EATON COUNTY 4-H
YOUTH DEVELOPMENT
PROGRAM

Volunteer Selection Process

Last Updated 4/3/17
Welcome!

We're pleased that you're interested in learning more about the Michigan State University Extension youth development program and that you are considering becoming an Extension 4-H volunteer leader. Youth who participate in Extension develop self-confidence, learn decision-making skills, meet and learn to relate to new friends, gain an understanding about thinking globally and acting locally, and much more!

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

Your willingness to step forward and provide leadership to Michigan's youth during these rapidly changing times will bring great dividends and rewards to you. Working with kids can bring you immense satisfaction as you watch them grow and 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 system is to help you get to know Extension better and for Extension 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 system include filling out a volunteer application form, completing the volunteer selection process, visiting with an Extension representative and signing a volunteer agreement if you decide to say "YES" to become an Extension volunteer.

After you successfully complete this process, you'll be oriented to your role as an Extension volunteer and have opportunities to participate in various workshops. We in the Michigan Extension youth development program stand ready to support and assist you in your Extension volunteer role.

We look forward to working with you.

Sincerely,

Kristy Oosterhouse
4-H Program Coordinator
Eaton County 4-H Volunteer Selection Process
How it Happens

Thank you for your interest in becoming a volunteer leader. As you dive into the paperwork, many ask how this process proceeds after you turn in your application packet.

First Stage: Please carefully review all of the materials in the packet. Complete the following forms and return them to the Eaton County MSU Extension Office:
- Volunteer Application Form
- Criminal History Check Permission Form
- Code of Conduct
- Reference Form (3): The references you list may either download the reference forms from the web site (http://msue.anr.msu.edu/county/eaton/eaton_county_4_h/eaton_county_4_h_enrollment) or the forms are available at the Extension office to be picked up.
- Forms will not be mailed out.

Second Stage: At this point you may start working on the 4-H Volunteer e-Learning Course that all prospective volunteers must complete prior to being an approved 4-H Volunteer. All four modules will need to be completed and see the next page for instructions on how to complete these modules. If you do not have internet access you may set-up a time to come into the Eaton County Extension office to work on these.

Third Stage: The MSU Extension staff may complete one reference check by phone and conduct the criminal history check, will check the sexual offenders list and will start your file as a potential volunteer.

Fourth Stage: As soon as your references are received in the Extension office an interview will be scheduled at the MSU Extension office in Charlotte. Your references can delay the process. This can be expedited by asking your references to return the form as soon as possible.

Fifth Stage: After the interview is completed, your file will be reviewed and a letter will be sent within one week to inform you of the outcome of your application process.

Probation Stage: If you successfully complete the application process and the interview, you will enter the probationary leader stage. You will be required to participate in one volunteer orientation to complete this stage. Several orientation sessions will be offered throughout the year and are often offered the same day as the interview.

Leader Stage: Congratulations and welcome! Please remember to have fun and enjoy learning alongside the youth of Eaton County. This stage could last the rest of your life.

Please note that you must satisfactorily complete the Volunteer Selection Process (VSP) before you can be a 4-H leader and have exclusive contact with youth or use the trademarked clover.
Accessing the 4-H Volunteer e-Learning Course

The 4-H Volunteer e-Learning Course provides potential volunteers and anyone interested in learning more about 4-H with detailed information about youth development and getting started in 4-H. It is a required training for all new Michigan 4-H volunteers as part of the Volunteer Selection Process and can also be used by experienced volunteers to satisfy leader update requirements or refresh their skills.

1. To access the training, visit the 4-H Volunteer e-Learning Course portal at http://4hvolunteerelearning.wsu.edu/volunteertraining/course.html. It can also be accessed by visiting the “Become a 4-H Volunteer” resource page on the Michigan 4-H Youth Development website at http://msue.anr.msu.edu/resources/4_h_volunteer_e_learning_course_instructions.

2. Once on the official 4-H Volunteer e-Learning page, individuals should enter their first and last name and select Michigan from the drop-down menu. The correct password is Volunteer. After typing the password, click the button that says “Login.”

3. There are four modules that need to be completed as a part of the 4-H Volunteer e-Learning Course: About 4-H, Youth Development, Leadership and Teaching, and Getting Started in 4-H. The center of the 4-H clover tells participants more about the course. Each module can be completed individually by accessing the menu on the left or by clicking on the appropriate title within the 4-H clover. Each lesson takes approximately twenty minutes to complete. You can advance through the lessons by clicking the yellow button that says “next” or go back by clicking “back” if needed.

4. Each module has a short quiz that you will need to complete in order to demonstrate proficiency in that section. Once you pass the quiz, you will be taken to a certificate where you can enter your name, county, and share any additional comments you would like. Individuals can print their certificates for each module if they would like them for their portfolios. Once finished, clicking “submit” will alert Michigan 4-H Youth Development staff that you have completed a section of the 4-H Volunteer e-Learning Course.

