Becoming A 4-H Volunteer in Bay County

Bay County 4-H Makes the Best Better

Just four steps to becoming a 4-H volunteer!

1. Decide that you have the time and interest to help kids explore and chart positive futures.

2. Consider volunteering to lead a 4-H group in your community, your local school (before or after school), your church or any other location where there are kids who need positive, committed adult role models in their lives.


4. Share your skills, knowledge and talents while having fun with kids, and you’re sure to make a difference in their lives.

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
MSU Extension Volunteer Application Form

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities must complete this application.

Name: ____________________________________________________________
(Last) (First) (Middle)

Address: __________________________________________________________
(Street) (City) (Zip)

Telephone: (______) (______) (______) (______) (______)
(Home) (Work)

Do you have a valid driver's license? _____Yes _____ No

Do you have a valid automobile insurance policy? _____Yes _____ No

Why do you want to be an MSU Extension volunteer? ________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Describe briefly your volunteer experience, work you have done with youth, vulnerable adults and community groups, and training you've received.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

List your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I prefer: _____ working with youth: _____ aged 5 to 8 _____ aged 9 to 12 _____ aged 13 to 19

 _____ working with adults with disabilities _____ youth with disabilities

How much time are you willing to spend as an MSU Extension volunteer?

Weekly ______ hours Monthly ______ hours
List three references. Include business associates, employers or social friends. (Do not list relatives.) Be sure you include persons who can provide information about your qualifications and suitability for working as a volunteer with MSU Extension programs.

1. ____________________________________________________________
   Name
   Address
   Telephone: (_____) __________________________ (_____) __________________________
   (Home) (Work)

2. ____________________________________________________________
   Name
   Address
   Telephone: (_____) __________________________ (_____) __________________________
   (Home) (Work)

3. ____________________________________________________________
   Name
   Address
   Telephone: (_____) __________________________ (_____) __________________________
   (Home) (Work)

Have you ever been turned down as a volunteer with another organization?
   _____ No   _____ Yes – If yes, please explain: ______________________________________

Have you applied to become a volunteer (or have you volunteered) in another county or state in 4-H, another youth organization or any other organizations? _____ No   _____ Yes
If yes, please explain: ______________________________________________________________

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, disability, political beliefs, sexual orientation, marital status or family status, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Michigan State University Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

_________________________________________________________ Date __________________________
Signature

Return this form to:

Thank you for your willingness to share your talents!

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FORM 3:

MSU Extension Criminal History Check Permission Form

To protect your privacy, this form will be seen only by Michigan State University Extension staff. Please return the completed form in the attached confidential envelope.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Race _____ White _____ Black _____ Asian or Pacific Islander _____ American Indian or Alaskan Native _____ Unknown/Other

Sex ____ Male ____ Female  Date of Birth ___________________________

Michigan Driver License Number ________________________________

Other Last Name   Other First Name   Other Middle Initial

Other Last Name   Other First Name   Other Middle Initial

Other Last Name   Other First Name   Other Middle Initial

Have you ever been convicted of a felony or a misdemeanor? ____ No _____ Yes

If yes, please explain: ________________________________

__________________________________________________________

I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature ___________________________  Date_____________________

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.

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MSU Extension Staff and Volunteer Agreement and Code of Conduct Form

_______________________ County

Name ________________________________________________________________

Address ______________________________________________________________

Street  City  Zip

Telephone (          ) __________ _____________

Daytime

Evening

MSU Extension staff agree to:

● Provide the volunteer with appropriate policies and procedures.
● Provide orientation about volunteers roles and the organization.
● Set educational tone and direction in conjunction with the appropriate MSU Extension committees.
● Offer volunteer training.
● Provide job descriptions.
● Provide assistance, program support and encouragement.
● Give recognition for time and energy devoted to MSU Extension.
● Implement ongoing affirmative-action policies and assist volunteers in doing the same.

