



Clallam County



WASHINGTON STATE UNIVERSITY
EXTENSION

Hello there!

Thank you for becoming an important part of the Clallam County 4-H Youth Development Program.

Volunteers like you serve as wonderful mentors to the creative, caring, youth citizens in our community! Volunteering in the Clallam County 4-H Youth Development Program requires the following steps be completed in order to ensure the safest environment possible for our youth and volunteers:

1. Completion of the following attached forms:

- ❖ **“WSU 4-H Youth Development Volunteer Application Part A”.**
- ❖ WSU requires three personal references. Please share the attached reference forms with three adults who know you well and return the completed forms with your application.

2. Visit [Extension.org](https://extension.org)

Hint: If this is your first time logging into eXtension Campus, you will need to click the “Continue” button and then “Create a New Account”

Instructions are available at [4-H eXtension Volunteer Education](#)

View [Washington State 4-H Volunteer Orientation](#).

- Enrollment key is CLALLAM
- Print out completion certificate and turn into local 4-H office.

View [Put the Child First Training Presentation](#)

- Enrollment key is CLALLAM4H
- Print out completion certificate and turn into local 4-H office.

View [WSU EP 14 Protection and Safety of Minors](#)

Enrollment key is EP14CL4H

Attend an in-person or zoom live training for new volunteers. Check local extension office for time and dates.

You will be interviewed by 4-H staff.

Once the documents are received in the 4-H office you will receive an email invitation from theadvocates@sterlingvolunteers.com requesting you to complete a background check. Please complete within 72 hours. There is no cost to you.

Enroll on [4-H online](#).

- ❖ All adult volunteers must enroll on 4-H Online every year. You are not considered a certified volunteer without a currently active 4-H Online profile.
- ❖ Volunteers who do not have an active enrollment on 4-H Online for two years will need to reapply as a new volunteer.
- ❖ All volunteers are required to show proof of COVID-19 vaccination or obtain an exemption from WSU as described [here](#). Your enrollment will not be approved until this step is complete.

Feel free to contact me if I can answer any questions about the volunteer process or 4-H in general.

Melanie Greer, 4-H Program Coordinator, WSU Extension Clallam County

<https://extension.wsu.edu/clallam/4h/>

melanie.greer@wsu.edu | 360-912-2062 Work Cell

223 E 4th St, STE 15, Port Angeles, WA 98362



WASHINGTON STATE UNIVERSITY
4-H YOUTH DEVELOPMENT
VOLUNTEER APPLICATION FORM

(To be completed by all potential volunteers) PART A

Name: (First) (Middle) (Last)

Mailing Address: (Street) (City) (Zip)

Length of time at current address:

Phone: Day: () Eve: () Best time to call:

Email:

Please check all of the WSU Cooperative Extension Programs you're interested in being a part of:

- 4-H Youth Development Program
Club Leader
Project Leader
Out of School Time Programs
Challenge
School Enrichment
Other (please specify)

- 4-H Project Areas of Interest
Clothing & Textiles
Environment
Equine
Expressive Arts
Foods & Nutrition
Large Animals
Mechanical Sciences
Plant Sciences
Small Animals
Social Sciences
Technology
Other (please specify)

- Agricultural & Natural Resources Programs
Master Gardeners
Beach Watchers
Livestock Advisors
Other

- Family & Community Development Programs
Food Sense
Clothing & Textile Advisors
Food Safety Advisors
Other (please specify)

What age level(s) do you prefer working with: 5-8 9-12 13-19 Adult

Specific skills and talents are sometimes needed to enhance the quality of our programs. Please check any skills you would be willing to contribute.

- Audiovisual operations
Photography/videography
Graphic arts
Grant writing/fundraising
Public speaking, teaching
Writing, editing newsletters
Public relations, marketing
Web page design
Carpentry/woodworking
Clerical/office skills
Food service
Accounting, bookkeeping
Leadership/management
Facilitation
Nursing/First Aid
Research, data collection, experimentation
Advocacy
Computer skills (list software)
Other skills:

If you are able to communicate in another language other than English, please list:

Work, Education and Volunteer Experience (please list most current experience first).

Employer/Organization

Position Title/Volunteer Role

Year(s)

Media Release

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that maybe used in whole or in part by WSU Cooperative Extension to promote the 4-H Youth Development Program

Evaluations

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

Training

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Cooperative Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Persons with a disability requiring special accommodation while participating in 4-H may call your local WSU Cooperative Extension office. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

Cooperative Extension programs and policies are consistent with federal and state laws and regulations.

**REFERENCE FORM FOR WASHINGTON STATE UNIVERSITY EXTENSION
VOLUNTEER POSITION WORKING DIRECTLY WITH YOUTH
(for reference by mail)**

_____ is applying to work with youths in an Extension program and has given your name as a reference.

Adults in volunteer positions help youths have fun while learning new skills, increasing their abilities to work together, managing their own activities, and developing into productive adults.

WSU Extension seeks your assistance in selecting the best qualified people to serve in volunteer roles and will appreciate your prompt completion of this reference form. All comments will be treated in a confidential manner.

How long and in what capacity or position have you known the applicant? _____

Please use this checklist to evaluate the applicant's qualities. Use the following marking system:

E – Excellent

G = Good

F = Fair

N = Unknown

_____ Understanding of children

_____ Dependability

_____ Flexibility

_____ Communication skills

_____ Sense of humor

_____ Patience

_____ Ability to organize

_____ Sense of fairness

_____ Initiative

_____ Respect for others

_____ Enthusiasm

_____ Resourcefulness

_____ Ability to complete a task

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How well does the applicant interact with children?

2. How would you rate the applicant's ability to work in a volunteer role with youths? Other adults?

3. What additional skills, abilities, and attributes does the applicant have that would be helpful in this position?

4. Does the applicant have any experience working with people who are developmentally disabled, from different ethnic backgrounds, from different socioeconomic backgrounds? If so, please describe.

5. How would you describe the applicant's ability to handle records and/or money?

6. How would you describe the applicant's general outlook and stability?

7. Would you be willing to place your child, or any other child for who you are responsible under his/her leadership? Why?

8. Do you know any reason why this person should NOT be considered for this position? If yes, please explain.

Signature: _____

Date: _____

THANK YOU!

Return this form to: (county address)

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

Date received _____

01/06/jbf

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