



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

(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.



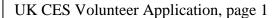
MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

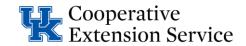


Lexington, KY 40506









Volunteer Application Kentucky Cooperative Extension Service

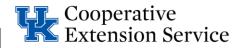
Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications,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

I. GENERAL INFORMATION

Name					
(FIRST)	(MIDDLE	Ξ)	(LAST)		
e-mail					
Phone: Primary		Mobile			
Other					
Mailing Address					
Mailing Address (STREET, BOX, ROUTE, AP	T #) (CITY)		(STATE	<u>:</u>)	(ZIP)
Residential Address (If different fro	om above):				
How long have you lived at prese	nt address?	(Street, Box, Route,	Apt#) (City)	(State)	(Zip)
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
		· ·	·		
		,	, ,		
(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
Ethnicity: (check one): □ Hispa	nic or Latino	□ Not Hispa	nic or Latino)	
Racial Groups <i>(check all that app</i> ☐ American Indian or Alaskan Na ☐ Native Hawaiian or Other Pacif	ıtive	☐ Black or Af☐ Asian	rican Amerio	can	
Gender:	☐ Female	□ Male	□ Other:		
Occupation:		Employe	r:		
If you were a 4-Her, indicate Cour	nty:		State:		
If you have volunteered with youth	n (including 4	-H), how long	did you do s	o?	
If yes, list City:	Cc	ounty:		_ State):
Have you been convicted of two c □ Yes□ No If yes, please explai	or more movir				



UK CES Volunteer Application, page 2

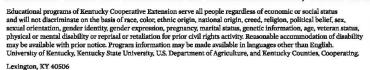


Extension staff with whom you	vorked. Name:		Phone:
Previous Volunteer Experience	LIST CURRENT OR MOST RECEN	IT EXPERIENCE FIRST)
ORGANIZATION	VOLUNTEER ROLE		YEAR(S)
ORGANIZATION	VOLUNTEER ROLE		YEAR(S)
		MATION	
II. EMERGENCY CO	NIACI INFORI	MATION	
Name(FIRST)			
(FIRST)	(MIDDLE)	(LAST)	
e-mail			
Phone: Primary	Mob	le	
Other	Worl	(
,			
volunteer. If you have previous expensions by should be from that youth organizations.	on. Please include com	plete address ar	nd phone number.
1) NAME:	cell phone	v	work phone
Address			
Address(Street)	(City)	(State)	(Zip)
How do you know this person?_		e	mail
2) NAME	cell phone	W	ork phone
			•
Address(Street)	(City)	(State)	(Zip)
How do you know this person?_		e	mail
I authorize the contact of the references lis	ted above.		
I understand an annual Criminal Record C		nderstand that the	misrepresentation or omission
of information requested is just cause for r			
If accepted as a volunteer, I agree to abide the volunteer responsibilities to the best of programs is to develop youth individually a are part of the College of Agriculture, in when Kentucky counties share. As a volunteer, national origin, creed, religion, political bel marital status, genetic information, age, very	my abilities. I understand the stand as responsible, production in USDA, the University of I am committing to involve in ef, sex, sexual orientation, g	nat the purpose of a re citizens. I recog Kentucky, Kentuck dividuals regardles render identity, gen	4-H Youth Development nize that Extension programs by State University and all ss of race, color, ethnic origin,
Signature of volunteer			Data

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

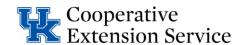
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development











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 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:

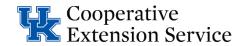
UK Department: Meade County Extension Service	Department Number: #082
Supervisor/Contact: Deana K. Reed, 4-H YD Agent deanakreed@uky.edu	Supervisor/Contact Phone: 270-422-4958
Driver Information: Check OneEmployee4-H \	/olunteerOther:
Name: Exactly as it appears on Drivers' license	Phone:
Address:	City: 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 inversion concerning matters of motor vehicle information. I understand that you is State, and other agencies which maintain records concerning past activities	may be requesting information from various Federal,
I authorize, without reservation, any party or agency contacted to furnish harmless, the University of Kentucky, its Board of Trustees, officers, emp and/or responsibility for doing so. I hereby give consent to the University Underwriter's Safety & Claims and/or any of their agents. This authorization electronic form. I recognize that these inquiries may be made randomly by me.	loyees, agents, and representatives from any liability ersity of Kentucky to obtain such information from on and consent shall be valid in an original, fax, copy
Failure to provide all information requested may result in a delay of Univer	sity of Kentucky driving privileges.
Driver's Signature: X	Date:

Email completed forms to Eunice Ausby at Eausby@uky.edu

Revision 3/16/2021



Criminal Record Check Request



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 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: _______To ____ Address 3: From To Address 4:_______To_____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.



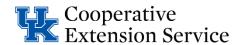
MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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, martial 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.



(signature) (date)

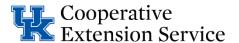




Child Abuse and Neglect Registry Check Authorization

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 th	e following:			
Name:(First)	(Middle)	(Maider	n/Nickname/Other)	(Last)
Sex:	Race:	Date of Birth: _		
Social Security/In	dividual Taxpayer	Identification #:		_
Date:				
Please list your add	dresses for the last	five years. Use an	other sheet of pape	er, if necessary
Present Address:				
	Street	City	State	Zip Code
Previous Address):			
	Street	City	State	Zip Code
Previous Address	s:			
	Street	City	State	Zip Code
Previous Address):			
	Street	City	State	Zip Code
Previous Address	:			
	Street	Citv	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.

Signature	Date

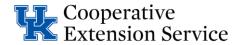








Kentucky CES Volunteer Expectations



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.

Signature of Volunteer	Date	
Signature of Supervisor or Agent	Date	

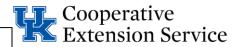
Cooperative **Extension Service**

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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, 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	I Check (Background Report)	

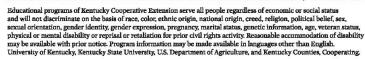
I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, www.sterlingvolunteers.com/ 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:

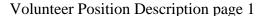
Cooperative Extension Service MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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











Volunteer Position Description (attach tailored VPD here)

All volunteers are required to sign a volunteer position description <u>for each role</u> 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:

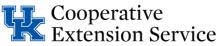
"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance 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:
Y-1 I I
Volunteer Leader
Address
Date

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

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

Cooperative **Extension Service** MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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

