

(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: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all of the WSU Cooperative Extension programs you're interested in:

**4-H Youth Development Program**

- ☐ Club Leader
- ☐ Project Leader
- ☐ Activity Leader
- ☐ After School 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 \$ense
- ☐ Clothing & Textile Advisors
- ☐ Food Safety Advisors
- ☐ Other (please specify)

Age level(s) 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.**

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

Other skills:

If you are able to communicate in a 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 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 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 Extension office. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

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

**WASHINGTON STATE UNIVERSITY EXTENSION  
VOLUNTEER APPLICATION FORM  
(To be completed by all *potential* volunteers)  
PART B**

**Name:**

_____ (First)	_____ (Middle)	_____ (Last)
_____ (Former Name (s))	_____ (Legal or Preferred Name (s))	

**Date of Birth (MM/DD/YY)** \_\_\_\_\_

**Female**

**Male**

**BACKGROUND DISCLOSURE**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

*continued on next page*



6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

\_\_\_\_\_

**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

### PERSONAL REFERENCES

**References:** List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____	Relationship _____	Home Phone _____	Work Phone _____	Email _____
Address: _____				
(Street)		(City)	(State)	(Zip)

Name: _____	Relationship _____	Home Phone _____	Work Phone _____	Email _____
Address: _____				
(Street)		(City)	(State)	(Zip)

Name: _____	Relationship _____	Home Phone _____	Work Phone _____	Email _____
Address: _____				
(Street)		(City)	(State)	(Zip)

*I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

*Applicant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, let the local WSU Extension office know.

**Washington State 4-H Enrollment Form**  
(Please Print)

County of 4-H Participation: \_\_\_\_\_  
☐ New Enrollment ☐ Reenrollment ☐ Add/Change Information

Date: \_\_\_\_\_ Club/Group Leader: \_\_\_\_\_ Club/Group Name: \_\_\_\_\_

Enrolling As: ☐ Youth Member **OR** Adult Volunteer: ☐ General Club Ldr. ☐ Project Ldr. ☐ Activity Ldr. ☐ Resource Ldr.

Name: \_\_\_\_\_  
(First) (Last) (Mid. Init.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Other Email: \_\_\_\_\_ School: \_\_\_\_\_  
(youth only)

**Military Family:** (Check applicable box)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Active Army         | <input type="checkbox"/> Army Guard           | <input type="checkbox"/> Army Reserve       | <input type="checkbox"/> Active Air Force    |
| <input type="checkbox"/> Air Guard           | <input type="checkbox"/> Air Force Reserve    | <input type="checkbox"/> Active Navy        | <input type="checkbox"/> Naval Reserve       |
| <input type="checkbox"/> Active Marine Corps | <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Active Coast Guard | <input type="checkbox"/> Coast Guard Reserve |

☐ Want 4-H Mailings ☐ Email Newsletter

Disabled? ☐ Disability: \_\_\_\_\_ Accomodation Needed? Yes ☐ No ☐

*Please provide us with this optional data so that we may report to our Federal partners*

Ethnicity: (check one) ☐ Yes—Hispanic or Latino Ethnicity **OR** ☐ No—Not Hispanic or Latino Ethnicity

Gender: (check one) ☐ Female **OR** ☐ Male

Residence: (check one) ☐ Farm ☐ Rural/Town < 10,000 ☐ Town/City 10,000-50,000 ☐ Suburb ☐ City > 50,000

Racial Group: (check all that apply): ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian/Pacific Islander ☐ Other

.....  
Parent/Guardian Name: \_\_\_\_\_  
(youth only) (First) (Last) (Mid. Init.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Parent: \_\_\_\_\_  
(youth only) (First) (Last) (Mid. Init.)

Additional Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

.....  
Grade: \_\_\_\_\_ Year in 4-H: \_\_\_\_\_ Photo Release: ☐  
(youth only) (see next page)

Project Code	Project Name	Project Year
Example: BCD	Photography	1
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ 4-H Volunteer/Leader Signature \_\_\_\_\_

## Photo, Image, and Voice Recordings Consent

I understand that, unless noted below, photos, video, or audio recordings made of me may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary.

