

WELCOME! The Illinois 4-H Youth Development program is pleased that you are interested in learning more about becoming a volunteer. We appreciate your interest and look forward to your involvement. The purpose of this process is to help you know more about 4-H and to help us know more about you. It is a necessary step in providing protection for youth and volunteers.

Please note that you will receive an (e-mail) invitation through Sterling Volunteers, our new background screening program. Please contact our office if you have any questions after receiving this (e-mail) invite.

Please also complete the enclosed forms and **return them to our office as soon as possible.**University of Illinois Extension requires all volunteers who work with youth to complete a volunteer application and agree to the following:

- 1. A background screening through Sterling Volunteers
- 2. A child abuse and neglect tracking system (CANTS) check through the Department of Children and Family Services (DCFS).
- 3. Three reference checks one from a family member, one from a work/volunteer relationship, and one personal character.
- 4. Verification of a valid driver's license and current liability insurance card, if you drive as part of your official role as a 4-H volunteer.

In completing the volunteer application please be sure to do the following:

- Put complete addresses (including zip codes) of all references on the form.
- Notify your references they will be receiving a form to complete and encourage them to return it as soon as possible.

After the background screening has been completed through Sterling Volunteers, DCFS, and the reference forms have been returned, you will receive a letter/call indicating your status as an Extension/4-H volunteer. This process can take several weeks. We appreciate your patience. Please note -- **getting reference forms back to our office is the MAJOR delay in completing the approval process.** Please follow-up with your references and call our office to find out the status of your application.

Thanks again for your interest in volunteering with 4-H Youth Development programs.



COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES
University of Illinois, U.S. Department of Agriculture, Local Extension Councils Cooperating.
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| Office use Only     |
|---------------------|
| Ref                 |
| DCFS<br>Convictions |
| RSO                 |
| DriverApprove       |
|                     |

## CONFIDENTIALINFORMATION U of I EXTENSION VOLUNTEER APPLICATION

(To be completed by volunteers in University of Illinois Extension)

