



Volunteer Application Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

I. GENERAL INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____
Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

If less than five years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length of Stay)

Hispanic Ethnicity: (check one): Hispanic or Latino Not Hispanic or Latino

Racial Groups (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

Gender: Female Male

Occupation: _____ **Employer:** _____

If you were a 4-Her, indicate County: _____ State: _____

If you have volunteered with youth (including 4-H), how long did you do so? _____

If yes, list City: _____ County: _____ State: _____

Extension staff with whom you worked. Name: _____ Phone: _____
 Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

II. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel.

 Signature of volunteer Date

Have you been convicted of two or more moving vehicle violations in the last 12 months?
 Yes No If yes, please explain: _____

Motor Vehicle Record (MVR) Release & Information Form

Please provide all requested information and return form to UK Risk Management

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708 Fax: (859) 257-1050

Services provided by:
Sonic e-Learning Inc.
Phone: (877) 867-6642 Fax: (866) 462-6316

Please attach copy of Drivers' License here.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supv/Contact Phone: _____

Driver Information:

Name: _____ Work Phone: _____
Exactly as it appears on Drivers' license

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Years Driving Experience Yrs: _____ Mos: _____ Date of Hire: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information. I hereby consent to the University of Kentucky to obtain such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of UK driving privileges.

Driver's Signature: X _____ Date: _____

Risk Management Department Use only.				Supv	<input type="checkbox"/>	HR	<input type="checkbox"/>	ARB	_____
MVR Req	<input type="checkbox"/>	Rec'd	<input type="checkbox"/>	Filed	<input type="checkbox"/>	Referred	<input type="checkbox"/>		



University of Kentucky Extension Volunteer Criminal Record Check Request

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS *Please Read Carefully Before Signing the Authorization*

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from IntelliCorp Records, Inc., 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; 1-888-946-8355; www.intellicorp.net as well as two personal references.

For explanation purposes:

- a "criminal record check" is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a "personal reference" is a report of information on your character, reputation, personal characteristics or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and "A Summary of Your Rights under the Fair Credit Reporting Act." (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference about you for volunteer purposes. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of IntelliCorp and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

Name (last, middle, first): _____

Driver's License Number: _____

State Issuing Driver's License: _____

Social Security Number _____

Maiden Names(s) or alias: _____

Date of Birth: _____

Street Address / P.O. Box: _____

City, State, Zip: _____

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.

Signature of volunteer applicant

date

Kentucky Cooperative Extension Service

Volunteer Reference Form (attach here)

Volunteer Reference Form Placeholder #2

Kentucky Cooperative Extension Service
Volunteer Reference Form (attach here)



Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. 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. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator’s license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate or allow bullying, hazing, harassment or malicious pranks.
- I will ensure that educational programs of Kentucky CES shall serve all people regardless of race, color, age, gender, religion, disability or national origin.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer

Date

Signature of Supervisor or Agent

Date

Interview Notes (attach here)

Criminal Record (Background) Check Results (attach here)

To request a Criminal Record Report on a volunteer application, follow these steps:



Greetings from Intellicorp!

To register with Intellicorp, please go to www.intellicorp.net and select “Register Today” on the right hand side. Please find below the registration steps.

Step 1: Please complete your contact information. Also, please make sure to use “nonprofit or Education” as business type, **Promotion Code: (N/A)** and my name: **Libby Giltz** as your sales person. At that point, it will say thank you for registering and someone will contact you (*however you can just go to the link*). ****Please click on link below once you have completed Step 1:**

<https://www.intellicorp.net/signup.aspx> in order to continue the registration process.

Once you have selected the link above, the following will be required.

Step 2: Intended Use: Employment or **Volunteer Screening**.

Step 3: Billing Information: Please complete the required fields which include payment type.

Step 4: Credentialing: It will ask for (1) Bank Reference (name & phone) and (2) Vendor References (name & phone). You may also fax/scan to 216-450-5217. Please also fax/scan a photo copy of proof of valid business documentation.

Step 5: Service Agreement

And finally, it will thank you for registering with Intellicorp. Please print this page as it contains your **Acct. ID and User Id**. Your password will be emailed to you once your account is activated. When you are ready to run your first search, please contact me for online training.

Please feel free to contact me if you have any questions. Thank you and I look forward to working with you.

Sincerely,

Libby Giltz

P: 216-450-5216

F: 216-450-5217

lgiltz@intellicorp.net

<https://www.intellicorp.net/signup.aspx>

Sex Offender Registry Results (attach here)

A search of both the national and the Kentucky sex offender registries can be conducted by accessing the following website: <http://kspsor.state.ky.us/>

Enter the last name and the first name (running an alias and/or maiden name if one is provided) to run a check on individual volunteer applicants. When the results come up, print the results and staple into the volunteer application packet.