NO Permission \_\_\_\_\_ Yes, with this condition: \_\_\_\_\_

### Washington State 4-H Project Listing

#### ANIMAL SCIENCES

##### Beef

GBB Beef

##### Cat

GBD Cat

##### Cavy

GBIB Cavy

##### Dairy Cattle

GFB Dairy Cattle

##### Dog

GBEA Dog Care & Training

GBEC Service Dog

##### Equine

GBH Equine Science

GBHG Horseless Horse

GBHH Horsemanship

##### Exploring Animal Science

GBK Explore the World of Small Animals

GBO Exploring Farm Animals

##### Goat

GBGB Dairy Goat

GBGD Meat Goat

GBGE Utility Goat

GBGC Novelty Goat

##### Llama

GBM Llama

##### Pets

GBKA Pets

##### Poultry

GBC Poultry

HBH Embryology

##### Rabbit

GBIA Rabbit

##### Sheep

GBJ Sheep

##### Swine

GBL Swine

##### Veterinary Science

HBI Veterinary Science

##### Self-Det. Animal Science

GB Self Det. Animal Science

#### ENGINEERING & TECHNOLOGY

##### Aerospace

HCA Aerospace

##### Bicycle

HCC Bicycle

##### Computer

HCD Computer

##### Electricity

HCE Electricity

##### Geospatial Science

HA Geospatial

##### Robotics

HCF Robotics

##### Small Engines

HCG Small Engines

##### Wood Science

HCH Woodworking

##### Self-Det. Engineering & Technology

HC Self-Det. Eng. & Tech.

#### ENVIRONMENTAL STEWARDSHIP

##### Environmental Stewardship

DAA Exploring Your Environment

DBD There's No New Water

DCA Wind Energy

DDA Forestry

DDC Sportfishing

##### Shooting Sports

DEBA Rifle

DEBAB Pistol

DEBAC Shotgun

DEBAD Black Powder

DEBAE Hunting

DEBB Archery

##### Self-Det. Environmental Stewardship

D Self-Det. Environ. Stewardship

#### EXPRESSIVE ARTS

##### Communication Arts

BA Communication

##### Performing Arts

BB Performing Arts

BBA Clowning

BBC Theatre Arts

##### Photography

BCD Photography

##### Visual Arts

BC Visual Arts

BCA Creative Arts

ACA Latino Cultural Arts

##### Self-Det. Expressive Arts

B Self-Det. Expressive Arts

#### FAMILY & CONSUMER SCIENCES

##### Clothing & Construction

CB Clothing & Textiles

##### Consumer Education

CCA Consumer Savvy

CCB Financial Champions

CCC Reading/Financial Literacy

##### Family Living

CF Adventures in Family Living

CAB Kids on the Grow

##### Foods & Nutrition

ECD Snackin' Healthy

ECN Food & Nutrition

ECG Food & Cultures

ECP Microwave Magic

ECH Bread Baking

ECC Food Preservation

ECK Foods of the PNW

ECA EFNEP

ECF Food \$ense

##### Needle Arts

BCAE Knitting

BCAF Crochet

##### Self-Det. Family & Consumer Sci.

C Self-Det. Family & Consumer Science

#### INTERDISCIPLINARY

##### Adventure Education

DAB Outdoor Adventures

DEAA Challenge

DEAB Portable Challenge

##### Ag in the Classroom

GA Ag in the Classroom

#### PLANT SCIENCES

##### Entomology

HBCA Entomology

HBCB Butterfly WINGS

##### Garden

GCC Garden

GCMG Master Gardener Project

##### Plant Science

HBG Plant Science

##### Self-Det. Plant Science

GC Self-Det. Plant Science

#### SOCIAL SCIENCES

##### ...And My World

ADA ...And My World

##### Citizenship

AB Citizenship

AH Service Learning

KYG Know Your Government

##### Entrepreneurship

FCB Entrepreneurship

##### Health

E Health

EA Health Rocks

##### Introduction to 4-H

FHB Just Outside the Door

FD Exploring 4-H

##### Leadership

FF Leadership

FFC 4-H County Ambassador

##### Self-Det. Social Science

F Self-Det. Social Science



## A Valuable Partnership

**Volunteers and the Washington State University Extension 4-H Youth Development Program**

Name \_\_\_\_\_

Position \_\_\_\_\_ County \_\_\_\_\_

WSU Extension appreciates your commitment to share your knowledge and talents with 4-H youth and hope this experience will be fulfilling during the time you serve as a 4-H volunteer. Your satisfaction and progress in this position are important and therefore subject to periodic reviews. Thank you for teaming with WSU Extension to expand educational opportunities for all youth and adults. Please read the following expectations of participation and behavior and indicate your willingness to cooperate by signing at the end of this form.


