

Club: _____
 Leader Type: circle one
 Organizational Project Activity

 Sarasota County
 6700 Clark Road
 Sarasota, Florida 34241
 (941) 861-9812
 Fax: (941) 861-9855
 Website: <http://sarasota.extension.ufl.edu>

Application for an Adult to Volunteer With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension youth program participants (youth, parents, families, paid staff and volunteers).

General Information email: _____ Date _____

Name _____ County _____

Male _____ Female _____ Former or Other Names _____

Mailing Address _____
Box / Street / Apartment

How long have you lived at this address? _____ years _____ months
Town State Zip

(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)

Day Phone _____ Evening Phone _____

List **work** experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

Employer	Your Position/Title	Town / State	Years
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- 1.
- 2.
- 3.
- 4.
- 5.

List **volunteer** experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

Organization/Group	Your Role/Title	Town / State	Years
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- 1.
- 2.
- 3.
- 4.
- 5.

Volunteer Interest

Why are you interested in being a volunteer with University of Florida Extension programs?

Personal References

List three (3) references, who have knowledge of your qualifications, but are not related to you.

Print Name _____ Phone _____

Mailing Address _____

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

Print Name _____ Phone _____

Mailing Address _____

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

Print Name _____ Phone _____

Mailing Address _____

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

Have you been accused or convicted of a criminal offense in the past seven (7) years?

Yes No If yes, explain: _____

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?

Yes No If yes, explain: _____

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service to contact references and request information for conducting a background check. I authorized a check of my driver's license record. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature _____ Date _____

Date of Birth ____/____/____ Social Security # _____

Driver's License Number _____ State _____

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information.

THANK YOU for your application.

Return to: Keith Wilson
4-H Office
6700 Clark Road
Sarasota, FL 34241

The Florida Cooperative Extension Service is committed to the policy that all persons shall have equal access to its programs, activities, and employment without regard to race, color, religion, sex, age, national origin, or disability.

**Adult Agreement
University of Florida - Extension
Youth Development Programs**

The purpose of Adult Agreement is to promote the safety and well being of all program participants in Extension youth programs. All adult and teen volunteers who work directly with youth in University of Florida IFAS Extension programs are expected to function within the following guidelines. In my role, I _____ will:

- 1 Be courteous, and respect the individual rights of all participants.
- 2 Be a positive role model at all times, and exhibit good sportsmanship.
- 3 Represent the educational mission of the University of Florida Extension Service. Accept support and supervision from Extension program representatives.
- 4 Comply with equal opportunity and anti-discrimination laws.
- 5 Treat animals in a humane and ethical manner, and guide youth to do the same.
- 6 Operate machinery and equipment in a safe and responsible manner.
- 7 Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
- 8 Obey local, state and federal laws. Follow policies set for county, district, state and national youth programs.
- 9 Act wisely and responsibly to report threats toward the safety and wellbeing of participants.
- 10 Establish and maintain safe environments for youth and adult participants.
- 11 Only use the 4-H name/emblem and 4-H group funds when a 4-H group is chartered and as defined through the Florida 4-H Handbook.
- 12 Not leave youth under my supervision, without notifying an adult in charge of the event or delegation.
- 13 Not use or be under the influence of, alcohol or illegal drugs, while present at youth programs or while having responsibilities at Extension programs.
- 14 Not commit any criminal act involving youth or activities with Extension youth programs.
- 15 Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it as outlined by the UF IFAS Extension Youth Protection Policy.

I have read and understand the Adult Agreement outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations is grounds for the suspension or termination of my role with University of Florida IFAS Extension youth programs or my removal from the Extension youth program. I understand that being a volunteer working with youth participants, is a privilege, not a right. (Appointments are renewed on an annual basis.)

Signature of Adult or Teen Volunteer, or Adult Participant

Date

Signature of authorized University of Florida IFAS Extension Representative **Date**

Effective January 1, 2005 a signed copy of the Adult Agreement will be kept on file (with the adult's immediate supervisor) for each adult working with Extension youth programs.



4-H is a community of young people...across America...who are learning leadership, citizenship and life skills.

IFAS is an Equal Employment Opportunity - Affirmative Action Employer authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex, sexual orientation, age, religion, handicap, or national origin.
The 4-H name and emblem are protected under 18 U.S.C. 707.

Confidentiality Statement

I, _____, hereby acknowledge that in my work for the University of Florida, I will have access to confidential information contained in the records of volunteers serving this organization.

I agree that I will not disclose any such confidential information maintained by the University of Florida IFAS Extension to any unauthorized person. This confidential information includes, but is not limited to: a volunteer application, background checks, reference forms, interview records, and any other information regarding the placement of volunteers for the University of Florida IFAS Extension programs.

Signature _____ Date _____
Paid Faculty/Staff or Volunteer

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the person named above.

Signature _____ Date _____
University of Florida IFAS Extension Representative