A national search of registered sex offenders can be conducted by entering the zip code of the searchable area at the same website. It is also a good safeguard to enter the zip code of the meeting place for clubs, events, programs and activities, to see the number of registered sex offenders in that zip code. (The number of offenders that are registered in most zip codes is truly sobering.) This print out should be placed in the secure volunteer file at least once each year.

Volunteer Position Description FINE ARTS SUPPORT LEADER

All volunteers are required to sign a volunteer position description for each role they serve. Volunteers who continue their service to Extension *in the same role* do not need to sign a new volunteer position description each year.

A collection of volunteer position descriptions can be found in the GEMS Toolbox at: <http://www.ca.uky.edu/agcollege/4h/oldsite/VolPosDescription/index.htm>

All volunteer position descriptions will include the following statement immediately preceding the signature lines at the bottom:

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Prior to the end of the program year, agents will send each volunteer a letter, e-mail, thank-you note (retaining a hard copy in the volunteer's file), thanking them for their year of service. For those volunteers who the agent wants to retain, the following paragraph must be included in the letter:

*"The volunteer position in which you have served during the past year is renewable annually. I appreciate your service to Extension and to the **Fine Arts** program. Unless you notify me differently, your appointment to this volunteer position is renewed for the program year."*



FINE ARTS SUPPORT LEADER

VOLUNTEER POSITION DESCRIPTION

Kentucky CED/Fine Arts Program
The University of Kentucky Cooperative Extension Service
The University of Kentucky

POSITION TITLE:

Fine Arts Support Leader

TIME REQUIRED:

Varies according to the activity being supported

LOCATION:

Cooperative Extension Service office, Artists Collaborative Theatre or other meeting place

GENERAL PURPOSE:

Assist Fine Arts agent and program assistants by providing support as needed with Extension programming and theatre activities/events.

SPECIFIC RESPONSIBILITIES MAY INCLUDE BUT NOT NECESSARILY BE LIMITED TO:

- + Providing transportation to Fine Arts/theatre activities and events
- + Assisting with fund raising
- + Serving as chaperones
- + Assisting with activities as needed and/or requested by agent/program assistants

QUALIFICATIONS:

- + Must complete the Volunteer Application process and be approved by the Youth Protection/Risk Management Committee
- + A sincere interest in sharing knowledge and experiences and skills with youth and adults in an informal educational setting
- + The ability to work and communicate effectively with both youth and adults
- + A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky Cooperative Extension Service, Kentucky 4-H program and county 4-H program

BENEFITS:

- + The opportunity to work with youth and provide positive support and growth experiences
- + To develop lifelong friendships with youth, parents and other volunteers
- + To develop communication and leadership skills
- + To learn organizational and time management skills
- + Gain respect for community needs and civic responsibilities
- + Appropriate recognition will be provided

SALARY:

Unsalaries; volunteer. This position does not imply employment with the University of Kentucky

MENTOR/SUPERVISING PROFESSIONAL

Name:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Signature of Volunteer

Date

Signature of Extension Professional

Date



Kentucky Cooperative Extension Service Volunteer Reference Form

Applicant's Name _____

Reference Name _____ Phone () _____

Address _____
Street City State Zip

Position applying for _____

(Provide a written volunteer position description if done by letter. Provide a brief synopsis of the volunteer position description if done by telephone.)

Interviewer's Signature _____

Date of Telephone Interview _____

(If done by letter, use date of completion.)

1. How long have you known the applicant? _____

2. What are the applicant's strengths and weaknesses as applied to this position?

Strengths: _____

Weaknesses: _____

3. Would you be willing to place your child or any other child for whom you are responsible under their supervision? No _____ Yes _____ Why or why not?

3. Why do you consider this applicant to be a positive role model for youth?

4. In comparison with persons you have known how would you rate the applicant in the following areas?

	Below <u>Average</u>	<u>Average</u>	<u>Outstanding</u>
Emotional maturity	_____	_____	_____
Leadership	_____	_____	_____
Enthusiasm and energy	_____	_____	_____
Self-confidence	_____	_____	_____
Sense of humor	_____	_____	_____
Handling emergencies	_____	_____	_____
Understanding of children	_____	_____	_____
Communication skills	_____	_____	_____
Dependability	_____	_____	_____
Patience	_____	_____	_____
Ability to work with children	_____	_____	_____

5. If given the opportunity, would you select this person for this position?

No ___ Yes ___

Why or why not?
