Dear Potential Horse Committee Volunteer,

Let me take this opportunity to thank you for expressing an interest in becoming an Ohio State University Extension volunteer and a member of the newly restructured Jackson County Horse Committee. Each year, thousands of volunteers contribute their time, energies, and talents that enable Ohio State University Extension to engage people in educational programs that meet their immediate needs.

Applications are currently available and are being accepted until February 1st. If you or anyone you know are interested in becoming a member of the horse committee, please complete an application and submit it by February 1st. Members of the Horse Committee do not have to be 4-H club advisors, but MUST be approved 4-H volunteers. Parents, former 4-Hers, or anyone interested in kids and horses are welcome to apply. All Horse Committee Members must complete the Ohio 4-H Volunteer Application with this supplemental application and successfully complete a BCI Background Check if selected. This committee provides educational programming and guidance for 4-Hers taking horse projects and needs willing volunteers who care about kids.

All individuals who are interested in volunteering with Ohio State University Extension and working with a member of a vulnerable population (minors, elderly over age 65, or individuals with disabilities) must complete a selection process under the direction of an Extension professional.

To more efficiently and effectively support our service recipients, Ohio State University Extension has a policy concerning the selection of individuals who desire to volunteer for the organization in a long-term and/or higher risk position. While the actual order of implementation may vary from county to county, all potential volunteers will: (1) receive a position description; (2) complete an application and return to Extension office; (3) have references collected by Extension professionals; (4) complete an interview; (5) submit to a criminal history fingerprint record check; (6) agree to and sign the volunteer standards of behavior form; and (7) participate in an orientation/training program.

PLEASE WAIT TO HAVE YOUR BACKGROUND CHECK UNTIL YOU HAVE CONSULTED WITH THE EXTENSION OFFICE AND RECEIVED THE PROPER PAPERWORK.

Please know that all information related to the selection process may be updated periodically and will be kept in a secured file cabinet. This information will be kept on file for a minimum of three years following the receipt of your materials or the completion of your involvement as an Ohio State University Extension volunteer (whichever is longest). The release of information will follow The Ohio State University and Ohio State University Extension operating procedures and will be in accordance with Ohio law.

Working with individuals in your community can bring you immense satisfaction as you help them grow, learn, develop, and succeed. Additionally, volunteering provides you an opportunity to gain new skills, help others, and meet new friends. We hope that you recognize the tremendous benefits of volunteering and will join us in helping ensure that everyone involved has a positive, educational experience.

We appreciate your cooperation and look forward to potentially working with you.

Sincerely,

Madison Allman

Maddie Allman
Extension Educator, 4-H Youth Development
Position Title:
4-H Horse Committee Volunteer (Project and Activity)

Time Required
On-going

General Purpose:
Support and work in partnership with 4-H professionals, volunteers and members in conducting meaningful educational experiences to help youth grow and reach their fullest potential through the Jackson County 4-H Horse Program

Specific Responsibilities:
♦ Provide a variety of 4-H project related learning experiences, including:
  o Coordinate and conduct educational activities related to project areas.
  o Monitor progress towards project completion.
  o Prepare members for judging, skillathon, and exhibition
  o Informing 4-H families of project requirements, deadlines, and events & activities.
  o Provide constructive feedback to members, parents, and families.
♦ Advise members in coordinating/conducting club activities, including:
  o Community service, fund raising, tours, recreational activities, achievement programs, promotional activities and others.
♦ Promote 4-H opportunities in your county, including:
  o Encourage 4-H members’ and parents’ interest and participation.
  o Invite parents’ ideas, cooperation, support and attendance at 4-H activities.
  o Recruit new members.
  o Inform members of county 4-H events & activities.
♦ Actively participate as a volunteer by:
  o Follow OSU Extension and 4-H Youth Development guidelines and policies.
  o Attending all (or most) of the club meetings and activities.
  o Read 4-H mailings and access information from the 4-H web to keep members, parents and/or other volunteers informed.
  o Participate in volunteer development opportunities.

Qualifications & Expectations:
♦ Ability, interest, and willingness to:
  o Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
  o Effectively organize, delegate, and communicate (verbal and written)
  o Work with minimal supervision from professional staff.
  o Become familiar with and work within the philosophy and guidelines of Ohio State University Extension, Ohio 4-H Program and the County 4-H program.

Ohio State University Extension Agrees to:
♦ Provide training opportunities to assist volunteers to meet needs of members and parents.
♦ Provide access to educational materials and resources.
♦ Have professional staff available to consult with and listen to volunteers.
♦ Provide appropriate recognition and awards to volunteers.

Mentor/Supervising Professionals:
Maddie Allman, Jackson County 4-H Extension Educator, allman.68@osu.edu, 740-286-5044
Jackson County 4-H Horse Committee Supplemental Application

Complete this application and return to the
Jackson County Extension Office by February 1st

Applications are currently available and are being accepted until February 1st. If you or anyone you know are interested in becoming a member of the horse committee, please complete an application and submit it by March 1st. Members of the Horse Committee do not have to be 4-H advisors. Parents, former 4-Hers, or anyone interested in kids and horses are welcome to apply. All Horse Committee Members must complete the Ohio 4-H Volunteer Application with this supplemental application and successfully complete a BCI Background Check if selected. This committee provides educational programming and guidance for 4-Hers taking horse projects and needs willing volunteers who care about kids.

Name ____________________________

Phone ____________________ E-mail ____________________________

Are you a current 4-H Volunteer: YES NO # of years as a volunteer ______

If so, what 4-H Club, Chapter, or other organization: ____________________________

Please answer all of the following questions:

What do you believe to be the main purpose of the 4-H Horse Committee?

Please describe what you believe to be some of the responsibilities of a 4-H Horse Committee member.

Why do you want to be a 4-H Horse Committee member?

What can you contribute to the Horse Committee and the overall success of the Jackson County 4-H Horse Program?
What experience do you have when it comes to Horses and Horse Shows?

What do you see as the biggest challenge when it comes to being a 4-H Horse Committee Member and how do you plan to deal with this challenge?

What ideas do you have for increasing participation in the Jackson County 4-H Horse Program?

Describe a time when you have had to deal with conflict and how you handled the situation?

****Please read the following statements carefully****

**Jackson County 4-H Horse Committee Member Commitment**
If selected, I agree to uphold, to the best of my ability, the philosophy of the Jackson County 4-H Horse Committee. I understand, or will seek to learn, the responsibilities of my membership. I will commit to the activities and meetings of the Jackson County 4-H Horse Committee and will participate accordingly. I further understand that my position with the Jackson County 4-H Horse Committee may be terminated if I fail to comply with this commitment.

Signature______________________________ Date ____________
Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Email: ____________________________________________

Full Name: ________________________________________ Preferred Name:______________

Date of Birth (MM/DD/YY): ______________________

Mailing Address: ___________________________________

City/State/Zip: ____________________________________

County of Residence: _____________________________

Primary Phone: __________________ Secondary Phone: ________________

Length of time at this address (years):___________

Please circle the appropriate response in each line

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Gender Identity Not Listed</th>
<th>Prefer not to state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence</td>
<td>Farm</td>
<td>Town/Rural (&lt;10,000)</td>
<td>Town/City (10,000-50,000)</td>
<td>Suburb (&lt; 50,000)</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
<td>Prefer not to state</td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td>White</td>
<td>Black/African American</td>
<td>American Indian</td>
<td>Alaskan Native</td>
</tr>
</tbody>
</table>

II. EMERGENCY CONTACT

Full Name: __________________________ Relationship to Member: __________

Contact Phone: __________________________ Contact Email: __________________________

III. VOLUNTEER TYPE

Please circle the appropriate response

<table>
<thead>
<tr>
<th>Program Volunteer (committee)</th>
<th>Please List Committee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Volunteer</td>
<td>Circle Role: Adult Volunteer or Camp Nurse</td>
</tr>
<tr>
<td>Club Volunteer</td>
<td>Cloverbud Leader</td>
</tr>
<tr>
<td>- Circle specific role to the right</td>
<td>Organizational Club Leader</td>
</tr>
</tbody>
</table>

List the 4-H Club you wish to apply to serve with.

4-H Club Name: __________________________
### IV. OTHER INFORMATION

**Military Service:**  
- ___ I am serving in the Military
- ___ No one in my family is currently serving
- ___ My Parent serves
- ___ My Sibling serves
- ___ My Son/Daughter serves
- ___ I/my spouse/partner serve

<table>
<thead>
<tr>
<th>Branch of Service (circle)</th>
<th>Air Force</th>
<th>Army</th>
<th>Coast Guard</th>
<th>Marines</th>
<th>Navy</th>
<th>DOD Civilian</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch Component (circle)</td>
<td>Active</td>
<td>Guard</td>
<td>Reserves</td>
<td>Not applicable</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Considerations/Notes** (e.g., food allergy, diabetes, food allergies, special accommodations needed, etc....)

