

Volunteer Application Kentucky Cooperative Extension Service

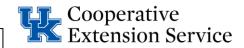
Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, 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	(OLT) (O		(OT A TE	<u>:</u>)	(ZIP)
			`	•	(ZIP)
Residential Address (If different from How long have you lived at present	n above): : address?	(Street, Box, Route, Apt#) _years	(City)	(State)	(Zip)
f less than five years, list your prior	^r addresses	and the length of tir	ne you	lived a	t each.
STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)	(Length	of Stay)
Ethnicity: (check one): Hispani	ic or Latino	☐ Not Hispanic o	r Latino)	
Racial Groups (check all that appl ☐ American Indian or Alaskan Nati ☐ Native Hawaiian or Other Pacific	ve	☐ Black or African☐ Asian	Amerio	can	
Gender:] Female □	Male □ Other:	_Occu	pation	:
E	:mployer:				
f you were a 4-Her, indicate Count	y:		State:		
f you have volunteered with youth	(including 4-	H), how long did yo	ou do so	o?	
If yes, list City:	Co	unty:		State	:
Have you been convicted of two or □ Yes □ No If yes, please explain:	more movin	g vehicle violations	in the	last 12	months



UK CES Volunteer Application, page 2



Extension staff with whom yo			one:
Previous Volunteer Experien	CC (LIST CURRENT OR MOST RECENT EXP		
RGANIZATION	VOLUNTEER ROLE		YEAR(S)
RGANIZATION	VOLUNTEER ROLE		YEAR(S)
. EMERGENCY C	ONTACT INFORMA	TION	
I. EWIERGENCT C	ONTACT INFORMA	TION	
lame	(MIDDLE)	(1.4.0.T)	
		(LAST)	
-mail			
hone: Primary	Mobile		
Other	Work		
	zation. Please include complete	·	
ddress			
ddress(Street)	(City)	(State)	(Zip)
ow do you know this persor	n?	email _	
) NAME	cell phone	work ph	none
		·	
ddress(Street)	(City)	(State)	(Zip)
low do you know this persor	n?	email _	
authorize the contact of the reference	es listed above.		
understand an annual Criminal Reco	rd Check may be conducted. I unders	stand that the misrep	presentation or omission
	for non-appointment/ termination/dise		
e volunteer responsibilities to the be- ograms is to develop youth individua- e part of the College of Agriculture, i entucky counties share. As a volunte ational origin, creed, religion, political	abide by the standards of the Kentuck, st of my abilities. I understand that the ally and as responsible, productive cit in which USDA, the University of Kenter, I am committing to involve individual belief, sex, sexual orientation, gender, veteran status, or physical or mental	e purpose of 4-H Yo izens. I recognize th tucky, Kentucky Statuals regardless of rater identity, gender ex	uth Development at Extension programs the University and all ce, color, ethnic origin,
anature of volunteer		Date	

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, vetera ratus, physical or mental disability or reprisal or retaliation for prior civil rights activity, Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506







UK Motor Vehicle Record Information Form



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.

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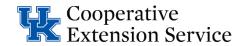
UK Department:		Department Nu	mber:	
Supervisor/Contact:		Supervisor/Conta	act Phone:	
Driver Information: Check One	_Employee	4-H Volunteer	Other:	_
Name: Exactly as it appears on Drivers' lie	cense	Phone:		
Address:		City:	ST:	Zip:
Sex:Date of Bi	rth:	County:		
Drivers License Number:		State:		
Years Driving Experience Yrs.:	Mos.:	Date of Hire):	
In connection with any application made be concerning matters of motor vehicle inform State, and other agencies which maintain re-	ation. I understa	and that you may be requesting	g information from	
I authorize, without reservation, any party of harmless, the University of Kentucky, its Bo and/or responsibility for doing so. I herek Underwriter's Safety & Claims and/or any of or electronic form. I recognize that these inc by me.	ard of Trustees, by give consent their agents. Th	officers, employees, agents, a to the University of Kentuck is authorization and consent s	nd representatives y to obtain such hall be valid in an o	from any liability information from original, fax, copy
Failure to provide all information requested	may result in a de	elay of University of Kentucky	driving privileges.	
Driver's Signature: X			Date:	

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

Revision 3/16/2021



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: _______To ____ Address 3: From To Address 4:_______To_____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.



MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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(signature) (date)





Kentucky CES Volunteer Expectations



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	

Cooperative Extension Service

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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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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.

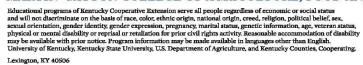
The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and 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, andother 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)
Cooperative Extension Service ("CO Background Report. By my signature Volunteers, a consumer reporting ager (855) 326-1860, www.sterlingvolunteers of such reports to the COMPANY and making a volunteer decision involving throughout my volunteerism, to the extereservation, any state or federal law evehicle record agency, credit bureau or cany and all information regarding me authorize Verified Volunteers to provide ("fax"), electronic or photographic copy of the Columbia acknowledge receipt of a copy of the Columbia and the columbia acknowledge receipt of a copy of the	ng Volunteer Background Report provided by Kentucky (MPANY") and this Authorization to Obtain Volunteer below, I hereby consent to the preparation by Verified acy located at 1 State Street Plaza, New York, NY 10004, s.com/ of background reports regarding me and the release its designated representatives, to assist the COMPANY in me at any time after receipt of this authorization and nt permitted by law. To this end, I hereby authorize, without inforcement agency or court, educational institution, motor other information service bureau or data repository, to furnish to Verified Volunteers and/or the COMPANY itself and such information to the COMPANY. I agree that a facsimile of this Authorization shall be as valid as the original.
RIGHTS UNDER THE FAIR CREDIT REPO	
Applicant's Name (Printed):	
Applicant's Signature:	
Date:	
Cooperative MARTIN-GATTO	N COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

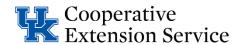
Cooperative **Extension Service**

Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development





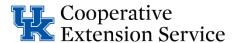




Child Abuse and Neglect Registry Check Authorization

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 th	e following:			
Name:(First)	(Middle)	(Maider	n/Nickname/Other)	(Last)
Sex:	Race:	Date of Birth: _		
Social Security/In	dividual Taxpayer	Identification #:		_
Date:				
Please list your add	dresses for the last	five years. Use an	other sheet of pape	er, if necessary
Present Address:				
	Street	City	State	Zip Code
Previous Address):			
	Street	City	State	Zip Code
Previous Address	s:			
	Street	City	State	Zip Code
Previous Address):			
	Street	City	State	Zip Code
Previous Address	:			
	Street	Citv	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







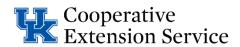
Volunteer Questionnaire (Required of <u>all</u> applicants)

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.

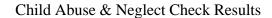
	respense to the remaining queenesse in accum-
1.	What experiences or volunteer activities will help you to be successful in this position?
2.	What appeals to you about serving as a volunteer in this role?
3.	Please share a situation in which you were responsible for disciplining a child other than your 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.)

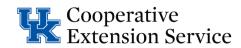




Volunteer Reference Form Placeholder #2

Kentucky Cooperative Extension Service Volunteer Reference Form (attach here)



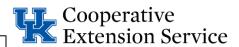


Child Abuse & Neglect Check Results (attach here)

Staple the Child Abuse & Neglect Results (provided by Kentucky Cabinet for Health & Family Services) onto this page of the Volunteer Application Packet.



Sex Offender Registry Results



Sex Offender Registry Results (attach here)

Staple the Sex Offender Registry Results (provided by Sterling Volunteers) onto this page of the Volunteer Application Packet.