

2024 Fairfield County New Volunteer Packet

Potential Volunteer Letter
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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



THE OHIO STATE UNIVERSITY
EXTENSION



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Dear Potential Ohio 4-H Volunteer,

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 support our service recipients more efficiently and effectively, 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 by February 1; (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 with 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 to 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 in 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. Please review all steps before proceeding with the online application.
- 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 including a valid email address and phone number. 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 New Volunteer Orientation Session:** All new volunteers are required to complete a Volunteer Orientation. New Volunteer Orientation will be conducted via an online course in OSU's Carmen System. Information will be sent via email when that course is available. It is required that all new volunteers complete this training once before working in any official capacity with 4-H youth.
- 8. Mandatory Advisor Training:** Ohio 4-H is requiring every advisor to attend training that will cover required competencies with their county 4-H Professionals each year. You will receive an email with those training dates once registration is open, but they typically take place in late February or early March before the Fairfield County 4-H Year kicks off.
- 9. 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:
 - Coordinate and conduct educational activities related to projects
 - Monitor progress towards project completion
 - Inform members of project requirements and deadlines
 - Provide constructive feedback to members, parents and families
- Advise members and families in coordinating/conducting club activities, including:
 - 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:
 - Encourage family and member participation
 - Inform members of county 4-H events and activities
 - Recruit new members and retain current members
- Actively participate as a volunteer
 - Follow all OSU Extension and 4-H Youth Development policies and procedures
 - Attend club meetings and activities
 - Read and review all forms of communication to keep members, parents and other volunteers informed
 - Participate in volunteer development opportunities to enhance leadership skills

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





Fingerprinting Instructions

as of 11/17/2021

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>
- 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)

Type of Photo ID _____

Name _____ State/Province _____

Date of Birth _____ SSN _____ Zip/Postal _____

Address _____ Phone # _____

City _____ Email Address _____

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:

Direct Copy to (circle only one):

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

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)

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. Form update 9/2021

Parent/Guardian Signature (Minor Applicants only)

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

Gender	Male	Female	Gender Identity Not Listed	Prefer not to state	
Residence	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
Ethnicity:	Hispanic	Non-Hispanic	Prefer not to state		
Race:	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

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 - Circle specific role to the right	Cloverbud Leader	Project Leader - teaching specific project skill
	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

Branch of Service (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
Branch Component (circle)	Active	Guard	Reserves	Not applicable			

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):

<i>Employer</i>	<i>Position Title</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>

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

<i>Organization</i>	<i>Volunteer Role</i>	<i>Years</i>	<i>Contact Name</i>	<i>Contact Phone</i>



VI. REFERENCES**Reference 1**

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 2

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

Reference 3

Name:		Relationship:	
Mailing Address:		City/State/Zip:	
Email:		Phone:	

VII. PHOTO, VIDEO RELEASE and AUTHORIZATION

Me and/or my child, _____ plans to participate in 2023-2024 4-H programming through Ohio 4-H, taking place in the 2023-2024 4-H program year. I acknowledge that during this programming, I and/or my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of me and/or my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with me and/or my child's participation in the 2023-2024 4-H program year in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose.

I further agree that OSU may use and permit others to use my and/or my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my and/or my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

I acknowledge and agree that this agreement is binding on all of my heirs and assigns.

- ☐ YES, I do give permission
- ☐ NO, I do not give permission



VIII. SCREENING QUESTIONS-Part A

Do you currently hold a valid Driver's License?	YES	NO
Do you have current vehicle liability insurance?	YES	NO
Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?	YES	NO
Have you ever had a background screening prior to now?	YES	NO

VIII. SCREENING QUESTIONS-Part B

*Have you been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

*If Yes, please provide the information below:

Name of Individual: _____

This individual's relationship to the volunteer applicant _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____



*Has any member of your current household been subject to investigation in connection to, charged with or convicted of crimes that are considered violent crimes under Ohio law, including but not limited to:				YES	NO
abduction,	arson,	assault,	battery,		
burglary,	child abuse,	domestic violence,	endangering children,		
escape,	extortion,	improperly discharging firearm,	inciting to violence,		
intimidation,	gross sexual imposition,	human trafficking,	inducing panic,		
kidnapping,	menacing,	manslaughter,	murder,		
patient abuse,	rape,	robbery,	resisting arrest with violence,		
riot,	sexual battery,	stalking,	terrorism.		
I understand that if I have questions on if I should disclose charges I will reach out to my county 4-H professional.				YES	NO

*If Yes, please provide the information below:

Name of Individual: _____

This individual's relationship to the volunteer applicant _____

The name of the investigating agency/county office that was involved: _____

The Charge(s)/Offense(s): _____

Court: _____ (i.e. Franklin County Common Pleas Court)

Case No: _____ Date of Conviction: _____

I understand that being a volunteer with 4-H is not guaranteed and may be depend upon successful completion of the background check and the information disclosed in this form.	YES	NO
I understand that failure to disclose may result in an automatic disqualification or termination of my status as a 4-H volunteer.	YES	NO

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 professionally represent the activity/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 The Ohio State University.
- Not engage in abusive behaviors that physically or verbally threaten or harm anyone participating in or attending an Extension program, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Refrain from engaging in any criminal conduct. Comply with all applicable civil rights laws and policies, including but not limited to Ohio State equal opportunity, nondiscrimination policies, social media, 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.
- Do their best to help youth thrive while exploring their 'sparks'.
- Read and uphold the Youth Privacy Principles located at go.osu.edu/youthprivacy

I understand and agree that as a volunteer:

- I understand that I have an ongoing obligation to self-disclose to OSUE within three business days if I am indicted, pled guilty and/or are convicted of a crime which constitutes an offense of violence under Ohio law (Ohio Revised Code §2901.01(a)(9)).
 - 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 youth activities and programs. 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 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

