2022 Fairfield County New Volunteer Packet

Potential Volunteer Letter
Steps to Become a Volunteer
Volunteer Position Description
Fingerprinting Instructions
Volunteer Application
Standards of Behavior

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

Welcome Prospective Volunteer!

Please review this packet of information as you submit your application to be a 4-H volunteer in Fairfield County.

fairfield.osu.edu
Dear Potential Ohio 4-H Volunteer,

Let us take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension 4-H 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 it to the Extension office; (3) agree to and sign the volunteer standards of behavior form; (4) submit to a criminal history fingerprint record check; (5) have references collected by Extension professionals; (6) complete an interview; 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 secure. 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,

Leslie Cooksey
Extension Educator
4-H Youth Development

Aubry Fowler
Extension Educator
4-H Youth Development
Steps to Become a 4-H Volunteer
By Leslie Cooksey, Extension Educator,
4-H Youth Development, Fairfield County

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 Ohio 4-H 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. If you would prefer to complete an electronic application, it can be found at go.osu.edu/fcvolapplication.

3. **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 clearly outlines the standards of behavior to be followed when serving the Ohio 4-H program.

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. **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.

6. **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.

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.
Cloverbud Volunteer Position Description

The importance of this position description is two-fold: 1) your role as a 4-H Cloverbud volunteer is essential for the 4-H Cloverbud program and the responsibilities for 4-H Cloverbud volunteers should be clearly described and understood, and 2) to meet the OSU Extension Volunteer Selection Policy and Procedure requirements, all 4-H volunteers must have a written position description.

Position Title
4-H Cloverbud Volunteer
Ohio 4-H County Program
Ohio State University Extension

Responsibilities

• 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.
• Provide an emotionally and physically safe environment.
• Serve as a liaison between the county Extension office/staff and 4-H Cloverbud members, their parents/guardians, and those working with you.
• Support 4-H professionals and members in conducting meaningful educational experiences to help young people grow and reach their fullest potential.
• Inform and encourage members, parents, and other volunteers to actively participate in appropriate 4-H opportunities.
• Give support and recognition to members.
• Understand the importance of being a positive role model.
• Have fun.
• Let the 4-H Cloverbud children know you care.
• Be committed to young people and their growth in all areas.
• Utilize the Ohio 4-H Cloverbud Curriculum Instructional materials or other approved activities while working with 4-H Cloverbud children.
• Be aware of available learning experiences and help the club members select appropriate activities.
• Maintain open communications with other club volunteers.
• Be dedicated to young people and sensitive to their needs.
• Follow the guidelines and policies of Ohio State University Extension, Ohio 4-H Program, and county 4-H program.
• Attend 4-H Cloverbud events, meetings, and activities.
• Read 4-H newsletters and literature from the Extension office and their web site and keep members, parents, and others informed.
• Participate in appropriate volunteer development opportunities.

Qualifications

• Been approved through the OSU Extension Volunteer Selection Policy and OSU Policy 1.50 (includes a background check).
• A sincere interest in working with 4-H members.
• An interest in learning the characteristics of 4-H Cloverbud-aged children.
• The ability to teach and motivate youth while nurturing positive self-esteem, decision-making, responsibility, and other important life skills.
• The ability to work with minimal supervision from 4-H professional staff.

Ohio State University Extension will . . .

• Provide training opportunities that help the volunteer meet the needs of members, volunteers, and parent/guardians.
• Provide appropriate manuals, pamphlets, newsletters, and other resource materials.
• Have professionals available to consult with volunteers on a one-to-one basis.
• Provide appropriate recognition and awards to volunteers.
• Give leadership for recruitment of members.
Volunteer Position Description

Position Title
4-H Club Organizational Volunteer
Ohio 4-H County Program
Ohio State University Extension

Time Required
On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose
Support and work in partnership with 4-H Professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential.

Specific Responsibilities
- Serve as the primary liaison between 4-H Professionals, extension staff, volunteers, members and families.
- Maintain and promote communication with all club volunteers, members and families.
- Secure, complete and submit club organization/enrollment materials to the county Extension office by the posted deadline.
- Provide county Extension office with all requested materials related to the 4-H club.
- Ensure adequate supervision at all club functions.
- Involve members in developing club programs, including project work, community service, social events and participation in county, regional and state 4-H events.
- Assist officers to learn their responsibilities.
- Welcome parent/guardian interest, ideas, support and attendance at club activities.
- Follow all OSU Extension and Ohio 4-H Youth Development policies and procedures.
- Recruit new members when club has openings.
- Attend all (or most) of the club meetings and activities.
- Read Ohio 4-H News and access information from the Ohio 4-H web site to keep members informed of opportunities.
- Participate in volunteer development opportunities to stay current and enhance leadership skills.
- Inform members/parents of 4-H guidelines and requirements.
- Provide positive and constructive feedback to members and parents/guardians.