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Most people who choose to work with children are caring, responsible people who have the needs and best interests of children in mind at all times. They are members of caring communities who are significant in helping young people on their journey to competent and contributing adulthood.

Michigan State University Extension (MSUE) continues to respond to the needs of children by providing experiences led by adult volunteers. MSUE must make sure that the process of selecting individuals to serve as volunteers adequately identifies, selects, trains and supports those interested in volunteer leadership. It is clearly our responsibility as Extension workers and volunteers to do all we can to ensure that children who come to our programs are treated with respect and dignity, and are provided with safe, caring environments in which to learn and have fun.

Whether we are staff members or volunteers, teens or adults, all of us who work closely with young people have the potential to have profound impacts on the well-being of children. In addition to providing safe and appropriate environments, we must also be positive role models - focusing on how we communicate with children, our methods of problem-solving and discipline, and how sensitive we are to the individual needs of all children.

The responsibility for the well-being of children lies with each and every one of us.

**SELECTION PROCESS FOR MSUE VOLUNTEERS**

This selection process is for volunteers who desire to work directly with youth and for volunteers who work with adults who have severe mental, physical or emotional disabilities.

**Purpose of Selection Process**

- To help ensure the appropriate selection and placement of volunteers for MSUE youth activities.
- To provide documentation of volunteer selection and placement.

**Rationale**

- MSUE strives to provide a safe, nurturing environment for youths participating in its programs.
- MSUE has behavioral expectations for adults who work with the youth in its programs. These expectations are written and available to parents and guardians, to those who wish to be volunteers, and to those charged with helping staff make decisions regarding volunteer selection and placement.
- With the concerns surrounding the safety of young people, most major youth-serving agencies have instituted selection processes for staff and volunteers. Child abuse awareness and understanding of the problem have increased.
- A selection process is a method of strengthening recruitment and placement of volunteers and staff for MSUE programs.

**When to Use This Process**

New staff and volunteers aged 19 and over who have ongoing, unsupervised access to children aged 19 and under and/or to adults who have severe mental, physical or emotional disabilities during the course of their participation in MSUE programs are subject to a Criminal History Check. “Ongoing” is defined as more than four meetings or gathering times and/or in-depth contact (such as overnight events, out-of-state trips, exchange trips). “Unsupervised” means that the person is alone with children for significant periods of time (15 minutes or more). This includes volunteers who work with any MSUE programs involving youth, including 4-H organizational leaders, 4-H project leaders, Master Gardeners, summer camp activity leaders, Sea Grant volunteers, trip chaperons, resource persons, adult host family members, Proud Equestrians Program (PEP) therapeutic riding volunteers, etc. Supervision of volunteers who have not completed the Volunteer Selection Process can be provided by MSUE staff or volunteers who have completed the MSUE Volunteer Selection Process. If individuals will be in ongoing contact with youth or vulnerable adults, it is required that they be processed through this system.
The MSU Extension Volunteer Selection Process

The potential volunteer is given the Eaton County Volunteer Selection Process packet to complete and return to the MSU Extension office.

After the potential volunteer’s references are received by the office, the 4-H staff reviews the packet which includes the Application form, Code of Conduct form and Member/Volunteer form. In addition at this time one reference check will be done by phone. A criminal history background check is also performed. For purposes of confidentiality, this step is carried out only by staff and all results are kept in a locked file.

If the results are acceptable, the staff will call the potential volunteer in for an interview. The staff will make a decision based on the paperwork completed and the interview process and notify the potential volunteer by letter. If the person is accepted as a leader, they will remain in probationary status until a Volunteer Orientation is completed. Every volunteer has one year from their acceptance date to complete it.

If the results are not acceptable, the potential volunteer will be asked to come in for a meeting with the 4-H staff and the District Coordinator or 4-H supervisor. A volunteer may or may not be accepted into the program based on the meeting and events following the meeting up. The person will be notified by mail of their acceptance or denial.

