

South Carolina 4-H Volunteer Application

GENERAL INFORMATION

Last Name	First Name	M.I.	Name You Prefer
Mailing Address		How long at this Address?	
City	State	Zip	County
If less than a year, previous address		How long have you resided in the county?	
City	State	Zip	Email Address
Daytime Phone	Evening Phone	Best Time to Call	

4-H EXPERIENCE

Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-H'er?
Have you ever been a 4-H volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Why are you interested in a 4-H Volunteer position?		
What time commitments are you considering? _____ hrs./week _____ hrs./month	Have you ever worked with youth before? Please explain briefly. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	

DEMOGRAPHIC DATA

<input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic Ethnicity: (check one): <input type="checkbox"/> Yes-Hispanic or Latino <input type="checkbox"/> No-Not Hispanic or Latino
Racial Groups: (check all that apply):	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native American or Other Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian



The Clemson University Cooperative Extension Service offers its programs to people of all ages regardless of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer. Clemson University Cooperating with U.S. Department of Agriculture, South Carolina Counties, Extension Service, Clemson, S.C. Issued in Furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of May 8 and June 30, 1914. Public Service Activities

EMERGENCY CONTACT

Name _____	Phone: _____
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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.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature _____ Date _____	

PROJECTS OR CLUBS OF INTEREST AS A VOLUNTEER

1. _____	2. _____	3. _____
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TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers license number and state DL# _____ State _____	Date of Expiration ____/____/____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	Have you taken Defensive Driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, on what date? ____/____/____	

I understand that I am covered under the State Tort Claims Act for tortious 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 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 _____

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:

- ✓ Will not have one-on-one contact with minors
- ✓ 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.
- ✓ Will not pick-up minors or drop off minors at their homes, other than the driver's child(ren), except as specifically authorized by the parent or legal guardian.
- ✓ 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, accordance with 4-H policies and procedures.
- ✓ Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- ✓ In order to maintain a line of professionalism and to protect all parties involved, Program Staff should only communicate with program participants in/on open social media forum. Program Staff shall not seek out program participants on social media platforms such as Facebook, Instagram, and Twitter, etc. This restriction is enacted during the period of employment and may be lifted after the program end date.
- ✓ 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 _____

REFERENCES

Please list two 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.

Name	Address, City, State, Zip	Date Completed
Telephone Day _____ Evening _____	Email Address	Relationship
Name	Address, City, State, Zip	Date Completed
Telephone Day _____ Evening _____	Email Address	Relationship

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.

Signature of 4-H Volunteer _____ Date _____

Office Use For Only	
Date of reference checks: _____	
Name of person conducting the checks: _____	
If unsatisfactory, please explain: _____	
This includes the Background Check and the National Sex Offender Registry Check completed by Clemson University	
This Background Check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Record of Trainings:

Mandatory—(1 time only)	Trainer/Delivery Mode	Date of Training	
County Orientation			
Child Abuse Prevention Training			
Risk Management Training			
Positive Youth Development and Behavioral Management			
Additional	Trainer/Delivery Mode	Training Date	Exp. Date
First Aid Training (good for 4 yrs.)			
CPR Training (good for 2 yrs.)			
Driver Improvement Program* (good for 3 yrs.)			
DMV Driver License Screening* (good for 1 yr.)			

Copy of proof of vehicle insurance* on file: yes

*All driving-related trainings and screenings are required for volunteers transporting youth. The volunteers/parents must have a driver's license check and completed a South Carolina Driver Improvement Program.

The following information is required to complete the background investigation (please print):

FIRST NAME	MIDDLE NAME	LAST NAME	
OTHER NAMES USED (INCLUDING MAIDEN NAME)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER	RACE
INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER'S LICENSE:	DRIVER'S LICENSE NUMBER	STATE LICENSED IN	EXPIRATION DATE (MM/DD/YYYY)

CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

CURRENT STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE

Have you ever been convicted of a misdemeanor or felony crime?

Please check one: No Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If Yes, list the date, location (county and state), and offense for all misdemeanor and felony convictions regardless of how minor or how long ago they occurred. Attach additional pages if needed.

DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE

SIGNATURE:	DATE: ___ / ___ / ___
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If under the age of 18, parent/guardian signature required:

SIGNATURE – PARENT/GUARDIAN	PRINT NAME – PARENT/GUARDIAN	DATE OF BIRTH (MM/DD/YYYY)
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TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS		
ACCOUNT NUMBER	DEPARTMENT #	POSITION #	JOB OPENING #	
EMPLOYEE STATUS:		ADDITIONAL OPTIONS		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intermittent
				<input type="checkbox"/> Motor Vehicle Record Check

Clemson University Disclosure Statement

This form should be completed by all current paid and volunteer staff with independent, unsupervised access to children in a CU youth program and all returning volunteers from a break in volunteer time of 90 days or less. A background check should be completed on individuals with any break in employment or a break in volunteer time greater than 90 days (as well as all new employees/volunteers).

Name: _____

I am a: volunteer employee in: _____
Department Name/CU Youth Program Name

Last date volunteered (if break in volunteer time was 90 days or less): _____

1. Since I began working or volunteering for Clemson University, I have been charged with committing the following crimes (include all misdemeanor and felony charges, the name and location of the entity that charged you, and the date of each charge):

2. Since I began working or volunteering for Clemson University, I have been convicted of the following crimes (include all misdemeanor and felony convictions, the name and location of the entity that convicted you, and the date of each conviction):

3. Since I began working or volunteering for Clemson University, I have had the following moving traffic violations (e.g., speeding tickets, accidents, DUI, etc.) (Optional, unless you will be transporting children on behalf of the CU Youth Program. Please indicate "N/A" if you are not transporting, and "None" if you are but have not had any moving traffic violations since working or volunteering):

4. If you would like to provide any explanation or further information regarding your response to items 1, 2, and 3 above, please do so below or indicate if further information is being attached:

(If you have not been charged with or convicted of any crimes since the date noted above, please indicate "none" in the appropriate blanks under questions 1 and 2 above.)

I certify that the foregoing information I have provided is true and correct. I hereby authorize Clemson University to complete a National Sex Offender Registry check on the name provided above. I understand that if information from this check is used in whole or in part in making an adverse decision, before an adverse decision is made, I will be provided a copy of the results and a description of my rights.

Signature

Date

TO BE COMPLETED BY DEPARTMENT/PROGRAM CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

Office of Human Resources
Consent Form – Motor Vehicle Check

PART 1: Department Contact Information

Name	Department Name	Email Address	Phone Number

PART 2: Position Information

Department/Position Number: _____ / _____

Employee Status: permanent temporary student

Funding Source (Check One): E&G Other

Account Number: _____

PART 3: License Information – Copy of License Must Be Attached

First Name	Middle Initial	Last Name
Driver's License Number	State Licensed In	Expiration Date
Social Security Number	Date of Birth	

PART 4: Authorization

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my driving record for the purpose of confirming the information contained on this form. I release Clemson University and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources. I hereby certify that all information I have provided on this form is true and complete to the best of my knowledge and belief. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE: _____

DATE: _____

Send by File Drop to Will Pope <http://filedrop.clemson.edu/dropbox> (Clemson University service for secure emails.)