Return to:
U of I Extension, Fulton County
15411 N IL 100 Hwy
Lewistown, IL 61542

ILLINOIS Extension

Office use Only
Int _____
Ref _____
DCFS_____
Convictions_____
RSO _____
Driver _____
Approve _____

CONFIDENTIALINFORMATION
U of I EXTENSION VOLUNTEER APPLICATION
(To be completed by volunteers in University of Illinois Extension)

Name: _____**E-mail:**_____
Last First Middle

Address _____
Street City State Zip

Date of birth: _____**Phone: Day**_____ **Evening**_____ **Best time to call**_____
Month/Day/Year

Race (select 1 or more): _____White _____Black/African American _____American Indian/Alaskan Native _____ Asian _____ Native Hawaiian/Pacific Islander _____2 or more races _____Other race_____
Ethnicity (select 1): _____Hispanic or Latino _____Not Hispanic or Latino
Gender: Male_____ Female_____
Residence: _____Town under 10,000 or rural non-farm _____Town/City of 10,000-50,000 _____Farm _____Suburbs of a city of over 50,000 _____City with population over 50,000

REFERENCES: List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment, or volunteer-related work and family relationships. Include complete addresses. **Make sure to indicate if the letter should be in Spanish.**

Personal/Character Reference:

NAME:_____ **Phone:** _____

ADDRESS: _____ **Spanish Letter? _____ YES**
Street, R.R. #, Box #, Apt # City State Zip

Work or Volunteer Reference:

NAME:_____ **Phone:** _____

ADDRESS: _____ **Spanish Letter? _____ YES**
Street, R.R. #, Box #, Apt # City State Zip

Family Member Reference:

NAME:_____ **Phone:** _____

ADDRESS: _____ **Spanish Letter? _____ YES**
Street, R.R. #, Box #, Apt # City State Zip

Will you be driving a motor vehicle as part of your volunteer agreement? Yes_____ No_____ If yes, you must show a valid driver's license and proof of liability insurance to the University of Illinois Extension Unit Office.

BACKGROUND SCREENING INFORMATION:
Have you ever been convicted of a criminal offense? Yes_____ No_____ If yes, please attach a sheet to explain. A conviction will not necessarily disqualify an application. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Have you lived in another state other than Illinois in the last seven years? Yes_____ No_____ If yes, please attach a separate sheet indicating state where you have lived during the last seven years including dates.

I, authorize the University of Illinois to contact listed references, to conduct a criminal conviction background check, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check, the national Sex Offender Register, and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Further, I agree to complete Protection of Minors training mandated by University of Illinois Extension and to follow any rules related to the University's Protection of Minors Policy, including mandated reporting to the University of Illinois Police Department (217-333-1216) and a University of Illinois Extension employee of the unit 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 leader? Yes_____ No_____ County/State_____

Years as leader_____

Where? City_____ County_____ State_____

Why are you interested in this youth program volunteer position? _____

If you prefer to work directly with youth, what age level(s) do you prefer?

Describe your present and previous work experience: (List current or most recent experience first,)

EMPLOYER	JOB TITLE	YEARS

Describe volunteer roles with any other community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS

List skills, training and education:

Volunteer Behavior Guidelines:
Families and other youth-serving programs place trust in U of I Extension to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. For these reasons, the following behavior guidelines are expected of volunteers working in U of I Extension 4-H youth development programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Obey the laws of the locality, state and nation and U of I and Extension policies and guidelines.
3. Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard 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.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to the authorities.
5. Do not participate in or condone neglect or abuse, which happens outside the program to 4-H youth participants and report suspected abuse to authorities.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid operator's license and the legally required insurance coverage.
8. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.
9. Use of technology and social media in safe and appropriate ways. See How to Volunteer - Screening Process: "Illinois 4-H Guidelines for Use of Social Media" Click the link to read the Guidelines: https://4h.extension.illinois.edu/volunteers/application

I have read, understand and agree to U of I Extension Volunteer Behavior Guidelines.

Signature _____ Date _____

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