Qualifications and Expectations:
- Ability, interest and willingness to:
  - Work with volunteers and 4-H Professionals to teach and motivate youth while nurturing positive self-esteem, decision making, responsibility and leadership.
  - Be dedicated to youth and sensitive to their abilities and needs.
  - Effectively organize and communicate with the other club volunteers.
  - Work with minimal supervision from professional staff.
  - Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program.

Ohio State University Extension Will:
- Provide training opportunities to assist volunteers to meet needs of members and families.
- Provide access to educational materials and resources.
- Have professional staff available to consult with and listen to volunteers.
- Provide recognition to volunteers.

Mentor/Supervising Professionals:
- County Extension 4-H Youth Development Professional(s).
- 4-H Club Organizational Advisor.
Volunteer Position Description

Position Title
4-H Volunteer (Project and Activity)
Ohio 4-H County Program
Ohio State University Extension

Time Required
On-going and dependent on county needs, normally includes one hour of program planning per hour of club activity.

General Purpose
Support and work in partnership with 4-H Professionals, extension staff, volunteers and members in conducting meaningful educational experiences and developing youth members' life skills to reach their fullest potential.

Specific Responsibilities

• Provide a variety of project related learning experiences:
  o Coordinate and conduct educational activities related to projects
  o Monitor progress towards project completion
  o Inform members of project requirements and deadlines
  o Provide constructive feedback to members, parents and families

• Advise members and families in coordinating/conducting club activities, including:
  o Club meetings, community services, fundraising, club trips and tours, learning activities, recognition events and leadership activities

• Promote 4-H opportunities in your club and local community, including:
  o Encourage family and member participation
  o Inform members of county 4-H events and activities
  o Recruit new members and retain current members

• Actively participate as a volunteer
  o Follow all OSU Extension and 4-H Youth Development policies and procedures
  o Attend club meetings and activities
  o Read and review all forms of communication to keep members, parents and other volunteers informed
  o Participate in volunteer development opportunities to enhance leadership skills

Qualifications and Expectations:

• Ability, interest and willingness to:
  o Work with volunteers and 4-H Professionals to teach and motivate youth while nurturing positive self-esteem, decision making, responsibility and leadership
  o Be dedicated to youth and sensitive to their abilities and needs
  o Effectively organize and communicate with the other club volunteers
  o Work with minimal supervision from professional staff
  o Become familiar with and work within the philosophy and guidelines of OSU Extension, Ohio 4-H Program and the county 4-H program

Ohio State University Extension Will:

• Provide training opportunities to assist volunteers to meet needs of members and families
• Provide access to educational materials and resources
• Have professional staff available to consult with and listen to volunteers
• Provide recognition to volunteers

Mentor/Supervising Professionals:

• County Extension 4-H Youth Development Professional(s)
• 4-H Club Organizational Advisor
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. Call the Fairfield County Sheriff's Office to schedule an appointment at 740-652-7320.
   b. 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.
   c. Take along your current, valid driver’s license and social security card. You must have your actual social security card (no copies).
   d. 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.
   e. 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 [https://go.osu.edu/bcireportrequest](https://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
Phone: 614-247-6947
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)**

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Type of Photo ID</th>
<th>State/Province</th>
<th>Zip/Postal</th>
<th>Phone #</th>
<th>Email Address</th>
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</table>

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

- [ ] Sex
- [ ] Race
- [ ] Height
- [ ] Weight
- [ ] Eyes
- [ ] Hair

(Organization must be VECHS registered with BCI to use the “Volunteer Children’s Act” FBI code.)

**LAW CODE(s):** Authorized Reason Code(s): 2151.86  

**Name and Address** of organization for results to be mailed to:

- Background Checks - 4-H Fairfield County
- ATTN:
- OSU Office of Human Resources
- 1590 N. High St., Ste 300
- Columbus, OH 43201
- PHONE #: 614-247-6947

**Direct Copy to (circle only one):**

- BMV Deputy Registrar
- Childcare Ctr/Type A ODJFS
- Commerce-Med Marijuana Cont.
- Construction Board
- Lottery Commission
- Occ./Phy.Therapy, Athletic Train.
- Ohio Board of Nursing Ohio
- Department of Education
- Ohio Dept. of Insurance
- Ohio Dept. of Liquor Control
- Ohio Dept Agriculture-Hemp Prog.
- State Speech/Hearing Pro Board
- Ohio Div Real Estate/Prof Lic
- Ohio Medical Board
- OPOTA
- Ohio Racing Commission
- Ohio Veterinary Med License Board
- Ohio Board of Pharmacy
- PI/SG Ohio Dept Public Safety
- Social Work Board
- State Vision Pro 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 OSU Human Resources. 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)**

