Welcome!

We’re pleased that you’re interested in learning more about the Michigan State University Extension program and that you want to consider becoming a 4-H volunteer.

Competent, caring adults who are concerned about young people are an important and integral part of positive youth development. Volunteers become positive role models for youth who participate in Extension-sponsored programs.

Your willingness to step forward and provide leadership to Michigan’s youth during these rapidly changing times will bring you great dividends and rewards. Working with kids can bring you immense satisfaction as you watch them develop. You too, can gain new skills and meet new people as you participate in county, state and regional volunteer training workshops.

The purpose of our volunteer selection process is to help you get to know Extension better and for us to get to know you better. Knowledge about your interests, skills and background will help make a better match between your volunteer interests and the needs of youth.

Components of this volunteer process include:

- Filling out a volunteer application form. If you intend to go into a specific club or project area please list that and provide us with a current e-mail address.

- Completing the volunteer selection process:
  - Complete DHS Central Registry Check, background check, sex offender registry check;
  - Complete on-line orientation;
  - Three non-related references checked
  - Interview with 4-H staff and/or volunteers.
  - County 4-H orientation.
  - If you are accepted as an Extension volunteer, the last step will be signing a volunteer agreement.

After you successfully complete this process, you will have opportunities to participate in various workshops. Michigan State University Extension stands ready to support and assist you in your 4-H volunteer role.

We look forward to working with you.

Sincerely,

Kathy Pennington
4-H Program Coordinator
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/Cell)                                                        (Work)

E-mail address _____________________________

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

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

Do you have a specific club or project in mind to work with (please list)?

____________________________________________________________________

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 - 8 _____ aged 9 - 12 _____ aged 13 - 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

Please send this application, the completed reference page (no relatives) and completed background permission form to Kathy Pennington 206 W Court St Hastings MI 49058 or email to pennin25@anr.msu.edu
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/Cell) (Work)  

2. ____________________________________________  
   Name  
   Address  
   Telephone: ( ) ( )  
   (Home/Cell) (Work)  

3. ____________________________________________  
   Name  
   Address  
   Telephone: ( ) ( )  
   (Home/Cell) (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.

Signature ________________________ Date ___________________  

Return this form to: Kathy Pennington MSU Extension  
206 W Court St Hastings MI 49058  
Pennin25@msu.edu

**Thank you for your willingness to share your talents!**

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 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 to Kathy Pennington 206 W Court St Hastings MI 49058 pennin25@anr.msu.edu

___________________________________________________________

Last Name                      First Name                      Middle Initial

Race ___ White ___ Black ___ Asian or Pacific Islander ___ American Indian or Alaskan Native ___ Unknown/Other

Sex ___ Male ___ Female       Date of Birth ____________________________

    Month    Date    Year

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.

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.
4-H Volunteer Selection Process all about Keeping Kids Safe!

- You must complete the On-line Volunteer Orientation which can be found at [http://4h.wsu.edu/volunteertraining/](http://4h.wsu.edu/volunteertraining/) the password is volunteer be sure to put Barry in for your county. There are 4 modules, at the end of each be sure to hit the submit button and print off the certificate. Kathy Pennington will receive an e-mail after you complete each module.

- A Central Registry Check through DHS on each volunteer applicant. You will need to fill out the [DHS 1929 form](http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7193-159490--00.html) for volunteer agencies (see website below) and take it to DHS 430 Barfield in Hastings. They will also make a copy of a photo ID. Please request that the results be sent back to our office at MSU Extension 206 W Court St Hastings 49058 attention Kathy Pennington. Form 1929 can be found at [http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7193-159490--00.html](http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7193-159490--00.html) or the next page of this document.

- The above two steps must be completed before an interview will take place.
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:
  - Contact the local DHS office.

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 SIGNATURE REQUIRED FOR EACH PERSON BEING CLEARED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2
REQUESTOR INFORMATION

Please Check Appropriate Box

- [ ] 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

MSU Extension Barry County 4-H
206 W Court St
Hastings, MI 49058
269 945-1388 pennin25@anr.msu.edu

Name of CPS/Law-Enforcement or Court

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Instructions:

Please indicate below requestor's name and address where clearance response is to be returned. Please type to ensure delivery by the U.S. Postal Service.

Return Address

Kathy Pennington,  
4-H Program Coordinator  
206 W Court St  
Hastings  MI 49058