



Extension

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES



WELCOME! The 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 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 conviction information name check through the Illinois State Police, as well as a check of their registered sex offender's website.
2. A child abuse and neglect tracking system 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 application has been cleared through the Illinois State Police, DCFS, and the reference forms have been returned, you will receive a letter indicating your status as an Extension/4-H volunteer. This process can take 2 to 3 weeks or as long as 6 to 8 weeks – we appreciate your patience in completing this process. 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.

Thank you for your interest in volunteering with 4-H Youth Development programs.

Sincerely,

Joli Pierson

4-H Program Coordinator, Mason County

UNIVERSITY OF ILLINOIS EXTENSION

Fulton-Mason-Peoria-Tazewell Unit

127 S. High St., Suite 1 | Havana, IL 62644

Phone: 309-543-3308

jkpiero@illinois.edu | extension.illinois.edu/fmpt



Office use Only	
Int	_____
Ref	_____
DCFS	_____
Convictions	_____
RSO	_____
Driver	_____
Approve	_____

CONFIDENTIAL INFORMATION
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.

Rev 08/2018

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: _____
Last First Middle

Date of Birth: -- -- Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.

Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701

FAX to: 217-782-3991

Scan/Email to: CFS689Background@illinois.gov

Signed _____ Date _____

Please type, use bold letters or label:

N/A

(Submitting Agency Fax Number)

jkpierso@illinois.edu

(Submitting Email Address)

University of Illinois Extension

(Agency Name)

Joli Pierson, 4-H Program Coordinator

(Contact Person)

127 S. High St., Suite 1

(Address)

Havana, IL 62644

(City/State/Zip)

Print Form



County:	Mason
Requestor's Name:	Joli Pierson
Requestor's Email:	jkpierso@illinois.edu
County Director:	Earl Allen
Volunteer Program:	4-H

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name:			
First Name:			
Middle Initial:			
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year

Sex: ☐ "M" for Male
"F" for Female
"U" for Unknown

Race: ☐ "W" for White (includes Mexicans and Latinos)
"B" for Black
"A" for Asian/Pacific Islander
"I" for Indian/Alaskan Native
"U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____

Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____

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 4-H Online system.

The link to enroll: il.4honline.com