

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) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

If less than five years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

Ethnicity: (check one): Hispanic or Latino Not Hispanic or Latino

Racial Groups (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander

Gender: Female Male Other: ____ **Occupation:** _____

Employer: _____

If you were a 4-Her, indicate County: _____ State: _____

If you have volunteered with youth (including 4-H), how long did you do so? _____

If yes, list City: _____ County: _____ State: _____

Have you been convicted of two or more moving vehicle violations in the last 12 months?

Yes No If yes, please explain: _____

Extension staff with whom you worked. Name: _____ Phone: _____
Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

II. EMERGENCY CONTACT INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____
Other _____ Work _____

III. PERSONAL REFERENCES

List two people, not related to you, who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless 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.

Signature of volunteer _____

Date _____



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.

Department Information:

UK Department: _____ Department Number: _____

Supervisor/Contact: _____ Supervisor/Contact Phone: _____

Driver Information: Check One Employee Master Gardener Volunteer

Name: _____ Phone: _____
Exactly as it appears on Drivers' license

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 investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.

Driver's Signature: X _____ Date: _____

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

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: _____ From _____ To _____

Address 3: _____ From _____ To _____

Address 4: _____ From _____ 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.

_____ (signature) _____ (date)



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



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 reference.

Applicant's Signature _____ Date _____

Authorization to Obtain a Criminal Record 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: _____



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 the following:

Name: _____
 (First) (Middle) (Maiden/Nickname/Other) (Last)

Sex: _____ **Race:** _____ **Date of Birth:** _____

Social Security/Individual Taxpayer Identification #: _____

Date: _____

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

Present Address: _____
 Street City State Zip Code

Previous Address: _____
 Street City State Zip Code

Previous Address: _____
 Street City State Zip Code

Previous Address: _____
 Street City State Zip Code

Previous Address: _____
 Street City 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



Volunteer Questionnaire *(Required of all applicants)*

This questionnaire may be used in place of an interview for individuals who have an association with Extension or the 4-H Agent. i.e. Familiar Community Members (FCM) or Past Program Participants (PPP)

Please respond to the following questions in detail.

1. What experiences or volunteer activities will help you to be successful in this position?
2. What appeals to you about serving as a volunteer in this role?
3. Please share a situation in which you were responsible for disciplining a child other than your own.
4. How can the Agent best support and supervise you in your volunteer role?
5. Describe a situation in which you worked as a team member.

Notes: (include notes on punctuality, appearance, demeanor, attitude, etc.)



Master Gardener Volunteer

VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H Program
The University of Kentucky Cooperative Extension Service
The University of Kentucky

POSITION TITLE:

Master Gardener

TIME REQUIRED/DURATION OF APPOINTMENT:

40 hours of service, over a one year time frame and 20 hours of volunteer service each additional year and 10 continuing education credits.

LOCATION:

Warren County Extension Office

GENERAL PURPOSE:

+ The mission of the Warren County Master Gardener Program is to educate and engage a group of volunteers who can facilitate programs of the Warren County Cooperative Extension Service and provide research-based information in order to protect and enhance environmental horticulture in the community.

SPECIFIC RESPONSIBILITIES:

- + Provide leadership and volunteerism to further advance horticulture in Warren County.
- + Provide leadership and program support to the Horticulture Extension Council and Warren County Extension Council.

QUALIFICATIONS:

- + Must complete the Volunteer Application process and be approved by the Youth Protection/Risk Management Committee
- + Commitment to the educational and volunteerism components of the Master Gardener Program

BENEFITS:

- + Learn Kentucky-specific, science-based information on all aspects of gardening
- + Receive discounts at conferences and workshops

+ Camaraderie of other gardening and community enhancement enthusiasts field trips and social gatherings, local and out-of-town

SALARY:

Unsalaries; volunteer. This position does not imply employment with the University of Kentucky

MENTOR/SUPERVISING PROFESSIONAL:

Warren County Extension Agent for Horticulture

NAME: Kristin Hildabrand

ADDRESS: 5162 Russellville Road

CITY, STATE, ZIP: Bowling Green, KY 42101

PHONE: 270-842-1681

E-MAIL: kristin.goodin@uky.edu

“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 am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel. 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.”

Signature of Volunteer

Date

Signature of Extension Professional

Date