



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 March 1<sup>st</sup>. 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 1<sup>st</sup>. 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.

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,

Erin Dailey  
Extension Educator, 4-H Youth Development  
& County Extension Director



## Volunteer Position Description 4-H Youth Development Ohio State University Extension



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

### **Qualifications & Expectations:**

- ◆ Ability, interest, and willingness to:
  - Work with volunteers and 4-H professionals to teach and motivate youth while nurturing positive self esteem, decision making, responsibility, and leadership.
  - Effectively organize, delegate, and communicate (verbal and written)
  - Work with minimal supervision from professional staff.
  - 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:**

Erin Dailey, Jackson County 4-H Extension Educator, [dailey.108@osu.edu](mailto:dailey.108@osu.edu), 740-286-5044, x25

## **Jackson County 4-H Horse Committee Supplemental Application**

*Complete this application and return to the  
Jackson County Extension Office by **March 1<sup>st</sup>***

Applications are currently available and are being accepted until March 1<sup>st</sup>. 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 1<sup>st</sup>. 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?

# OHIO STATE UNIVERSITY EXTENSION

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** \_\_\_\_\_

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis.  
For more information visit: [go.osu.edu/cfaesdiversity](http://go.osu.edu/cfaesdiversity)



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AND ENVIRONMENTAL SCIENCES



**JACKSON.OSU.EDU**  
OSU Extension – Jackson County  
17 Standpipe Road  
Jackson, OH 45640

# Ohio 4-H Volunteer Application

## I. GENERAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Length of time at this address (years): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Cell: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Work: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

School District: \_\_\_\_\_ Email: \_\_\_\_\_

Are You a 4-H Alumni:  Yes  No If yes, what state and county: \_\_\_\_\_

### Demographic Information

Occupation (optional): \_\_\_\_\_ Level of Education (optional): \_\_\_\_\_

Ethnicity:  Hispanic  Non-hispanic

Race:  White  Black  American Indian/Alaskan Native  Hawaiian/Pacific Islander  Asian

Residence:  Farm  Town/Rural (<10,000)  Town (10,000-50,000)  Suburb (< 50,000)  City (> 50,000)

Military Service:  No one in my family is currently serving  My Parent serves  My Sibling serves

My Son/Daughter serves  I/my spouse/partner serve

Branch of Service:  Air Force  Army  Coast Guard  Marines  Navy

Branch Component:  Active  Guard  Reserves

Health Considerations/Notes (i.e., food allergy, diabetes, etc...): \_\_\_\_\_

## II. VOLUNTEER INTEREST

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



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[ohio4h.org](http://ohio4h.org)

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Do you prefer to work directly with youth or adults?  Youth  Adults  Both

If you prefer to work directly with youth, what age level(s) do you prefer?

Ages 5-8  Ages 9-12  Ages 13-19  No Preference

**Type of 4-H Volunteer Position:**

- 4-H Club:**  Organizational Leader  Cloverbud Leader  Project Leader  Resource Leader
- Project Area Interests:** \_\_\_\_\_
- Committee Member – list committee:** \_\_\_\_\_
- Camp** (check all that apply):  Residential  Day
- Special Interest/Emphasis Program – list program:** \_\_\_\_\_
- After-School Program – list site:** \_\_\_\_\_
- Community Center/Youth Organizational Partner – list site:** \_\_\_\_\_
- Other:** \_\_\_\_\_

**If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club?**  New  Existing

If existing, name of club: \_\_\_\_\_

**What time commitment do you initially desire to give?**

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give date, nature, and disposition of offense:

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**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

**References:** List **non-family members** who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and e-mail addresses.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.*

**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.*

\_\_\_ I GIVE \_\_\_ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. 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. (If not completed, OSU Extension will not use publicity about your participation).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Ohio 4-H Volunteer Enrollment Form

4-H Club \_\_\_\_\_

New volunteer Re-enrollment 

E-mail Address \_\_\_\_\_

Years as Volunteer (Including this year) \_\_\_\_\_

Name (please print) \_\_\_\_\_  
First Middle Initial LastMailing Address \_\_\_\_\_ County of Residence \_\_\_\_\_  
Street City ZipBirth Date \_\_\_/\_\_\_/\_\_\_ Gender  Male  Female Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Check here to receive text alerts to your mobile device. Mobile Service Provider \_\_\_\_\_

(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

Correspondence Preference  E-mail  Mail T-Shirt Size \_\_\_\_\_  Youth  Adult

Occupation (optional) \_\_\_\_\_ Level of Education (optional) \_\_\_\_\_

Ethnicity (check one)  Hispanic  Not HispanicRace (check all that apply)  White  Black  American Indian/Alaskan  Hawaiian/Pacific Islander  AsianResidence (check one)  Farm  Town  Town  Suburb  City  
(Less than 10,000) (10,000 to 50,000) (More than 50,000) (More than 50,000)Active Military Service (check all that apply)  I and/or my spouse/partner  My parent(s)  I have a sibling(s)  I have a dependent(s)Branch of Service  Air Force  Army  Coast Guard  Marines  NavyBranch Component  Active Duty  National Guard  Reserves

Health Considerations/Notes (i.e. food allergy, diabetes, etc....) \_\_\_\_\_

I GIVE  I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. 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. (If this section is not completed, Ohio State University Extension will not use publicity about your participation)

Volunteer Type (check one)  Organizational Club Leader  Cloverbud Leader  Project Leader  Resource Leader

Projects/topics in which I provide leadership \_\_\_\_\_

I also serve as a county volunteer for (list any other county clubs, committees, and/or organizations) \_\_\_\_\_

I am a previous 4-H member  Yes  No – If yes, County and State \_\_\_\_\_

I have read, understand, and agree to be bound by the **VOLUNTEER STANDARDS OF BEHAVIOR** outlined on the back of this form.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Organizational Club Leader 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.
- 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 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, 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.

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.
- 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 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.

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 clients on a nondiscriminatory basis. For more information:

<http://go.osu.edu/cfaesdiversity>.

# 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: \_\_\_\_\_

tape receipt in this area