Dear Potential Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer. Each year, thousands of volunteers contribute their time, energies, and talents that enable Ohio State University Extension to engage people in educational programs that meet their immediate needs.

According to OSU Policy 1.50 Protection of Minors, all individuals who are interested in volunteering with OSU Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our service recipients, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. Here is the entry process and approximate timeline that all new volunteers will follow:

1. become interested in service as an Extension volunteer;
2. complete an application and return to Extension office; [20 minutes]
3. have three references collected by Extension professionals; [2-3 weeks]
4. complete an interview, orientation training, receive a position description, and agree to and sign the latest Volunteer Standards of Behavior Form [60 minutes];
5. submit to a criminal history fingerprint record check at your own cost [30 minutes];
6. receive confirmation from Extension professionals of a clean fingerprint check [3 weeks]; and
7. maintain volunteer status by participating in an annual volunteer training program, depending on your area of service [60 minutes+], be re-fingerprinted every 4 years, and maintain good standing with the Extension program.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio State University Extension volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely yours,

Tim Tanner
Extension Educator & County Director

Last revised November 2014

Note: a generic position description is located on the following page for your information
Volunteer Position Description

Position Title:
Certified Volunteer

Time Required
Seasonal; typically less than 2 hours per week

General Purpose:
Support and work in partnership with 4-H or AgNR professionals, volunteers and members in conducting meaningful educational experiences to help clientele grow and reach their fullest potential.

Specific Responsibilities:
♦ Lead or assist in implementing programmatic experiences, including:
  o Coordinate sites and logistics. Secure appropriate equipment.
  o Ensure safety throughout every event.
  o Build skills in the program participants.
  o Be responsive to questions and needs of clientele.
♦ Promote the program, including:
  o Encourage potential clientele to participate.
  o Invite others to participate appropriately and consider volunteering.
  o Inform participants of other Extension programming options that may appeal to them.
♦ Actively participate as a volunteer by:
  o Follow OSU Extension and/or 4-H Youth Development guidelines and policies.
  o Attending all of the programs you commit to leading/running.
  o Read Extension mailings and access information from the web to keep members, parents and/or other volunteers informed.
  o Participate in volunteer development opportunities. Maintain current status.

Qualifications & Expectations:
♦ Ability, interest, and willingness to:
  o Work with volunteers and Extension professionals to teach and motivate clientele while nurturing positive self-esteem, decision making, responsibility, and leadership.
  o Effectively organize, delegate, and communicate (verbal and written).
  o Work with minimal supervision from professional staff.
  o Become familiar with and work within the philosophy and guidelines of Ohio State University Extension and local program standards.

Ohio State University Extension Agrees to:
♦ Provide training opportunities related to volunteerism and program-specific guidance
♦ Coordinate advertising, equipment, database maintenance, etc.
♦ Be responsive to well-founded concerns and feedback from certified volunteers.

Mentor/Supervising Professionals:
County Extension Professional(s)
VOLUNTEER APPLICATION FORM

I. GENERAL INFORMATION

Name: ____________________________________________________________________________________
            (First)   (Middle)   (Last)

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

Phone: Day: (         ) ________________________  Best Time to Call:  _______
          Eve: (         ) ________________________  Best Time to Call:  _______

Length of time at this address (years):  ______________          _______________________

Date of Birth (MM/DD/YY)

Email: ________________________________________________________________________________

II. VOLUNTEER INTEREST

Why are you interested in volunteering for O.S.U. Extension?

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Previous Work Experience: (List current or most recent experience first)

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<th>Employer</th>
<th>Position Title</th>
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Which OSU Extension program area do you want to volunteer with:

_____ Agricultural & Natural Resources  _____ Community Development
_____ 4-H Club/Project                     _____ Master Gardener
_____ 4-H Camp Counseling                  _____ Family & Consumer Sciences

What time commitment do you initially desire?

________________________________________________________________________________________________
Previous Volunteer Experience: (List current or most recent experience first)

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<th>Organization</th>
<th>Volunteer Role</th>
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III. PERSONAL REFERENCES

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

If yes, please give date, nature, and disposition of offense. ____________________________________________________________

__________________________________________________________________________________________________

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.

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  (W) Phone

Address:_______________________________________________________________________
(Street)   (City)   (State)   (Zip)

Name: __________________________  Relationship  Home Phone  (W) Phone

Address:_______________________________________________________________________
(Street)   (City)   (State)   (Zip)

Name: __________________________  Relationship  Home Phone  (W) Phone

Address:_______________________________________________________________________
(Street)   (City)   (State)   (Zip)

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check 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 Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: __________________________________________ Date: _____________________

Please return this completed form to the Extension Office at your earliest convenience. Please remember that the entire process for becoming a certified volunteer often takes 6 weeks from the moment we receive this application. Thank you!