



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.

#### Selections for the Jackson County

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

## 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-hispanicRace:  White  Black  American Indian/Alaskan Native  Hawaiian/Pacific Islander  AsianResidence:  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 serveBranch of Service:  Air Force  Army  Coast Guard  Marines  NavyBranch 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?



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

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):

<b>Employer</b>	<b>Position Title</b>	<b>Year</b>
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**Previous Volunteer Experience** (list current or most recent experience first):

<b>Employer</b>	<b>Position Title</b>	<b>Year</b>
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### 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:** \_\_\_\_\_

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

*Complete this application and return to the  
Jackson County Extension Office by **January 25, 2016***

***Interviews will be held Thursday, January 28.***

*Please call the Extension Office at 740-286-5044 to schedule an interview time.*

The Jackson County 4-H Horse Committee is restructuring for 2016. Applications are currently available and are being accepted until Monday, January 25. **Members will be selected through an interview process held on Thursday, Jan 28.** If you or anyone you know are interested in becoming a member of the horse committee please complete an application and submit it by January 25. 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. 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

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

Number of years as a volunteer \_\_\_\_\_

## **Please answer all of the following questions:**

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

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

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

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?

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

**Junior Fair Board 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** \_\_\_\_\_

*Jackson County Extension embraces human diversity and is committed to ensuring that all research and related educational programs are available to clientele on a nondiscriminatory basis without regard to age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status. This statement is in accordance with United States Civil Rights Laws and the USDA.*

Roger Rennekamp, Associate Dean, College of Food, Agricultural, and Environmental Sciences; Director, Ohio State University Extension

For Deaf and Hard of Hearing, please contact Jackson County Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 1-800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 740-286-5044. 01/15

**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**  
**Obtaining Fingerprints**  
**WebCheck**

1. Identify a local agency/organization that has capability to conduct fingerprint checks using the WebCheck system.
2. Visit the **Jackson County Sheriff's Office** (during designated hours) or **Bureau of Motor Vehicles**. Or for a listing of other current site, visit the following website:  
<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/WebcheckCommunity-Listing>
3. Contact the administrator of the agency/agencies that have the capability to conduct Webchecks to determine their ability/willingness to conduct checks for your program(s)
4. Set-up a time to meet in order for you to become familiar with the system and what will be required of potential volunteers when they go to that site for fingerprinting.
5. The cost necessary for BCI to perform the background checks is \$22.00 per transaction. Some agencies or vendors choose to charge additional fees over and above this required cost. Such fees may range from \$5.00 to \$40.00. **The cost at both the Jackson County Sheriff's Office and BMV is \$35.**
6. Discuss with the agency that has Webcheck capabilities the process for paying for the background checks that they are processing for your program(s)
7. Be aware of appropriate times for individuals to go to the site to get the fingerprints done. Be sure that you communicate with the potential volunteers the appropriate location, times, costs, and what they will need to bring with them (i.e. Drivers License)
8. The organization conducting the check will not receive the results. All volunteer results will go to a central location at Ohio State University Extension and individual counties will receive the appropriate information related to the background checks from there.
9. If you have additional questions about the WebCheck system, please visit the following website: <http://www.ohioattorneygeneral.gov/About/FAQ/BackgroundCheck-FAQs>
10. You MUST use **Code 2151.86** for BCI Background check (*see back of this page*)

**All fingerprint reports should be sent to:**

Gina Thorpe – Jackson County  
OSU Office of Human Resources  
1590 N. High Street, Suite 300  
Columbus, OH 43201

## APPENDIX E: BCI REASON FINGERPRINT CODES

This table lists each BCI Reason Fingerprint Code. Additional codes will be added as state legislation is authorized. The Code Number must be submitted to BCI&I in field 2.905 with appropriate spacing as listed below.

Reason Code	Reason Description
109 578	Prospective Firefighter / EMT Applicants
113 041	Ohio Treasurer of State employees
121 08	Ohio Department of Commerce
173 27	State long-term care ombudsperson program
173 38	Community based long term care agency
2151 86	Out of Home Child Care, Foster Parents, Adoptive Parents and all individuals 18 and over residing in home
311 41	Carry Concealed Weapons
311 41R	Carry Concealed Weapons – Renewal
311 41T	Carry Concealed Weapons – Temporary
311 41F	Carry Concealed Weapons – Retired LE
1121 23	Management of a bank
1155 03	Management of a savings and loan association
1163 05	Management of a savings bank
1315 141	Management of a licensee for a financial institution
1321 37	License to make short-term loans
1321 53	Certification of registration for a financial institution
1321 531	Application for a mortgage loan originator license
1322 03	Certification of registration as a mortgage broker
1322 031	License as a loan officer
1733 47	Management of a credit union
1761 26	Management of a credit union share guaranty corporation
2151 33	Temporary care of a juvenile
2151 412	Parent, guardian, custodian, prospective custodian, or prospective placement involved in a case plan
3301 32	Headstart Agency
3301 541	Preschool Program
3319 39B1	School Employees – non teaching positions
3319 39B3	School Employees – teachers only
3327 10	School Bus Driver
3701 881	Home Health Agency Responsible for Children or Adults (in-home patient care)
3712 09	Hospice Care Program
3721 121	Home or Adult Daycare Program