

URI 4-H Volunteer Application- Signature Page

**These forms must be printed, signed and mailed to URI 4-H Office, 75 Peckham Farm, Kingston, RI 02881.
Online or paper applications cannot proceed until these forms are received.**

Please respond to the following questions:

- a. Do you use illegal drugs? Yes___ No ___
- b. Has your driver's license ever been suspended or revoked? Yes___ No ___
- c. Have you ever been convicted of a misdemeanor or felony? Yes___ No ___
- d. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of young people? Yes___ No ___.

If you answered "yes " to any of the above questions, please explain on the back of this form.

RI 4-H Volunteer Code of Conduct

A 4-H Volunteer's main responsibility is to provide a safe, educational and positive 4-H environment and experience for children 5-18, abiding by all URI 4-H, state and federal policies and laws.

A volunteer shall:

- Represent the URI Cooperative Extension (CE) 4-H Program in a professional manner in all dealings, respecting diversity of people, ideas and organizations and carrying out all program decisions in accordance with stated policies and procedures.
- Accept the role of volunteer as a means of unselfish service to the URI CE 4-H Program, with no expectations to benefit materially from program activities and understand that no employer/employee relationship is being created.
- Agree to follow and comply with all applicable policies of the University of Rhode Island, ("URI") including URI's non-discrimination policies and procedures.
- Conduct oneself in a courteous, respectful manner; refrain from the use of abusive, obscene or discriminatory language; exhibit good sportsmanship; and provide positive role models for youth.
- Respect other individuals' perspectives regardless of differences. Exhibit dignified behavior and cooperate with other volunteers, parents and youth.
- Refrain from the consumption of alcohol at any 4-H event where 4-H youth are present. Use of illegal drugs will result in immediate dismissal as a 4-H volunteer.
- Recognize and support the organizational chain of command, referring all unresolved questions to the State 4-H Office Staff and work in collaboration with the staff to resolve issues. Consult with appropriate URI staff prior to any action or statement which might significantly affect or obligate URI Extension.
- Keep confidential and sensitive information confidential, realizing that failure to do so may place a child or others including the 4-H program at risk of liability and litigation. Contact information for 4-H members is confidential and cannot be shared with others (this includes other 4-H volunteers who do not work directly with that member). Be responsible for the accurate completion and submission of the records to the State 4-H Office.
- Be fully screened, trained and have a signed RI 4-H Volunteer Code of Conduct on file in the State 4-H Office.

I understand that:

- A. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application or others who may have information concerning me. I hereby release and hold harmless from liability any person or organization that provides such information.
- B. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cooperative Extension 4-H Volunteer. I also agree to hold harmless URI, Cooperative Extension, 4-H and the employees and volunteers thereof for any liabilities resulting from my misrepresentation or omissions of fact, and any liabilities resulting from their reasonable efforts to obtain information about me from third parties.
- C. If appointed as Volunteer, I agree to abide by the expectations of Cooperative Extension, the Code of Conduct, the URI 4-H Volunteer Manual policies and to fulfill the volunteer responsibilities to the best of my ability.
- D. If my application, Online enrollment, and paper references are not completed in 6 months, I will have to re-apply.

Print Name: _____ Email: _____

Signature: _____ Date: _____

URI is an equal opportunity employer committed to the principals of affirmative action.

12/2014

Authorization for Background Check

URI 4-H Office, 75 Peckham Farm, Kingston, RI 02881

Fax: 401-874-2435

To Whom It May Concern:

I hereby authorize the University of Rhode Island 4-H program to obtain information about my criminal history, through a criminal background check. I authorize the University of Rhode Island 4-H Program on my behalf to examine any and all court, criminal and/or police records that pertain to me and to transmit the findings to the University of Rhode Island 4-H Staff.

Please Print Clearly:

Applicant: _____
Last Name First Middle

Maiden Name Other Names

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____

Have you lived in Rhode Island for the past ten years? Yes _____ No _____

If you answered no, what state(s) have/do you in for the past ten years?

I understand that the information obtained as a result of this check may be used by the University of Rhode Island 4-H program in determining my suitability to become a University of Rhode Island 4-H Volunteer. This authorization will expire upon receipt by the RI 4-H Office of the criminal background check or 1 year after the date of this authorization appearing below. All decisions regarding the suitability of volunteers to work with children in the University of Rhode Island 4-H Program are at the discretion of the University of Rhode Island State 4-H Staff.

Signature of Applicant _____ Date _____