Are You a 4-H Alumni:  
- ___ YES  
- ___ NO  

State and County: ____________________________________________

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

### V. ABOUT YOU

Job Title: ____________________________  
Employer: ___________________________

Work Phone: ___________________________  
Ext. ______

**Previous Work Experience** (list current or most recent experience first):

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position Title</th>
<th>Years</th>
<th>Contact Name</th>
<th>Contact Phone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Previous Volunteer Experience** (list current or most recent experience first):

<table>
<thead>
<tr>
<th>Organization</th>
<th>Volunteer Role</th>
<th>Years</th>
<th>Contact Name</th>
<th>Contact Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
VI. REFERENCES

**Reference 1**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

**Reference 2**

<table>
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<th>Relationship:</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

**Reference 3**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

VII. PHOTO RELEASE

*Photo Release: Permission to use photographic form for promotion contingent upon completing volunteer process:*
Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity. The Ohio State University may publish in print, electronic, or video formats the likeness or image of me/my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

- [ ] YES, I do give permission
- [ ] NO, I do not give permission
VIII. SCREENING QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently hold a valid Driver’s License?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have current vehicle liability insurance?</td>
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<tr>
<td>Do you intend to use your personal vehicle for 4-H Volunteer work, including personal transportation to and from 4-H events?</td>
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<tr>
<td>Have you ever had a background screening prior to now?</td>
<td></td>
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<tr>
<td>Have you ever been accused or charged with an offense involving a minor?</td>
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<tr>
<td>Has any member of your current household ever been accused of or charged with an offense involving a minor?</td>
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</tr>
<tr>
<td>Have you ever been accused of or charged with an offense of domestic assault?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a protective or no contact order issued against you?</td>
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<td></td>
</tr>
<tr>
<td>I understand that I am required to submit for a fingerprint background screening.</td>
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</tbody>
</table>

IX. WAIVER

Volunteer Waiver, Release, Hold Harmless, and Indemnification Agreement

I hereby apply to participate as a volunteer in programs conducted in cooperation with Ohio State University Extension of the Ohio State University, and I acknowledge as follows: I fully understand and acknowledge that there are inherent risks and dangers in my participation in volunteer activities and my participation in said activities and use of any equipment or materials related to such activities and my participation may result in injury or illness and/or damage to my personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and I hereby accept these risks.

In consideration of such acknowledgment, I/we do hereby agree to release, discharge, and hold harmless Ohio State University Extension, The Ohio State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident arising out of my participation as a volunteer in Ohio 4-H Youth Development program throughout the dates of my volunteer service.

I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions prior to signing, and I agree that my failure to do so will be interpreted as a complete acceptance of the terms of this release.

Applicant Signature: __________________________ Date: ____________
VOLUNTEER STANDARDS OF BEHAVIOR

These Standards of Behavior are accepted by volunteers who commit to an Ohio State University Extension (“OSUE” or “Extension”) program as a condition of their volunteer status. The Standards of Behavior shall guide volunteer’s behavior during their involvement in Extension programs. Just as it is a privilege for Ohio State University to work with individuals who volunteer their time and energies to the organization, a volunteer’s involvement with OSUE is a privilege and a responsibility, not a right.

OSUE provides quality educational programs accessible to all Ohio citizens. The primary purpose of this Standard of Behavior is to ensure the safety and well-being of all Extension program participants (i.e., members, their parents and families, professionals, and volunteers). Volunteers are expected to function within the guidelines of OSUE and the individual program area (4-H, Agricultural & Natural Resources, Family & Consumer Sciences, and Community Development). Extension volunteers shall act with personal integrity.