Michigan State University Extension prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the Eaton County MSU Extension office at (517) 543-2310 or (517) 485-3417 x2310.
Eaton County MSU Extension Volunteer Application Form

Extension volunteers working with youth aged 19 and younger 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)

Email: ________________________________ Cell phone: (_______)________________________

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/or community groups, and training you’ve received as part of that/those volunteering experience(s).
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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: _______ ages 5-8 _______ ages 9-12
________ ages 13-19 _______ Working with adults _______ working with adults with disabilities
________ Working with youth with disabilities
(check all that apply)

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

Have you volunteered in other counties within Michigan or in other states? If so, please identify them for us.
Other Michigan Counties: _______________________________________________________

Others states:_______________________________________________________________
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 ________________ City ________________ Zip ________________
Telephone: (______) ___________________ (______) ___________________ Home ________________ Work ________________
Email: ____________________________________________________________________________________

2.
Name ____________________________________________ Address ________________ City ________________ Zip ________________
Telephone: (______) ___________________ (______) ___________________ Home ________________ Work ________________
Email: ____________________________________________________________________________________

3.
Name ____________________________________________ Address ________________ City ________________ Zip ________________
Telephone: (______) ___________________ (______) ___________________ Home ________________ Work ________________
Email: ____________________________________________________________________________________

Have you ever been turned down as a volunteer with a youth-serving 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 the MSU Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, political beliefs, sexual orientation, marital status, family status, or veteran 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: ________________

Please return this form to:  
Eaton County MSU Extension, 551 Courthouse Dr., Suite 1, Charlotte, MI  48813
(517) 543-2310 485-3417 x 2310

Thank you for your willingness to share your talents with young people!

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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.

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     /     Day     /     Year

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 others state in which 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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Name: __________________________________________________________
Address: _________________________________________________________
Telephone: __(____)________________________(____)__________________
Daytime                                                 Evening/Cell
Email: ___________________________________

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 role 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 role 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 socio-economic 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’m unable to continue as an MSU Extension volunteer, I will notify the Extension Staff at least one month in advance.

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

SIGNATURES:

___________________________________________           _____________________________
MSU Extension Volunteer                                                         Date

___________________________________________           _____________________________
MSU 4-H Extension Staff                                                          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 volunteer, I promise that I will:

- Accept responsibility to represent Eaton 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 Eaton County and the MSU Extension programs, and be courteous and respectful in dealings with other program participants and MSU staff.
- Abstain from and not tolerate verbal or physical 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 to a MSU Extension staff member or the person in charge of the program.

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.
Eaton County 4-H Program
MSU Extension Volunteer Mail Reference Form

is applying as an MSU Extension volunteer to work with youth aged 19 & under and/or with adults who have severe mental, physical or emotional disabilities. He/she has given your name as a reference, with approval for you to release information about him or her.

Adults in volunteer positions help youth have fun while learning new skills, increasing their abilities to work together, managing their own activities and developing into productive adults. MSU Extension seeks your help in providing information about people to serve in volunteer roles and will appreciate your prompt completion of this reference form. Please return the completed reference form to the Eaton County MSU Extension Office, 551 Courthouse Drive, Suite One, Charlotte, MI 48813 or email the completed form to msue.eaton@county.msu.edu.

Use this checklist to evaluate the applicant’s qualities. Use the following marking system:
E = Excellent   G = Good   F = Fair   U = Unknown

___ Understanding children ___ Ability to organize ___ Flexibility ___ Dependability
___ Ability to complete a task ___ Sense of humor ___ Initiative ___ Enthusiasm
___ Sense of fairness ___ Resourcefulness ___ Honesty ___ Respect for others
___ Communication skills ___ Patience ___ Understanding persons with disabilities

Share your impression and knowledge of the applicant’s qualifications for the position by using specific examples where possible.

1. How long have you known him or her?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

2. Please comment about this person’s ability to work with young people or vulnerable adults.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. Please comment about his or her sense of responsibility and follow-through on commitments.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
4. Please comment about this person’s leadership skills, organizational skills, people skills, etc.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. Are there any reasons why you feel this person would be an unsuitable volunteer to be working with youth and/or adults with disabilities?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Would you be comfortable having your child, or individuals you know, under this person’s guidance? Why?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

7. Has this person ever been convicted of a crime of which you are aware?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Any other comments. Please attach an additional sheet if you need more space.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Name (please print) _____________________________________________

Signature ___________________________ Date _________________

Daytime phone (___________) _____________________________

Thank you!

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CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs>Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

SECTION 1
INFORMATION ON PERSON BEING CLEARED

<table>
<thead>
<tr>
<th>Name First, Middle, Last</th>
<th>AKA (Also Known As) (Maiden Name)</th>
<th>Social Security Number</th>
<th>Signature Required for individual being cleared</th>
</tr>
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</table>

Address Phone Number Date Of Birth

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)
- I would like to pick up my results in ___________ county
- Employer
- Volunteer Agency
- Out-of-State Adoption and Foster Home Screening
- MI
- Other

Name of Employer/Volunteer Agency/Individual

Eaton County MSU Extension

Name Kristy Oosterhouse

Title 4-H Program Coordinator

Address 551 Courthouse Dr, Suite One Charlotte, MI 48813

City State Zip Code

Phone 517-543-2310 Fax 517-543-8119 E-mail oosterh6@anr.msu.edu

Date

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.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

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

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.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

DHS-1929 (Rev. 12-13) Previous edition obsolete. MS Word