Volunteer Application
The intent of the University of Florida IFAS Extension Youth Protection Policy is to share a common philosophy and follow appropriate protocol to provide safe and secure environments for everyone involved in Extension youth programs.

GOALS
I. Careful selection and screening of adults who work with youth in Extension programs.
II. Establishing safe environments for everyone in Extension youth programs.

PURPOSE
This policy provides an opportunity to:
A. Reaffirm the organization’s dedication to youth and their well-being.
B. Carefully select adults to contribute as University of Florida volunteers in youth programs.
C. Establish policies that will help provide a safe, positive environment for all participants.
D. Provide education and resources to detect and prevent child maltreatment, and establish barriers to unsafe situations in Extension youth programs.
E. To provide documentation of volunteer selection for coverage under the State of Florida Tort Claims Act.

RATIONALE
1. A selection and screening process is a method of strengthening recruitment and placement of volunteers and staff in University of Florida IFAS Extension youth programs.
2. When all volunteer and paid staff are purposefully selected and requested to uphold high standards, there is increased credibility of all individuals working in University of Florida IFAS Extension youth programs.
3. Every University of Florida IFAS Extension youth program consistently meets acceptable standards for safety and well-being of participants.
4. The University of Florida IFAS Extension program joins youth-serving organizations across the nation to institute similar policies.
5. Courts are finding employers liable for negligent hiring and placement of employees/volunteers.

Policies and Procedures are developed in accordance with the rules of the University of Florida and the State of Florida.

6CI-3.0031 Finance and Administration: Volunteers
University of Florida
Application for Adult Volunteer

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension youth program participants (youth, parents, families, paid staff and volunteers).

**General Information**

Name ___________________________ County ___________________________

Male___ Female___ Former or Other Names ___________________________

Mailing Address ___________________________ Box / Street / Apartment ___________________________ Email Address ___________________________

Town __________________ State __________ Zip __________ How long have you lived at this address? _______ years _______ months

(If less than five (5) years, attach a sheet listing all previous addresses for the past five) 5 years.)

Day Phone ___________________________ Evening Phone ___________________________

List work experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Your Position/Title</th>
<th>Town / State</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List volunteer experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

<table>
<thead>
<tr>
<th>Organization/Group</th>
<th>Your Role/Title</th>
<th>Town / State</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Volunteer Interest
Why are you interested in being a volunteer with University of Florida Extension programs?

__________________________________________________________________________________________

__________________________________________________________________________________________

Personal References
List three (3) references, who have knowledge of your qualifications, but are not related to you.
1. Print Name ____________________________ Phone ____________________________
    Mailing Address
    Box / Street / Apartment ____________________________ Email Address ________________
    Town ________________ State ________________ Zip ________________

2. Print Name ____________________________ Phone ____________________________
    Mailing Address
    Box / Street / Apartment ____________________________ Email Address ________________
    Town ________________ State ________________ Zip ________________

3. Print Name ____________________________ Phone ____________________________
    Mailing Address
    Box / Street / Apartment ____________________________ Email Address ________________
    Town ________________ State ________________ Zip ________________

Have you been accused or convicted of a criminal offense in the past seven (7) years?
    ___ Yes  ___ No  If yes, explain: ______________________________________

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?
    ___ Yes  ___ No  If yes, explain: ______________________________________

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service to contact references and request information for conducting a background check. I authorized a check of my driver's license record. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature ____________________________ Date ____________________________

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information. THANK YOU for your application.

Return to:

The Florida Cooperative Extension Service is committed to the policy that all persons shall have equal access to its programs, activities, and employment without regard to race, color, religion, sex, age, national origin, or disability.
The purpose of Adult Agreement is to promote the safety and well being of all program participants in Extension youth programs. All adult and teen volunteers who work directly with youth in University of Florida IFAS Extension programs are expected to function within the following guidelines. In my role, I will:

