**Volunteer Selection Process**

**Appendix A**

**Forms**

FORM 1: **This form can be adapted to meet local needs.**

**Prospective MSU Extension Volunteer Staff Action Form**

Copies of the “MSU Extension Volunteer Application Form,” the criminal history check report (which

should be in a sealed, confidential envelope) or the “MSU Extension Volunteer Applicant Certified

Through Other Agencies Form,” the copies of the “MSU Extension Volunteer Reference Form” and

the notes on or attached to the “Interview Report of MSU Extension Volunteer Applicant Form”

should be attached to this form and kept in an individual, confidential file.

Volunteer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Conducted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

 Criminal History Screening Received Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**References Checked:**

1. Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

2. Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Reference Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

 Code of Conduct Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Disposition of Application**

\_\_\_\_\_ Accepted – Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Not accepted – Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not accepted, check one of the following:

\_\_\_\_\_ Did not pass criminal history check

\_\_\_\_\_ Unsupportive references

\_\_\_\_\_ Inappropriate role model for youth or vulnerable adults (refer to “MSU Extension Staff

and Volunteer Agreement and Code of Conduct Form” which defines role models)

\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

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race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status

or veteran status.

FORM 2: Although county identification and other county information can be added to this form, the content should not be changed.

**MSU Extension Volunteer Application Form**

Extension volunteers working with youth aged 19 and under and/or with adults who have severe

mental, physical or emotional disabilities must complete this application.

Name:

(Last) (First) (Middle)

Address:

(Street) (City) (Zip)

Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid driver’s license? \_\_\_\_\_ Yes No

Do you have a valid automobile insurance policy? \_\_\_\_\_ Yes No

Why do you want to be an MSU Extension volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe briefly your volunteer experience, work you have done with youth, vulnerable adults and/or community groups, and training you’ve received as part of that/those volunteering experience(s).

List your interests and skills (for example, drama, food and nutrition, computers, photography, health/

safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural re-

sources, marine and water resources, community service, career development). Feel free to list any

and all others!

I prefer: \_\_\_\_ working with youth: \_\_\_\_ aged 5 to 8 \_\_\_\_ aged 9 to 12 \_\_\_\_ aged 13 to 19

\_\_\_\_Working with adults \_\_\_\_ working with adults with disabilities

\_\_\_\_ Working with youth with disabilities

 **(check all that apply)**

How much time are you willing to spend as an MSU Extension volunteer?

Weekly\_\_\_\_\_\_\_\_ hours Monthly\_\_\_\_\_\_\_\_ hours

Have you volunteered in other counties within Michigan or in other states? If so, please identify them for us.

Other Michigan counties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other states (and counties):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List three references. Include business associates, employers or social friends. (Do not list relatives.)

Be sure you include persons who can provide information about your qualifications and suitability for

working as a volunteer with MSU Extension programs.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work)

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address

Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work)

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.

Name Address

Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work)

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been turned down as a volunteer with another organization?

No \_\_\_\_\_\_ Yes — If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied to become a volunteer (or have you volunteered) in another county or state in 4-H,

another youth organization or any other organizations? \_\_\_\_\_\_ No \_\_\_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my enrollment as a volunteer is contingent upon successful completion of the
application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, sex,

disability, age, religion, disability, political beliefs, sexual orientation, marital status, family status, or veteran status and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Michigan State University Extension. I understand that either party

may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to: (YOUR LOCAL 4-H PROGRAM COORDINATOR OR EDUCATOR)

**Thank you for your willingness to share your talents!**

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race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

FORM 3: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Criminal History Check Permission Form**

To protect your privacy, this form will be seen only by Michigan State University Extension staff.

Please return the completed form in the attached confidential envelope.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name First Name Middle Initial**

**Race:** \_\_\_ White \_\_\_ Black \_\_\_ Asian or Pacific Islander \_\_\_ American Indian or Alaskan Native

\_\_\_ Unknown/Other

**Sex:** \_\_\_ Male \_\_\_ Female **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Date Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Last Name Other First Name Other Middle Initial**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Last Name Other First Name Other Middle Initial**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Last Name Other First Name Other Middle Initial**

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

**If yes**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Michigan State University Extension permission to check my criminal history with state and local

police as well as with any jurisdictions in other states in which I have lived.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of

information that will be considered in determining the appropriateness of an individual to be an MSU

Extension volunteer.

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FORM 4: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Volunteer Telephone Reference Form**

This form is provided for staff and/or selection committee members to use when visiting by telephone to

check references listed by a prospective volunteer. Since some of the questions are about issues that

appear on the “MSU Extension Staff and Volunteer Agreement and Code of Conduct Form,” you may

want to review that form before conducting the interview.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potential Volunteer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Being Interviewed Telephone

Introduction: Introduce yourself. Indicate to the interviewee: *“Your name was given to us by (indicate*

*potential volunteer’s name). He or she is interested in being a volunteer with Michigan State University*

*Extension. To help us better understand where this person might fit into our organization, we would*

*like to ask you a few questions. This call should take no more than five minutes. Is this a good time or*

*should I call you at a more convenient time? (Indicate potential volunteer’s name) has indicated he or*

*she approves of you releasing information about him or her. Thank you.”*

1. How do you know this person? How long have you known him or her?

2. Please comment about this person’s ability to work with young people or vulnerable adults.

3. Please comment about his or her sense of responsibility and follow-through on commitments.

4. Please comment about this person’s leadership skills, organizational skills, people skills, etc.

5. Are there any reasons why you feel this person would be an unsuitable volunteer to be working with

young people or adults with disabilities?

