – list program:

After-School Program – list school site: _____

Community Center/Youth Organizational Partner – list center/partner site: Other:

If you are applying to volunteer with a community/project club, will you be starting a new club or assisting with an existing club? Please check appropriate box. New Club Existing Club**Name of Existing Club:****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?**

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ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

PERMISSION TO USE PHOTOGRAPHIC FORM FOR PROMOTION CONTINGENT UPON COMPLETING VOLUNTEER PROCESS:

Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity.

I GIVE I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If not completed, OSU Extension will not use publicity about your participation).

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? YES NO

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, phone numbers and e-mail addresses.

Name: _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
Email: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
Email: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
Email: _____ Home Phone: _____ Cell Phone: _____

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 the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Return completed application to your OSU Extension County Office visit extension.osu.edu for your county's current address and more info.

VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. 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 OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure 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 OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each 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 OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report 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 and agree that as a volunteer:

- In accordance with Ohio State University policy, *Self-Disclosure of Criminal Convictions Policy 4.17*, I am required to self-disclose criminal convictions within three business days of the conviction.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any child abuse, sexual abuse, or neglect in accordance with university policy
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I 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 participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE.

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined above.

Volunteer Signature

Date

CFAES provides research and related educational programs to clients on a nondiscriminatory basis. For more information:

