# South Carolina 4-H Volunteer Application

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Name You Prefer</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>How long at this Address?</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>County</th>
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If less than a year, previous address

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<tr>
<th>How long have you resided in the county?</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Email Address</th>
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<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Evening Phone</th>
<th>Best Time to Call</th>
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## 4-H EXPERIENCE

Are you a 4-H Alumnus?

- [ ] Yes
- [ ] No

If yes, where?

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If yes, what year(s) were you a 4-Her?

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<th>Year(s)</th>
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Have you ever been a 4-H volunteer?

- [ ] Yes
- [ ] No

If yes, where?

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Why are you interested in a 4-H Volunteer position?

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<th>Reason</th>
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What time commitments are you considering?

- [ ] _____ hrs./ week
- [ ] _____ hrs./month

Have you ever worked with youth before? Please explain briefly.

- [ ] Yes
- [ ] No

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<tr>
<th>Experience</th>
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## DEMOGRAPHIC DATA

- [ ] Male
- [ ] Female

Hispanic Ethnicity: (check one):

- [ ] Yes-Hispanic or Latino
- [ ] No-Not Hispanic or Latino

Racial Groups: (check all that apply):

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaskan Native
- [ ] Native American or Other Pacific Islander
- [ ] Asian
South Carolina 4-H Volunteer Application

EMERGENCY CONTACT
Name
Phone:

PHOTO/MEDIA RELEASE
I give my permission for staff of SC Cooperative Extension, SC 4-H, and/or ____________ County Extension to take photographs, record video, or audio of me or my property for use in promotional, and /or marketing materials. Neither individual address nor phone numbers will be published within these materials.
☐ Yes ☐ No

Signature ___________________________ Date ___________________

PROJECTS OR CLUBS OF INTEREST AS A VOLUNTEER
1. 
2. 
3. 

TRANSPORTATION

<table>
<thead>
<tr>
<th>Do you have access to a car?</th>
<th>Do you have a valid driver’s license?</th>
<th>Drivers license number and state</th>
<th>Date of Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>DL# State</td>
<td><em><strong>/</strong></em>/____</td>
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</table>

Have you ever received a traffic violation?
☐ Yes ☐ No

If yes, please explain.

Have you taken Defensive Driving?
☐ Yes ☐ No

If so, on what date?
___/___/____

I understand that I am covered under the State Tort Claims Act for tortuous acts committed by me unless my conduct is outside the scope of official duties or the conduct constitutes actual fraud, actual malice, intent to harm or a crime or a crime involving more turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities Clemson’s automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage.

I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen’s compensation coverage of Clemson nor does Clemson provide any medical insurance.

Signature of 4-H Volunteer ___________________________ Date ___________________
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VOLUNTEER CODE OF CONDUCT

I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right.

To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

- Uphold an individual's right to dignity, self-development, and self-direction.
- Accept supervision and support from professional staff while involved in the program.
- Participate in required training programs and use the recommended policies and procedures.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- Not abuse any participant by physical or verbal means and will report such abuse, if observed, to 4-H professional staff.
- Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- Comply with equal opportunity and anti-discrimination laws.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Preserve the confidentiality of information about program participants.
- Refrain from using 4-H volunteer status for personal or business financial gain.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code of Conduct is grounds for the suspension and/or termination of my volunteer status with Clemson University 4-H.

Signature of 4-H Volunteer ______________________________ Date __________________

Signature of 4-H Professional ______________________________ Date __________________
South Carolina 4-H Volunteer Application

REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

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<tr>
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<th>Telephone</th>
<th>Email Address</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Day</td>
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<td>Evening</td>
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I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of Clemson University Cooperative Extension and the SC 4-H Program and to fulfill my responsibilities to the best of my abilities.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature __________________________ Date ________________

For Office Use Only

This reference check was: □ Satisfactory □ Unsatisfactory

Date of reference check: _____________ Name of person conducting the check: __________________________

If unsatisfactory, please explain: ________________________________________________________________

□ Completed Defensive Driver Training

□ Completed Child Abuse Prevention Training