



Tazewell 4-H Volunteer Forms

4-H Adult Enrollment Form

Every volunteer needs to enroll annually. However, it can be completed via a paper version, or you create a free, 4-H Online (<https://il.4honline.com>) account and self-manage it. 4-H Online is a self-managed database for our 4-H members, families, and volunteers. The Extension office will enter the paper version, if you choose to provide the information that way.

Extension Volunteer Application

State-wide required form.

Volunteers complete once.

Extension office uses for Reference information and placement into volunteer role.

CANTS (Child Abuse and Neglect Tracking System)

Updated every 5 years

Conviction Information Name Check

State-wide required form

Updated every 5 years

Extension Volunteer Agreement to Assume Risks Form

State-wide required form.

Volunteers complete once

Volunteer Orientation

New volunteers need to complete online Volunteer Orientation.

https://web.extension.illinois.edu/4hc/?orientation_art

You will need to create a registration for this system. Once you are registered, you can use the information for any of the courses (includes Overnight Chaperones).

Child Protection Training

New volunteers need to complete online University of Illinois Extension Child Protection Training.

<https://extension.illinois.edu/extensionprotection/>

After completing the training, print the certificate and mail to Extension office.

Overnight Chaperones

All volunteers who will be chaperoning overnight 4-H events, must also complete this online training. https://web.extension.illinois.edu/4hc/?4hchaperone_art

You will need to create a registration for this system. Once you are registered, you can use the information for any of the courses (includes Volunteer Orientation). After completing the training, print the certificate and mail to Extension office.

Shooting Sports Volunteers

An additional form, Adult Medical Emergency Information, is required for all Shooting Sports volunteers. Completed yearly, or when information changes.

Other Volunteer Training Opportunities and Resources can be found at

<https://4h.extension.illinois.edu/volunteers/training>

4-H Volunteer Enrollment Form for 2019-2020

County: Tazewell Club: _____

Family Last Name: _____
(this name will be used on mailing labels)

Family Phone: _____

Family Email: _____

Return to Extension Office:

University of IL Extension - Tazewell County
1505 Valle Vista Blvd.
Pekin, IL 61554

Volunteer Information ** indicates required fields*

* First Name	Middle Name
* Last Name	Email
* Mailing Address	* City
* State	* Zip Code
* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (optional)
* Primary Phone	Volunteer Cell Phone
I wish to receive notices via text message <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider
Please indicate if you are a horse project leader <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact Information

** indicates required fields*

* Name	
* Primary phone number:	
* Relationship to volunteer:	

Enrollment ** indicates required fields*

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
Military	<input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a son/daughter serving in the military <input type="checkbox"/> No one in my family is serving in the military	
Branch / Component	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000	
	<input type="checkbox"/> I have a sibling serving in the military <input type="checkbox"/> Myself and/or spouse is serving in the military	
	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

Languages Spoken at Home	<input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other
Check all that apply	
Hispanic Origin	<input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guatemalan <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Check all that apply	
* Mailings	<input type="checkbox"/> I would NOT like information on the County Level Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information on the Illinois 4-H Foundation and how it supports the 4-H Program <input type="checkbox"/> I would NOT like information about events at the University of Illinois

Illinois 4-H Code of Conduct

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 Extension 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.

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.

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.
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.
3. **Obey the Law.** Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. Do not attend 4-H activities under the influence of alcohol or illegal substances.
4. **Honor Diversity – Yours and Others'.** Respect and uphold the rights and dignity of all persons who participate in 4-H programs.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not engage in romantic displays or sexual activities in either public or private situations. Be kind and compassionate toward others. Do not insult, harass, or bully others or engage in other hostile behaviors. Be considerate and courteous of all persons and their property.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group's decisions.
7. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!
8. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, or anything showing undergarments.
9. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the University of Illinois Extension 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.

CONSEQUENCES

Any of the following may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may be barred from future events.
3. Participant may be asked to leave the event/activity. If the participant is a youth, the parent(s) will be called and the youth will be sent home at family's expense.

I have read and I understand and agree to comply with the above University of Illinois Extension 4-H Youth Development Code of Conduct.

Signature

Date

Photo/Video/Audio Release

☐ Yes ☐ No I grant to the University of Illinois Extension 4-H Youth Development Program, irrevocable permission to record and/or disclose my identity, image, and voice arising out of documenting 4-H youth programs and to use, reproduce and distribute such in whole or in part in video and/or sound recordings, films, photographs, transparencies, webpages, social media, local news media or any other media for any purpose on behalf of the University and Extension without compensation to me and without any right for me to inspect or approve the finished photograph, video, or audio recording or other recordings.

Signature

Date



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University of Illinois Extension provides equal opportunities in programs and employment.



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

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

List all addresses at which you have resided in the past five years:

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.

Signed	Date
--------	------

Please type, use bold letters or label:

309-347-5472

(Submitting Agency Fax Number)

girone1@illinois.edu

(Submitting Email Address)

University of Illinois Extension – Tazewell County

(Agency Name)

Katharine Girone, 4-H Program Coordinator

(Contact Person)

1505 Valle Vista

(Address)

Pekin, IL 61554

(City/State/Zip)

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





County: _____

Requestor's Name: _____

Requestor's Email: _____

County Director: _____

Volunteer Program: _____

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:

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 _____

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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:** _____