1. Be courteous, and respect the individual rights of all participants.
2. Be a positive role model at all times, and exhibit good sportsmanship.
3. Represent the educational mission of the University of Florida Extension Service.
4. Accept support and supervision from Extension program representatives.
5. Comply with equal opportunity and anti-discrimination laws.
6. Treat animals in a humane and ethical manner, and guide youth to do the same.
7. Operate machinery and equipment in a safe and responsible manner.
8. Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
9. Obey local, state and federal laws. Follow policies set for county, district, state and national youth programs.
10. Act wisely and responsibly to report threats toward the safety and wellbeing of participants.
11. Establish and maintain safe environments for youth and adult participants.
12. Only use the 4-H name/emblem and 4-H group funds when a 4-H group is chartered and as defined through the Florida 4-H Handbook.
13. Not leave youth under my supervision, without notifying an adult in charge of the event or delegation.
14. Not use or be under the influence of, alcohol or illegal drugs, while present at youth programs or while having responsibilities at Extension programs.
15. Not commit any criminal act involving youth or activities with Extension youth programs.
16. Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it as outlined by the UF IFAS Extension Youth Protection Policy.

I have read and understand the Adult Agreement outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with University of Florida IFAS Extension youth program or my removal from the program activity. I understand that being involved with youth participants in Extension programs, is a privilege, not a right. (Appointments are renewed on an annual basis.)

__________________________  ____________
Signature of Adult          Date

__________________________  ____________
Signature of authorized University of Florida IFAS Extension Representative Date

Effective January 1, 2005 a signed copy of the Adult Agreement will be kept on file (with the adult's immediate supervisor) for each adult working with Extension youth programs.

The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A. & M University Cooperative Extension Program, and Boards of County Commissioners Cooperating.
University of Florida
Background Screening Information Form

Volunteers who want to work with youth in University of Florida Extension Programs must complete this background information screening form. Acceptance as volunteer is contingent on return of this form to your County Extension Office (or district/state Extension program contact) for submission and clearance through the appropriate screening process. These processes are in place to help ensure the safety and well-being of all Extension program participants. (youth, parents, families, paid staff and volunteers)

This document will be destroyed upon completion of the volunteer background screening

Date: __________________________  County ________________________________

Print Name __________________________

Address ________________________________________________________________

Street and/or PO Box

City: __________________________  State _________  Zip __________________________

Date of Birth _____/_____/_____  Social Security # _____/_____/_____

Driver’s License Number __________________________  State ___

Signature __________________________
Florida Cooperative Extension Service
Volunteer Services Confidentiality Statement

I, the undersigned, do hereby acknowledge that in my volunteer role for the University of Florida, I may have access to confidential information contained in the application packets of those individuals applying for volunteer positions in the organization, as well as volunteer files of other volunteers serving the organization.

I agree that I shall not disclose any such confidential information maintained by the University of Florida to any unauthorized person, and I will adhere to confidentiality guidelines of the University of Florida.

I acknowledge and agree that disclosure by me of confidential information obtained by me in the course of my volunteer status could be cause for termination from my volunteer position.

Volunteer’s Signature ___________________________ Date __________

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

Extension Agent’s Signature ___________________________ Date __________
I, __________________________ understand that becoming a St Lucie County 4-H club volunteer is contingent on:

1. Approval of the St Lucie County 4-H Extension Agent
2. An approved background check
3. Signing of the 4-H” Adult Agreement” form

I understand that a 4-H volunteer appointment is renewed on an annual basis (Sept- Aug) and future 4-H volunteer appointments will be evaluated year to year. Evaluations will be made on:

1. Upholding the 4-H Adult Agreement
2. Upholding the high standards for conducting a 4-H club as outlined in the “4-H Meeting Requirements” and “Handling of 4-H Club Activities”
3. I understand that being involved with 4-H youth is a privilege, not a right.

_____________________________    _____________
Signature                           Date
4-H Club Organizational Leader Appointment Form
St. Lucie County Cooperative Extension Service

Name: ___________________________ Name of Club: ___________________________

Address: __________________________________________________________________

City: ___________________ Home Phone: ___________________ Work: _______________

Email: ____________________________________________________________________

Statement of Understanding & Agreement for 4-H Club Organizational Leaders

I agree to abide by the policies of the Florida and St. Lucie County Cooperative Extension Service, 4-H Youth Development Program. Unless otherwise agreed upon, I agree to make my 4-H club or group open to all St. Lucie County youth ages 5-18, regardless of race, color, gender, national origin, religion, or disability.

I shall perform my role as a 4-H club organizational leader according to the job description provided to me, to the best of my ability.

I understand that as part of my responsibility I am required to complete and submit in a timely manner various records and forms that are required by the Cooperative Extension Service.

I agree to attend leader training meetings in order to improve my skills as a club organizational leader.

I understand that if the club named above terminates, it is my responsibility to arrange for the return of all club property, supplies, equipment and funds to the 4-H Agent at the St. Lucie County Extension Office.

My term as a 4-H club organizational leader is from September 1-August 31 of the current 4-H year. This may be extended upon consent of myself and the County 4-H Agent. My term may also be terminated at any time by myself or the County 4-H Agent.

Behavior Guidelines for 4-H Volunteers Working with Youth

Families and other youth-serving organizations place trust in the Cooperative Extension Service to provide quality leadership and care for participating youth. 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 merit trust. For these reasons the following behavior guidelines are provided for volunteers working in the Cooperative Extension 4-H Youth Development Program.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Obey the laws of the locality, state and nation.
3. Make all reasonable efforts to assure that 4-H youth programs are accessible to youth without regards to race, color, national origin, gender, religion, or disability.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to authorities.
5. Do not participate in or condone neglect or abuse which happens to 4-H youth participants outside the program and report suspected abuse to the authorities.

6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.

7. Operate motor vehicles (including machines and equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid license and the legally required insurance.

8. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so.

Failure to comply with any of these guidelines may be reason for termination as a volunteer.

Signed: _______________________________ Date: _______________________________

4-H Volunteer Leader’s Signature

Statement of Appointment

______________________________ is appointed to serve as a 4-H Club Organizational Leader for the above name club from September 1, 2012-August 31, 2013.

Signed: _______________________________ Date: _______________________________

St. Lucie County 4-H Agent
AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida
County of _______________________

Before me this day personally appeared __________________________ who, being duly
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with
__________________________________________, I affirm and attest under penalty of perjury that I
meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a
plea of nolo contendor or guilty to or have been adjudicated delinquent and the record has not been sealed or
expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any
similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.493 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 416.311 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report such abuse
Section 418.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter
of a child
Section 782.071 vehicular homicide
Section 782.09 killing an unborn quick child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.011 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.025 luring or enticing a child
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or
delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796
Section 796.02 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 806.01 arson
Section 810.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 video voyeurism, if the offense is a felony
Chapter 812 theft and/or robbery and related crimes, if a felony offense
Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.05 negligent treatment of children
Section 827.071 sexual performance by a child
Section 843.01 resisting arrest with violence

CONTINUED ON NEXT PAGE
Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12 aiding in an escape
Section 843.13 aiding in the escape of juvenile inmates in correctional institution
Chapter 847 obscene literature
Section 874.05(1) encouraging or recruiting another to join a criminal gang
Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40 escape
Section 944.46 harboring, concealing, or aiding an escaped prisoner
Section 944.47 introduction of contraband into a correctional facility
Section 985.701 sexual misconduct in juvenile justice programs
Section 985.711 contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS
In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

Chapter 408
Section 408.8065(3) offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920 Medicaid provider fraud
Section 409.9201 Medicaid fraud
Section 817.034 fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photopaque systems
Section 817.234 false and fraudulent insurance claims
Section 817.505 patient brokering
Section 817.568 criminal use of personal identification information
Section 817.60 obtaining a credit card through fraudulent means
Section 817.61 fraudulent use of credit cards, if the offense was a felony
Section 831.01 forgery
Section 831.02 uttering forged instruments
Section 831.07 forging bank bills, checks, drafts or promissory notes
Section 831.09 uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30 fraud in obtaining medicinal drugs
Section 831.31 the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.0435.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

CONTINUED ON NEXT PAGE
I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: ____________________________________________

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: ____________________________________________

Sworn to and subscribed before me this _____ day of __________, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

☐ Affiant personally known to notary

OR

☐ Affiant produced identification
  Type of identification produced: ________________________________

CF 1949, Aug 2010 (Obsoletes previous editions which may not be used)