___________________________  
**Applicant’s Signature**

___________________________  
**Date**

___________________________  
**Parent/Guardian’s Printed name**

___________________________  
**Parent/Guardian Signature (Minor Applicants only)**

___________________________  
**Witness Name (please print)**

___________________________  
**Witness Signature**

**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.**

Form update 9/2021
Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Email: ____________________________________________

Full Name: ___________________________ Preferred Name:______________

Date of Birth (MM/DD/YY): ______________________

Mailing Address: ____________________________________________________

City/State/Zip:_______________________________________________________________________________

County of Residence: _________________________

Primary Phone: ______________________________ Secondary Phone: ________________

Length of time at this address (years):___________

Please circle the appropriate response in each line

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Gender Identity Not Listed</th>
<th>Prefer not to state</th>
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<tbody>
<tr>
<td>Residence</td>
<td>Farm (&lt;10,000)</td>
<td>Town/Rural (10,000-50,000)</td>
<td>Town/City (10,000-50,000)</td>
<td>Suburb (&lt; 50,000)</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
<td>Prefer not to state</td>
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<tr>
<td>Race:</td>
<td>White</td>
<td>Black/African American</td>
<td>American Indian</td>
<td>Hawaiian Pacific Islander</td>
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<td>Alaskan Native</td>
<td>Balance (other combinations)</td>
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<td>Asian</td>
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II. EMERGENCY CONTACT

Full Name: ___________________________ Relationship to Member: ________________

Contact Phone: ___________________________ Contact Email: ___________________________

III. VOLUNTEER TYPE

Please circle the appropriate response

Program Volunteer (committee) | Please List Committee:

Camp Volunteer | Circle Role: Adult Volunteer or Camp Nurse

Club Volunteer | Cloverbud Leader | Project Leader - teaching specific project skill
- Circle specific role to the right | Organizational Club Leader | Resource Volunteer - coordinates club activities

Project Volunteer | County project leader – shooting sports or other specialized projects

List the 4-H Club you wish to apply to serve with.

4-H Club Name: ___________________________
IV. OTHER INFORMATION

Military Service: ___ I am serving in the Military
___ No one in my family is currently serving
___ My Parent serves My Sibling serves
___ My Son/Daughter serves I/my spouse/partner serve

<table>
<thead>
<tr>
<th>Branch of Service (circle)</th>
<th>Air Force</th>
<th>Army</th>
<th>Coast Guard</th>
<th>Marines</th>
<th>Navy</th>
<th>DOD Civilian</th>
<th>Not applicable</th>
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<tr>
<td>Branch Component (circle)</td>
<td>Active</td>
<td>Guard</td>
<td>Reserves</td>
<td>Not applicable</td>
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Health Considerations/Notes (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

Are You a 4-H Alumni: ___ YES     ____ NO  State and County: ________________________________

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

V. ABOUT YOU

Job Title: ___________________________  Employer: ___________________________

Work Phone: _________________________  Ext. __________

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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position Title</th>
<th>Years</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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Previous Volunteer Experience (list current or most recent experience first):

<table>
<thead>
<tr>
<th>Organization</th>
<th>Volunteer Role</th>
<th>Years</th>
<th>Contact Name</th>
<th>Contact Phone</th>
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VI. REFERENCES

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<thead>
<tr>
<th>Reference 1</th>
<th>Reference 2</th>
<th>Reference 3</th>
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<tr>
<td><strong>Name:</strong></td>
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<td><strong>Mailing Address:</strong></td>
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VII. PHOTO RELEASE

*Photo Release: 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. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. 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.

☐ YES, I do give permission

☐ NO, I do not give permission
VIII. SCREENING QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Do you currently hold a valid Driver’s License?</td>
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<td>Do you have current vehicle liability insurance?</td>
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<td>Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?</td>
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<td>Have you ever had a background screening prior to now?</td>
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<tr>
<td>Have you ever been accused or charged with an offense involving a minor?</td>
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<td>Has any member of your current household ever been accused of or charged with an offense involving a minor?</td>
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<td>Have you ever been accused of or charged with an offense of domestic assault?</td>
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<td>Have you ever had a protective or no contact order issued against you?</td>
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<tr>
<td>I understand that I am required to submit for a fingerprint background screening.</td>
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IX. WAIVER

Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

Applicant Signature: ___________________________________________ Date: __________
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 with integrity.
- 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 possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- 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, nondiscrimination policies, 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 supportExtension 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.
- Do their best to help youth thrive while exploring their ‘sparks’.

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.
  o If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in activities and programs with minors. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- 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 red-flag behaviors, 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 at the OSUE’s sole discretion.

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

Volunteer Signature __________________________

Date __________________________