

4-H EXPERIENCE

Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-Her?
Have you ever been a 4-H volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Why are you interested in a 4-H Volunteer position?		
What time commitments are you considering? _____ hrs./ week _____ hrs./month	Have you ever worked with youth before? Please explain briefly. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	

EMERGENCY CONTACT & MEDICAL EMERGENCY AUTHORIZATION

In case of sudden illness or an accident to myself requiring immediate treatment or surgery while I am a participant in this activity, I authorize the 4-H event coordinator or other adults present to take such action as seems appropriate to protect my health and physical well-being. This authority extends to my physician(s) and/or surgeon(s) selected to perform medical and/or surgical procedures including examinations and test necessary to preserve my life and well-being. All efforts will be made to contact the individual named as my emergency contact.

Name	Phone: _____ Cell Phone: _____
The following information is provided as an aid to the event coordinator in dealing with my well-being. I have the following conditions (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.):	
Health Conditions	
Medications	
Health Insurance Information: Company	Group # _____ ID# _____
Signature _____	Date _____

PHOTO/ MEDIA RELEASE

I give my permission for staff of SC Cooperative Extension, SC 4-H, and/or _____ County Extension to take photographs, record video, or audio of me or my property for use in promotional, and /or marketing materials. Neither individual address nor phone numbers will be published within these materials.

Yes No Signature _____ Date _____

TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number and state DL# _____ State _____	Date of Expiration ____/____/____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. 	Have you taken Defensive Driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, on what date? ____/____/____	

I understand that I am covered under the State Tort Claims Act for tortious acts committed by me unless my conduct is outside the scope of official duties or the conduct constitutes actual fraud, actual malice, intent to harm or a crime involving more turpitude. I further understand that in operating my privately owned vehicle in support of Extension activities Clemson's automobile insurance coverage is in excess of any coverage which I have on my vehicle and my personal coverage is the primary coverage.

I understand further that I am not an employee of Clemson University; consequently I am not covered under any workmen's compensation coverage of Clemson nor does Clemson provide any medical insurance.

Signature of 4-H Volunteer _____ Date _____

VOLUNTEER CODE OF CONDUCT

I accept responsibility to represent 4-H with dignity and pride conducting myself as a positive role model for program participants. Just as it is a privilege for the 4-H to work with individuals who volunteer their time and energies to youth, a volunteer's involvement in 4-H programming is a privilege and a responsibility, not a right. To ensure the safety and well-being of all 4-H program participants, Clemson University 4-H volunteers will:

- ✓ Uphold an individual's right to dignity, self-development, and self-direction.
- ✓ Accept supervision and support from professional staff while involved in the program.
- ✓ Participate in required training programs and use the recommended policies and procedures.
- ✓ Conduct him/herself in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youths.
- ✓ Respect, adhere to, and enforce the rules, policies, and guidelines established by 4-H.
- ✓ Not abuse any participant by physical or verbal means and will report such abuse, if observed, accordance with 4-H policies and procedures.
- ✓ Refrain from the use of alcohol, tobacco and inappropriate language while serving in the capacity of a 4-H volunteer.
- ✓ Comply with equal opportunity and anti-discrimination laws.
- ✓ Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- ✓ Preserve the confidentiality of information about program participants.
- ✓ Refrain from using 4-H volunteer status for personal or business financial gain.

I have read and understand the Code of Conduct outlined above. I understand and agree that any action on my part that contradicts any portion of this Code of Conduct is grounds for the suspension and/or termination of my volunteer status with Clemson University 4-H.

Signature of 4-H Volunteer _____ Date _____

Signature of 4-H Professional _____ Date _____

REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

Name	Address, City, State, Zip	
Telephone: Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone: Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone: Day Evening	Email Address	Relationship

I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of Clemson University Cooperative Extension and the SC 4-H Program and to fulfill my responsibilities to the best of my abilities.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Signature of 4-H Volunteer _____ Date _____

For Office Use Only

This reference check was: Satisfactory Unsatisfactory

Date of reference check: _____ Person conducting check: _____

If unsatisfactory, please explain: _____

- Completed Driver's License Screening
- Completed Defensive Driver Training
- Completed Child Abuse Prevention Training
- Completed Risk Management Training

The following information is required to complete the background investigation (please print):

FIRST NAME	MIDDLE NAME	LAST NAME	
OTHER NAMES USED (INCLUDING MAIDEN NAME)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER	RACE
INFORMATION FOR MOTOR VEHICLE RECORD CHECK (IF REQUIRED) – ATTACH COPY OF DRIVER'S LICENSE:	DRIVER'S LICENSE NUMBER	STATE LICENSED IN	EXPIRATION DATE (MM/DD/YYYY)

CURRENT AND PREVIOUS ADDRESSES (WHERE YOU HAVE RESIDED FOR TWO CONSECUTIVE YEARS)

CURRENT STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE

Have you ever been convicted of a misdemeanor or felony crime?

Please check one: No Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration of this position for falsification of an application.)

If **Yes**, list the date, location (county and state), and offense for **all** misdemeanor and felony **convictions** regardless of how minor or how long ago they occurred. Attach additional pages if needed.

DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE

SIGNATURE: _____ DATE: ____ / ____ / ____

If under the age of 18, parent/guardian signature required:

SIGNATURE – PARENT/GUARDIAN	PRINT NAME – PARENT/GUARDIAN	DATE OF BIRTH (MM/DD/YYYY)
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TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS		
ACCOUNT NUMBER	DEPARTMENT #	POSITION #	JOB OPENING #	
EMPLOYEE STATUS:		ADDITIONAL OPTIONS		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intermittent
				<input type="checkbox"/> Motor Vehicle Record Check