| Name:   |   | E-1                     | mail:           |                            |                                       |             |
|---|---|-------------------------|-----------------|----------------------------|---------------------------------------|-------------|
| Last  | First   | Middle                  |                 |                            |                                       |             |
| Address   |   |                         |                 |                            |                                       |             |
| Street  |   | City                    |                 | State                      | Zip                                   |             |
| Date of birth:  | Phone: D  | av                      | Evening         | Best                       | time to call                          |             |
| Month   | n/Day/Year  | <u></u>                 |                 |                            |                                       |             |
|   |   |                         |                 |                            |                                       |             |
| Race (select 1 or more):  | WhiteBlack/Afr  | ican American           | American I      | ndian/Alaskan Nativ        | re Asian                              |             |
| Native Hawaiian/Pa  | acific Islander 2 or m  | ore races(              | Other race      |                            |                                       |             |
| Ethnicity (select 1):   | Hispanic or Latino N  | lot Hispanic or La      | tino            |                            |                                       |             |
| Gender: Male Fema   | le Not listed   | Prefer not to sta       | te              | .000 Farm                  | Cuburbo of a                          | aite of     |
| over 50.000 City w  | nder 10,000 or rural non-farn<br>vith population over 50,000              | nrown/cit               | y 01 10,000-50  | ,000 <u> </u>              | Suburbs of a (                        | City of     |
|   | , , , , , , , , , , , , , , , , , , ,                                     |                         |                 |                            |                                       |             |
|   | ersons we may contact who h   |                         |                 |                            |                                       |             |
| employment, or volunteer-re<br>Spanish.                                 | elated work and family relation   | snips. Include comp     | olete addresse  | s. Make sure to indi       | cate if the letter sho                | ould be II  |
| opanion.  |   |                         |                 |                            |                                       |             |
| Personal/Character Refere   | ence:   |                         |                 |                            |                                       |             |
| NAME:   |   |                         | Phone:          |                            |                                       |             |
|   |   |                         | _               |                            |                                       |             |
| ADDRESS:  |   |                         |                 | Spanish I                  | ottor? VEC                            |             |
| Street. R.  | R. #, Box #, Apt # City   | State                   |                 | Spanish L                  | etter?YES                             |             |
| ·   |   |                         |                 | <b>-</b>                   |                                       |             |
| Work or Volunteer Referen   | nce:  |                         |                 |                            |                                       |             |
| NAME:   |   |                         | Phone: _        |                            |                                       |             |
| ADDRESS:  |   |                         |                 | Spanish L                  | ottor? VES                            |             |
| Street, R.  | R. #, Box #, Apt # City   | State                   |                 | Zip                        | itter:rE3                             |             |
|   |   |                         |                 |                            |                                       |             |
| Family Member Reference   | :   |                         |                 |                            |                                       |             |
| NAME:   |   |                         | Phone:          |                            |                                       |             |
|   |   |                         | _               |                            |                                       |             |
| ADDRESS:  |   |                         |                 | Snanish I                  | etter?YES                             |             |
| ADDITEOU.   | Street, R.R. #, Box #, A  | pt # City               | Stat            | e Zip                      | 120                                   |             |
| NACH I III  |   | 10.11                   |                 |                            |                                       |             |
|   | vehicle as part of your volunted<br>the University of Illinois Exter      |                         | No              | _If yes, you must sho      | w a valid driver's lice               | ense and    |
| proof of hability insurance to  | the onliversity of fillinois Exter  | ision onit onice.       |                 |                            |                                       |             |
|   |   |                         |                 |                            |                                       |             |
| I, authorize the University of Illine<br>background check, and other so | ois to contact listed references, a na                                    | ational background chec | k, a DCFS Child | Abuse and Neglect Trac     | king System (CANTS)                   |             |
|   | •   |                         |                 |                            |                                       |             |
|   | ially accepted before beginning my<br>n as an Extension volunteer. I agre |                         |                 |                            |                                       |             |
|   | y with the rules may lead to dismis                                       |                         |                 | ,                          | , , , , , , , , , , , , , , , , , , , |             |
| Further, I agree to complete Pro  | tection of Minors training mandated                                       | by University of Illino | s Extension and | to follow any rules relate | ed to the University's Pro            | otection of |
| Minors Policy, including mandate  | ed reporting to the University of Illir                                   |                         |                 |                            |                                       |             |
| for which I am volunteering (e.g.                                       | ., County Director).  |                         |                 |                            |                                       |             |
| Signature:  |   |                         |                 | Date:                      |                                       |             |
|   |   |                         |                 |                            |                                       |             |

#### **4-H VOLUNTEER QUESTIONS**

| Have you been in 4-H? Yes_ No  | If yes, where?  |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| Have you been an Extension youth program lea   | ader? Yes_ No County/State Yea  | rs as leader  |  |  |  |  |  |
| Where? City  | _County   | State   |  |  |  |  |  |
| If you prefer to work directly with youth, what a  | ge level(s) do you prefer?  |   |  |  |  |  |  |
| Why are you interested in this youth program volunteer position?   |   |   |  |  |  |  |  |
| List skills, training and education:   |   |   |  |  |  |  |  |
| Describe your present and previous work expe   |   |   |  |  |  |  |  |
| EMPLOYÉR   | JOB TITLE   | YEARS   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Describe volunteer roles with any other commo  | unity groups: (List current or most recent expe   |   |  |  |  |  |  |
| ORGANIZATION   | VOLUNTEER ROLE  | YEARS   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| <ul> <li>4-H CODE OF CONDUCT</li> <li>The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – youth, families, volunteers, and Extensior staff – who participate in or attend any activity or event sponsored by the University of Illinois Extension 4-H Youth Development Program are expected to uphold the values of the Illinois 4-H program and conduct themselves according to the following standards. These standards also apply to online 4-H activity, including social media and internet presence.</li> <li>1. Create a Welcoming Environment for All. Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.</li> <li>2. Bring Your Best Self. Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.</li> <li>3. Obey the Law. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products which include e-pens e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not possess or use weapons or firearms except as</li></ul> |   |   |  |  |  |  |  |
| prohibited. Do not wear revealing clothing, su  10. <b>Be a Positive Role Model</b> . Act in a mature, both yourself and the University of Illinois Exaffirming language, and uphold exemplary sta   | ch as short skirts or shorts, midriff-baring tops, or a responsible manner, recognizing you are role moxtension 4-H Youth Development Program. Be reandards of conduct at all 4-H activities. | anything showing undergarments.  Idels for others and that you are representing |  |  |  |  |  |
| My signature indicates I have read, understand and   | agree to U of I Extension Code of Conduct.  |   |  |  |  |  |  |

