

Martin-Gatton  
College of Agriculture,  
Food and Environment  
Cooperative Extension Service  
**MEADE**

**4-H YOUTH  
DEVELOPMENT**



**UK** Martin-Gatton  
College of Agriculture,  
Food and Environment

Cooperative Extension Service

Meade County  
1041 Old Ekron Rd  
Brandenburg, KY 40108 (270)  
422-4958  
Fax: (270) 422-3772  
E-mail: meade.ca@uky.edu



After completing this Volunteer Application Packet, please return to:

**Deana K. Reed**

Meade County Extension Agent for 4-H Youth Development Education  
270-422-4958

***Drop off in person or send by Mail:***

Meade County Extension Office  
1041 Old Ekron Rd  
Brandenburg, KY 40108

***Via Email:***

[deanakreed@uky.edu](mailto:deanakreed@uky.edu)

(Please return original forms to our office if you submit via email)

NOTE: Any fees associated with background checks will be paid by the  
Extension Office.

Thank you for your interest in serving as a Meade County 4-H Volunteer!

Someone will be in touch with you after your background check has  
returned to take the next step in the volunteer application process.

**Cooperative  
Extension Service**

Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

**MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT**

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



Disabilities  
accommodated  
with prior notification.

# 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)
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(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length of Stay)
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**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 ☐ Other: \_\_\_\_\_

**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: \_\_\_\_\_

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

Extension staff with whom you worked. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

## II. EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Mobile \_\_\_\_\_

Other \_\_\_\_\_ Work \_\_\_\_\_

## III. 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, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signature of volunteer \_\_\_\_\_

Date \_\_\_\_\_

**Cooperative  
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Agriculture and Natural Resources  
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Community and Economic Development

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Disabilities  
accommodated  
with prior notification.

UK Motor Vehicle Record Information Form

## Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to [Eausby@uky.edu](mailto:Eausby@uky.edu) in UK Risk Management

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

Services provided by:  
Underwriter's Safety & Claims  
Phone: (502) 244-1343

Please attach scan of Drivers'  
License.

copy needs to be in color

### Department Information:

UK Department: Meade County Extension Service Department Number: #082

Supervisor/Contact: Deana K. Reed, 4-H YD Agent Supervisor/Contact Phone: 270-422-4958  
deanakreed@uky.edu

Driver Information: Check One ☐ Employee ☐ 4-H Volunteer ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Exactly as it appears on Drivers' license

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

Drivers 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 and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic 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 University of Kentucky driving privileges.

Driver's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to Eunice Ausby at [Eausby@uky.edu](mailto:Eausby@uky.edu)

**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 Verified Volunteers. (855) 326-1860 [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) 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. 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 Verified Volunteers and a summary of your rights under the FCRA.

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

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Driver's License State:** \_\_\_\_\_

**Current Address: 1:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Seven Year Address History:**

**Address 2:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 3:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 4:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Address 5:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Maiden/Alias Names Used:** \_\_\_\_\_

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) \_\_\_\_\_ (date)



## Child Abuse and Neglect Registry Check Authorization

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In addition to the other background check requirements of the University, volunteering with the University of Kentucky Cooperative Extension Service requires receipt of a letter from the Cabinet for Health and Family Services stating you have no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records. The Child Abuse and Neglect Registry (CAN) check may be updated periodically. Should this process reveal an adverse event, as determined by the University of Kentucky in its sole discretion, or should you falsify your application by neglecting to disclose requested information or by providing incorrect information, your volunteer role may be suspended or terminated.

Please complete the following:

**Name:** \_\_\_\_\_  
(First) (Middle) (Maiden/Nickname/Other) (Last)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security/Individual Taxpayer Identification #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

**Present Address:** \_\_\_\_\_  
Street City State Zip Code

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code

**Previous Address:** \_\_\_\_\_  
Street City State Zip Code



**PLEASE READ CAREFULLY:** I hereby authorize the University of Kentucky to complete a child abuse and neglect registry check ("CAN Check") on me. I further understand and acknowledge that volunteering with the University of Kentucky Cooperative Extension Service is contingent upon the successful completion of the CAN Check, as determined by the University in its sole discretion. I understand and agree that the CAN Check may be updated periodically, and that successful completion of the CAN Check is required. I understand and agree that my full participation in and cooperation with the CAN Check both before and during volunteering with the University of Kentucky Cooperative Extension Service is voluntary, and that should I choose not to participate and/or cooperate with the CAN Check, my volunteer role will be terminated. I further understand and agree that all University of Kentucky Cooperative Extension Service volunteers serve at the will of the University of Kentucky and volunteer roles may be suspended or terminated by the University in its sole discretion with or without advance notice.

I hereby authorize the University of Kentucky to obtain these CAN Check reports from the Kentucky Cabinet for Health and Family Services or any consumer/credit reporting agency for purposes of determining my eligibility to volunteer with the University of Kentucky Cooperative Extension Service.

I hereby assume any and all risks associated with this CAN Check and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to the CAN Check.

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**Signature**

**Date**



## 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 KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

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.

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 Signature of Volunteer

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 Date

---

 Signature of Supervisor or Agent

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 Date




# Criminal Record (Background) Check Results (attach here)

## Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service ("COMPANY") may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860. [www.sterlingvolunteers.com](http://www.sterlingvolunteers.com), a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, [www.sterlingvolunteers.com/](http://www.sterlingvolunteers.com/) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Applicant's Name (Printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Volunteer Position Description** (attach tailored VPD here)

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 (name) program. Unless you notify me differently, your appointment to this volunteer position is renewed for the 20\_\_ - 20\_\_ program year."*

**You will be given a position description specific to your volunteer role(s) at the time you begin serving as a volunteer.**

**This page is strictly for your information only.**

## STATEMENT OF COMPLIANCE IN NONDISCRIMINATING CONDUCT OF 4-H/YOUTH DEVELOPMENT PROGRAMS

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

Signed:

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Volunteer Leader

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Address

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Date

Agents should use the state 4-H enrollment forms as their compliance statement of non-discriminatory conduct.

The form needs to be signed on an annual basis and filed in the civil rights and affirmative action file.