Volunteer agrees to:

● Meet leadership requirements and enroll as a volunteer.
● Follow the policies, philosophy and procedures defined by staff and the appropriate Michigan State University Extension committees.
● Fulfill outlined job requirements without expectation of monetary compensation.
● Be supportive of the MSU Extension program and its activities at all levels.
● Abide by the MSU Extension Volunteer Code of Conduct.
● Affirm that the MSU Extension program actively seeks members from every race, ethnic, religious and socioeconomic group.
● Supply MSU Extension office with all information about changes in the group or club, including membership, as they occur.

I have reviewed the agreement and am willing to serve in this capacity until either party cancels this agreement. If I am unable to continue as an MSU Extension volunteer, I will notify Extension staff at least one month in advance.

I have read the ___________________________ County Code of Conduct on the back of this form and agree to comply with it.

Signatures

MSU Extension Volunteer __________________________________________ Date

MSU Extension Staff Person ________________________________________ Date

Distribute the original to the MSU Extension office and provide a copy to the volunteer.
Code of Conduct

The Michigan State University Extension program prides itself on providing quality educational programs. The primary purpose of this Code of Conduct is to ensure the safety and well-being of all participants.

As an MSU Extension volunteers, I promise that I will:

- Accept responsibility to represent ____________________________ County and MSU Extension programs with dignity and pride by being a positive role model.

- Respect, adhere to, and enforce the rules, policies and guidelines established by ____________________________ County and MSU Extension programs, and be courteous and respectful in dealings with other program participants.

- Abstain from, and not, tolerate physical or verbal abuse.

- Comply with equal opportunity and anti-discrimination laws.

- Avoid criminal activities.

- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension activity or event.

- Under no circumstances, attend or participate in an MSU Extension activity or event under the influence of alcohol and/or controlled substances.

- Operate machinery, vehicles and other equipment in a responsible manner.

- Report a violation of the Code of Conduct of which I am aware.

It is important that all Michigan State University Extension volunteers comply with the Code of Conduct. Failure to comply with any component of the code or participation in other inappropriate conduct as determined by MSU Extension representatives may lead to dismissal as a volunteer from the MSU Extension program.

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# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

**INSTRUCTIONS:**
- All fields must be completed for processing.
- All Children’s Protective Services (CPS) workers, law-enforcement employees, court officials, and employers or volunteer agencies MUST provide either a copy of an agency badge OR a fax cover-sheet which includes agency letterhead.
- For ALL employers, volunteer agencies, or individual central registry requests: an enlarged and clear copy of the employee’s/volunteer picture identification MUST be attached.
- In-state requests: 
  - Out-of-state requests:
    - Michigan Department of Human Services
    - Children’s Protective Services Program Office
    - P.O. Box 30037
    - 235 S. Grand Avenue, Suite 510
    - Lansing, MI 48909
    - Phone: 517-335-3704
    - Fax: 517-241-7047

## SECTION 1

**NAMES CLEARED**

<table>
<thead>
<tr>
<th>NAME LAST, FIRST, MIDDLE</th>
<th>AKA (Also Known As) (Maiden Name)</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>Employee/Volunteer/Individual</th>
<th>SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED</th>
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## SECTION 2

**REQUESTOR INFORMATION**

- [ ] Child Welfare Agency
- [ ] Individual
- [ ] Law-Enforcement/Dept of Corrections
- [ ] Prosecuting Attorney/Court (please provide docket number if available)
- [ ] Employer
- [ ] Volunteer Agency
- [ ] Out-of-State Adoption and Foster Home Screening
- [ ] Other

**Name of Employer/Volunteer Agency/Individual**

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<thead>
<tr>
<th>Name of CPS/Law-Enforcement or Court</th>
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<th>Name</th>
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<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Phone</th>
<th>Fax</th>
<th>E-mail</th>
<th>Date</th>
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Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

Individual request – will ONLY be sent to the address on the picture identification provided.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

DHS-1929 (Rev. 11-12) Previous edition obsolete. MS Word