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have questions or need further information.

# State of Illinois Department of Children and Family Services

#### **AUTHORIZATION FOR BACKGROUND CHECK**

Child Abuse and Neglect Tracking System (CANTS)

### For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

| Name:   | First   | Middle   |
|---|---|--|
| Date of Birth: Gender:  | ☐ Male ☐ Female                                 | Race:  |
|   | Wate   Pennate                                  | nace.  |
| Current Address:  | Street/Apt #                                    |  |
|   | Stroompen                                       |  |
| City  | State   | Zip Code   |
| If you currently reside in Illinois, please list all previous ac  | ddresses for the past fi                        | ve years.  |
| OR  |   |  |
| If you currently reside out-of-state, please provide ALL III  | inois addresses in whi                          | ch you did reside while living in Illinois.<br>Dates |
| (Street/Apt#/City/County/State/Zip Code)  |   | From/To  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | 8  |
|   |   | <del>-</del>   |
|   |   |  |
| List maiden name and/or all other names by which you  | have been known: (lac                           | et first middle)                                     |
| Dist manden name and/of an other names by which you   | nave been known. (las                           | st, mst, madie)                                      |
|   | -:  |  |
|   | _   |  |
|   | =:  |  |
|   |   |  |
|   |   |  |
| I hereby authorize the Illinois Department of Children and Fa   | mily Services to conduc                         | at a search of the Child Abuse and Neglect           |
| Tracking system (CANTS) to determine whether I have been or involved in a pending investigation. I further consent to the | a perpetrator of an indic                       | cated incident of child abuse and/or neglect         |
| or involved in a pending investigation, I further consent to the  | e release of this informat                      | tion to the agency listed below.                     |
|   |   | nail OR fax OR email.                                |
|   |   | epartment of Children and Family Service             |
| Signed Date   | • • • • • • • • • • • • • • • • • • •           | 06 E. Monroe – Station # 30<br>pringfield, IL 62701  |
|   |   | 17-782-3991  |
| Please type, use bold letters or label:   |   | to: CFS689Background@illinois.gov                    |
|   |   |  |
| 309-347-5472<br>jkpierso@illinois.edu   | (Submitting Agency<br>(Submitting Email Agency) | •  |
| [kpierso@illinois.edu   |   | uuress)  |
| University of Illinois Extension  | (Agency Name)                                   |  |
| Joli Pierson  | (Contact Person)                                |  |
| 127 S High St, Suite 1  | (Address)                                       |  |
| Havana, IL 62644  | (City/State/Zip)                                |  |
|   | (City/State/Zip)                                | Print Form   |

All 4-H volunteers are required to complete ANCRA (Abuse and Neglect Child Reporting Act) Child Protection Training.

This training was developed by University of Illinois Extension staff and follows the University of Illinois ANCRA policy. It will help you to become aware of what to do if you suspect child abuse or neglect while acting as an Extension volunteer. All Extension volunteers are required to take this training as part of their volunteer agreement with University of Illinois.

Complete the training by visiting this link:

https://web.extension.illinois.edu/extensionprotection/

The training is not complete until you print out and sign the Protection of Minors Acknowledgement Form. The form MUST be provided to the Extension office to keep in your confidential volunteer file.

Upon completion of all volunteer application forms, training modules, and personal interview, you will be directed by county 4-H staff to enroll as a volunteer in the Zsuite 4-H enrollment system.

Complete he enrollment by visiting this link:

4h.zsuite.org