



**4-H Youth Development**

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Dear Prospective 4-H Volunteer,

Thank you for your interest in the Idaho 4-H Youth Development Program. The 4-H program, delivered through the efforts of our dedicated volunteers and staff, continues to prepare our young people to take on the challenges in their communities and in the world. Our youth learn the necessary skills needed to make a positive difference. Your interest in becoming a volunteer helps to insure that we can continue to deliver valuable skills and information to our youth.

Because the protection of our youth, our volunteers, and our staff is our top priority, you must complete the following application process before you can be considered for acceptance as a 4-H volunteer in Idaho:

*New Applicants:* (Application, reference and consent forms, and instructions are included in this packet.)

- Complete and return the Application for a Volunteer Position in 4-H.
- You **MUST** include at least 4 names along with complete mailing addresses and e-mail addresses of personal references who are NOT relatives and who have knowledge of your skills when working with youth.
- Complete, sign, and return a Volunteer Public Record Review Authorization/Consent form to our office.
- Complete the Public Record Review.
- Successfully complete the WSU Extension 4-H e-Learning modules. If you do not have internet access, you may complete these modules at the library or at our office.

*Transferring Volunteer Status:* If you are a volunteer who has moved from one Idaho county to another Idaho county, you may transfer your status. The extension office in your latest county must receive a copy of your complete volunteer file and a letter stating that you were a certified volunteer in good standing when you moved. A new position agreement will need to be signed and you will need to attend a volunteer orientation, as well as any required training.

We will contact you for an interview after our office has received all the necessary paperwork/documentation listed above.

**Completing the application process does not insure acceptance as a potential certified volunteer. We will notify you in writing of your acceptance or non-acceptance as a volunteer.** If accepted as a volunteer, our office will provide you with a certification packet that will include our orientation and training requirements, the University of Idaho Policies and Procedures, the Code of Conduct, and the appropriate Position Description.

**PLEASE NOTE that you may not work with 4-H youth unless under the direct supervision of a currently certified 4-H volunteer or extension personnel until we have notified you in writing that you have successfully completed the certification process.**

If you have any questions, please contact us at 208-253-4279 or adams@uidaho.edu.

Thank you.

Tyanne Freeburg  
Adams County Extension Educator  
203 S. Galena St, P.O. Box 43  
Council, ID 83612



**Volunteer Application with University of Idaho 4-H Youth Development**

The mission of University of Idaho Extension and the University of Idaho 4-H Youth Development is to help youth and adults acquire knowledge, life skills, and attitudes that enhance their lives.

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Physical Address – the place where you live:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of time at above address \_\_\_\_\_ County \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Driver’s License Number/State\* \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Were you ever in 4-H? \_\_\_\_ Where/when were you in 4-H? \_\_\_\_\_

Have you previously been a 4-H leader? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Where: County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Why are you interested in a 4-H volunteer position? If there is a club you want to work with, which one?

Do you prefer to work directly with youth? \_\_\_\_ No. \_\_\_\_ Yes. If yes, what age level(s) do you prefer?

\_\_\_\_ Cloverbud 5-7 years                      \_\_\_\_ Intermediate 12-14 years

\_\_\_\_ Junior 8-11 years                      \_\_\_\_ Senior 15-18 years

What time commitment do you desire? \_\_\_\_ 1-3 months \_\_\_\_ 3-6 months \_\_\_\_ 6-12 months \_\_\_\_ longer

When are you available to volunteer? \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings \_\_\_\_  
Weekends

Describe your experience, training, or education related to working with youth:

List community organizations/activities in which you have participated:

List your hobbies, skills and interests that can be shared with youth in 4-H:

Previous volunteer/employed experiences: (List current and most recent experiences first.)

Organization/Employer	Position Title/Major Responsibilities	From month/year to month/year

University of Idaho Extension takes seriously its obligation to provide a safe atmosphere for all persons involved in youth activities. Child abuse and neglect is of concern to everyone. The purpose of this disclosure is to protect the children we work with. It is not our intent to discourage volunteers as University of Idaho Extension and 4-H depend upon volunteer support. We do wish, however, to assure the well-being of youth and adult participants.

1. Have you or anyone living at your current or previous residence ever been convicted of any crime against any person, child, or vulnerable adult under federal law or the law of any state or foreign country? Such crimes include but are not limited to: assault, aggravated assault, battery, hazing, injury to children, sexual exploitation, lewd conduct, sexual battery, disseminating obscene material to or about minors, murder, manslaughter, kidnapping, rape, or any sex-related crime.

\_\_\_ NO. \_\_\_ YES. If yes, explain what, where and when.

2. Have you ever been denied the opportunity to work with minors or vulnerable adults?

\_\_\_ NO. \_\_\_ YES. If yes, explain what, where and when.

3. Have you ever been convicted of a DUI/DWI or any other driving-related crimes?

\_\_\_ NO. \_\_\_ YES. If yes, explain what, where and when.

**If you answer "yes" to any of the above questions, please give the date, nature of the offense, disposition, and any further explanation you would like to provide on this page or on an attached page. Volunteer Screening Authorization/Consent \*\***

References: List four persons, not related to you, who have a definite knowledge of your qualifications. Please provide complete addresses. We must receive a minimum of three reference responses.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