Ohio State University Extension volunteers will:

- Uphold volunteerism as an effective way to meet the needs of youth and adults.
- Uphold each individual’s right to dignity, self-development, and self-direction.
- Accept supervision and support from professional Extension staff while involved in the program.
- Accept the responsibility to represent their individual county Extension program and The Ohio State University with integrity.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual county Extension program and OSUE.
- Not engage in abusive behaviors that physically or verbally threaten or harm any Extension program participant, including youth.
- Not possess or consume intoxicating substances including drugs or alcohol while responsible for the care, custody or control of 4-H participants.
- Not engage in any act prohibited by law.
- Comply with all civil rights laws and policies, including but not limited to OSUE equal opportunity, anti-discrimination laws, nondiscrimination policies, and program participant policy.
- Perform duties in a responsible and timely manner as outlined in the position description.
- Immediately report any threats to the volunteer’s emotional or physical well-being to the county Extension professional.
- Accept the responsibility to promote and support Extension programs in order to develop an effective county, state, and national program.
- Handle animals and operate machinery, vehicles, and other equipment in a responsible manner.
- Do their best to help youth thrive while exploring their ‘sparks’.

I understand and agree that as a volunteer:

- In accordance with Ohio State University policy, Self-Disclosure of Criminal Convictions Policy 4.17, I am required to self-disclose criminal convictions within three business days of the conviction.
  - If I have been background checked and have had a break of service for less than 12 months, I will disclose any convictions that occurred during the break within three business days of commencement of participation in activities and programs with minors. If the break in service is longer than 12 months, I must be background checked again.
- I will follow Ohio State University Institutional Data Policy, which specifies requirements for protecting institutional data, including but not limited to 4-H member and volunteer personal data.
- I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
- I will report any red-flag behaviors, child abuse, sexual abuse, or neglect in accordance with university policy.
- I will not intentionally or purposefully place myself in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to sleeping quarters with participants.
- I will not, under any circumstances, physically, verbally, or emotionally abuse or fail to provide the basic necessities of care, such as food or shelter to participants.
- I will endeavor to provide a safe and healthy program/camp experience for all participants.
- My volunteer status is subject to immediate suspension or termination based on any act or omission that Extension determines to be contrary to any portion of these standards or otherwise in conflict with the goals of OSUE at the OSUE’s sole discretion.

I have read, understand, and agree to be bound by the VOLUNTEER STANDARDS OF BEHAVIOR outlined above.

Volunteer Signature  ____________________________  Date

CFAES provides research and related educational programs to clientele on a non-discriminatory basis. For more information, visit cfaesdiversity.osu.edu. For an accessible format of this publication, visit cfaes.osu.edu/accessibility.

Revised 9/2021
Ohio State University Extension - Jackson County

4-H Volunteer Criminal History Fingerprint Background Check Procedure

Please take this page with you when you go to have your background check. In Jackson County, 4-H volunteers should have their background check done at:

JACKSON COUNTY SHERIFF’S OFFICE
350 PORTSMOUTH STREET #102
JACKSON, OH 45640

or

BUREAU OF MOTOR VEHICLES
502 McCARTY LANE
JACKSON, OH 45640

Please be prepared to pay at least $35.00 (cash, check accepted).

What You Need to Get Your Ohio 4-H Background Check

1. A government issued photo ID - such as your driver’s license - with your current address, and showing your date of birth.
2. Your Social Security number - Know your number? No need to bring your SS card.
3. Use 2151.86 as the reason code you are having the background check.
4. If you have not lived in Ohio for the past 5 years, you must also have a FBI report.
5. Background check results must be mailed to:
   Attention: 4-H Volunteer Background Checks – Jackson County
   OSU Office of Human Resources
   1590 N. High St., Ste. 300
   Columbus, Ohio 43201

If the agency is not able to get a good scan of your fingerprints, please ask for an inked fingerprint card. You will then bring the inked card to the Extension office.

Note: The fingerprint background check process reveals past criminal convictions. The Ohio Revised Code specifies certain criminal convictions as disqualifying events that forbid current and future volunteer involvement with Ohio 4-H and OSU Extension. You can view this list at: http://go.osu.edu/DQoffenses

If you would like to be reimbursed for the cost of your background check, keep your original receipt and bring it, along with this form, to your county OSU Extension office. Complete the form below and be sure your name appears on your receipt. We will then submit a reimbursement request for you. The reimbursement check will be mailed from OSU in Columbus; it may take eight to ten weeks to process.

OSU Extension 4-H Volunteer Request for Reimbursement

Volunteer Name (Print first, middle, last): ___________________________________________________
Volunteer Signature: _________________________________________  Date: ____________________

For office use only. Tape receipt to top of this form before scanning.
Date volunteer reimbursement request received at Extension Office: ____________________ (month / day / year)
Name & initials of OSU Extension Professional receiving request: __________________________ Initials: ______