### **The Washington State University Extension 4-H Youth Development Program agrees to:**

- Provide a volunteer position description that lists specific duties.
- Respect volunteers as trusted partners in youth development.
- Share philosophy, mission, and goals of the 4-H Youth Development Program.
- Utilize, promote, and provide training in experiential education.
- Provide information on county, state, and federal policies that govern the 4-H Youth Development Program.
- Provide training and materials to facilitate the inclusion and participation of volunteers and youth from all backgrounds.
- Provide assistance, support, encouragement, supervision, and periodic evaluation.
- Identify approved curriculum and materials for projects and group organization.
- Provide ongoing training at the county level and information about volunteer opportunities beyond the county.
- Keep volunteers informed of events, programs, and opportunities for youth at the county, state, and national levels.
- Recognize volunteers for their contributions to the 4-H Youth Development Program.
- Resolve 4-H volunteer personnel issues.

### **As a 4-H Volunteer, I agree to:**

- Perform the duties in my position description in a responsible and timely manner.
- Conduct myself in a courteous and respectful manner, exhibit good sportsmanship, and be a positive role model for all youth.
- Work cooperatively with WSU Extension staff, volunteers, parents, and members.
- Respect, adhere to, and enforce the rules, policies, and guidelines established for the 4-H Youth Development Program.
- Participate in and support 4-H Leaders' Councils and other advisory groups.
- Support and promote the 4-H Youth Development Program through 4-H clubs, schools, after-school programs, and other appropriate settings.
- Support and promote 4-H Youth Development opportunities and inform youth of county, state, and national programs.
- Promote the spirit of inclusion and welcome participation of volunteers and youth from all backgrounds.
- Follow the volunteer "Expectations of Behavior" that I have read and understand.

WASHINGTON STATE UNIVERSITY  
EXTENSION

4-H Youth Development Program 

## Washington State University Extension 4-H Youth Development Volunteer Expectations of Behavior

The primary purpose of these Expectations of Behavior is to insure the safety and well-being of all 4-H participants (i.e., members, their parents and families, staff and volunteers).

These expectations will guide volunteer behavior during involvement in the Washington State University Extension 4-H Youth Development Program. Just as it is a privilege for Washington State University to work with individuals who volunteer their time and energies to 4-H, a volunteer's involvement in 4-H is a privilege and a responsibility, not a right.

### 4-H Volunteers will:

- Treat others in a courteous, respectful manner and serve as a positive role model for youth.
- Accept supervision and work collaboratively with county 4-H staff while involved in the program.
- Abide by policies and guidelines of WSU Extension state and county 4-H programs.
- Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, gender, national origin, religion, disability, or sexual orientation.
- Uphold an individual's right to dignity, self-development, and self-direction, will not abuse any 4-H participant by physical or verbal means, and will report such abuse, if observed.
- Refer to C1001, *Child Abuse: Information for WSU Faculty, Staff & Volunteers*, for child abuse information and reporting procedures.
- Keep county 4-H staff informed of any incidents that may violate 4-H policies or personal rights.
- Treat animals humanely and teach youth to properly care for animals.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Handle fundraising and finances in an ethical manner according to C1059E, *Leader's Guide to the Treasurer's Book*.
- NOT consume alcohol or illegal substances while responsible for youth in 4-H activities nor consume anything that will in any way impact your ability to work safely with youth.
- NOT require 4-H participants to purchase materials, equipment, animals, or services from any specific places of business.

I have read, understand, and agree to the expectations of participation and behavior as outlined in this agreement. I understand that I may terminate this appointment without prior notice. I understand and agree that any action on my part that contradicts any portion of this agreement is grounds for the immediate suspension and/or termination of my volunteer status with the Washington State University Extension 4-H Youth Development Program.

\_\_\_\_\_  
Signature of 4-H Volunteer

\_\_\_\_\_  
Date

Welcome to 4-H leadership, a wonderful opportunity for personal growth, satisfaction, and achievement.

\_\_\_\_\_  
Signature of Extension Educator/4-H Program Assistant

\_\_\_\_\_  
Date

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C1000