

South Carolina 4-H Volunteer Application

GENERAL INFORMATION

Last Name		First Name		M.I.	Name You Prefer
Mailing Address				How long at this Address?	
City	State	Zip	County		
If less than a year, previous address				How long have you resided in the county?	
City	State	Zip	Email Address		
Daytime Phone		Evening Phone		Best Time to Call	

4-H EXPERIENCE

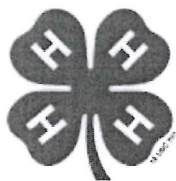
Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-Her?
Have you ever been a 4-H volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
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 _____ _____	

DEMOGRAPHIC DATA

<input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic Ethnicity: (check one): <input type="checkbox"/> Yes-Hispanic or Latino <input type="checkbox"/> No-Not Hispanic or Latino
Racial Groups: (check all that apply):	
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native American or Other Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Asian



The Clemson University Cooperative Extension Service offers its programs to people of all ages regardless, of race, color, sex, religion, national origin, disability, political beliefs, sexual orientation, marital or family status and is an equal opportunity employer.
Clemson University Cooperating with U.S. Department of Agriculture, South Carolina Counties, Extension Service, Clemson, S.C.
Issued in Furtherance of Cooperative Extension Work in Agriculture and Home Economics, Acts of May 8 and June 30, 1914.
Public Service Activities



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EMERGENCY CONTACT

Name _____	Phone: _____
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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 _____

PROJECTS OR CLUBS OF INTEREST AS A VOLUNTEER

1. _____	2. _____	3. _____
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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	Drivers 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 _____



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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 themselves 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 _____



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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.

Applicant Signature _____ Date _____

<u>For Office Use Only</u>	
This reference check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of reference check: _____	Name of person conducting the check: _____
If unsatisfactory, please explain: _____	
<input type="checkbox"/> Completed Defensive Driver Training	
<input type="checkbox"/> Completed Child Abuse Prevention Training	

Clemson University Consent Form - Criminal Conviction Check
OFFICE OF HUMAN RESOURCES POLICIES AND PROCEDURES

Applicant Information (Please print or type)

All the names you use or have used

Last	First	Middle	Maiden

Social Security #	Date of Birth	Gender	Race

Physical Addresses: Present and Former Physical Addresses (where you have resided for two consecutive years)
 (No Post Office Boxes)

Address	City /State	Zip	Dates: From	To

Have you ever been convicted of any unlawful offense, other than a minor traffic violation? ___ No ___ Yes (A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction will disqualify an applicant for consideration of that or any position at the University for a period of 12 months or longer for falsification of an application.)

If yes, list the date of all conviction(s) and crime(s) for which you were convicted regardless of how minor or how long ago it may have been. NOTICE: We conduct criminal conviction checks. Attach additional page if needed.

Date	Location (county/state)	Crime

Are you in default on any of the following types of student loans: **National Direct Student Loan, National Defense Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Loan, or Guaranteed (Federally Insured) Student Loan?** ___Yes ___ No
 If yes, attach copy of repayment arrangements agreed upon by creditor.

I hereby authorize Clemson University Office of Human Resources and/or its agents to make an independent investigation of my background, references, employment, education, credit history, and criminal or police records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application or Resume and/or obtaining other information which may provide evidence to my qualifications or suitability for employment, promotion, transfer/reassignment or retention as an employee. I release Clemson University

Candidate Initials: _____

and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources.

I understand that I will be given opportunity to respond to any incorrect information provided by the company conducting the investigation. **In addition, I understand that it is the obligation of the employer to notify me if information contained in the consumer credit report is being used to deny me employment.**

I hereby certify that all information I have provided on this form, employment application, resume and/or other submissions is true and complete to the best of my knowledge and belief. I understand that by admitting to a conviction for any unlawful offense, I will not be automatically disqualified from consideration for employment. I understand that false or misleading information or documentation, or an omission or failure to include all relevant information, may result in rejection of my application, action up to and including termination if hired, and/or criminal prosecution. If hired, I understand the university may terminate me if false or misleading information is given in order to meet the requirements for the position involved.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY DEPARTMENT CONTACT - THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS	PHONE
<p>Applicant's Education Level: <input type="checkbox"/> High School <input type="checkbox"/> Some College or College Grad.</p> <p>Employee status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Intermittent</p> <p>Funding Source (Circle One): E&G or Other</p> <p>Please list account number: _____</p>			
<p>Department/Position Number/Job Opening #: _____ / _____ / _____</p>			

HR BACKGROUND INVESTIGATOR VERIFICATION:

DATE CRIMINAL CONVICTION CHECK PERFORMED: _____	NO ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____	ADDITIONAL CRIMINAL CONVICTION(S) FOUND: _____
DATE CRIMINAL CONVICTION CHECK REQUESTED: _____	DATE DEPARTMENT NOTIFIED WITH RESULTS: _____	
NOTIFIED BY: EMAIL OR PHONE		