6. Would you be comfortable having your child, or individuals you know, under this person’s guidance?

Why?

7. Has this person ever been convicted of a crime of which you are aware?

Any other comments:

Thank you very much for your help. We appreciate your contributions.

Phone interview conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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FORM 5: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Volunteer Mail Reference Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying as an MSU Extension volunteer to work

with youth aged 19 and under and/or with adults who have severe mental, physical or emotional dis-

abilities. He or she has given your name as a reference, with approval for you to release information

about him or her.

Adults in volunteer positions help individuals have fun while learning new skills, increasing their abilities

to work together, managing their own activities and developing into productive adults. MSU Extension

seeks your help in providing information about people to serve in volunteer roles and will appreciate

your prompt completion of this reference form. Please return it in the enclosed, preaddressed, stamped

envelope.

Use this checklist to evaluate the applicant’s qualities. Use the following marking system:

**E** = Excellent **G** = Good **F** = Fair **U** = Unknown

\_\_\_ Understanding children \_\_\_ Ability to organize \_\_\_ Flexibility \_\_\_ Dependability

\_\_\_ Ability to complete a task \_\_\_ Sense of humor \_\_\_ Initiative \_\_\_ Enthusiasm

\_\_\_ Sense of fairness \_\_\_ Resourcefulness \_\_\_\_ Honesty \_\_\_ Respect for others

\_\_\_ Communication skills \_\_\_ Patience \_\_\_ Understanding persons with disabilities

Share your impression and knowledge of the applicant’s qualifications for the position by using specific

examples where possible.

1. How long have you known him or her?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please comment about this person’s ability to work with young people or vulnerable adults.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please comment about his or her sense of responsibility and follow-through on commitments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please comment about this person’s leadership skills, organizational skills, people skills, etc.

5. Are there any reasons why you feel this person would be an unsuitable volunteer to be working with

youth and/or adults with disabilities?

6. Would you be comfortable having your child, or individuals you know, under this person’s guidance?

Why?

7. Has this person ever been convicted of a crime of which you are aware?

Any other comments. Please attach an additional sheet if you need more space.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**

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FORM 6: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Volunteer Applicant**

**Certified Through Other Agencies Form**

**Note to MSU Extension Staff:**

Michigan State University Extension values volunteers who work to provide quality educational

programs in safe environments. As a part of a volunteer selection process, all MSU Extension
volunteers must complete an application form and go through a selection process.

Volunteers who have been screened and accepted by other nonprofit organizations may not have

to complete the entire MSU Extension selection process. They will not have to complete the entire process if:

1. They have been screened and accepted, and have references on file with another nonprofit

organization; and

2. This process has been completed within the past year; and

3. The nonprofit organization has as vigorous a selection process for volunteers as MSU

Extension.

If the volunteers meet all of the above criteria, they must complete the information below for you to

forward to the other agency. Each volunteer should also undergo an individual interview, as to determine if they can fill the available and open volunteer role. If accepted, the volunteer should sign the volunteer code of conduct. A staff member from that agency then completes the other side of this sheet and returns it to you. Once you have the form on file, the mandatory application process is complete.

**Extension Volunteer Application**

This application form is for volunteers who have been screened by another agency within the past year.

Please complete the form below. Since you have applied for and have been accepted as a volunteer

with another organization in the community, it is not necessary for you to complete the selection pro-

cess that is mandatory for all new volunteers with MSU Extension. Once this form has been completed,

we will contact the other organization.

**Applicant Section**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of volunteer organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number, if known (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years with that organization \_\_\_\_\_\_\_\_\_

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**Other Organization Section**

The person listed on the other side of this form is interested in becoming a Michigan State University Extension volunteer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has indicated that he or she has been a volunteer with your organizationwithin the past year. Volunteers who want to work with MSU Extension must complete a criminal history screening process. However, if such volunteers have been accepted **within the past year** and have references on file with another organization (such as schools,

churches, parks and recreation departments, Girl Scouts, or Boys’ and Girls’ Clubs), they will not need to complete that part of the volunteer selection process with us. We are asking you to complete the form below and return it to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above volunteer has completed our volunteer selection process and was accepted as a volunteer for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(organization)

This volunteer selection process was completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(date)

This volunteer was screened, accepted and has references on file with my office.

Print name of person completing form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FORM 7: **Although county identification can be added to this form, the content that follows should not be changed.**

**Interview Report of MSU Extension Volunteer Applicant Form**

Name of volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position discussed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of interviewer

Throughout the interview, consider how well the volunteer and position fit together. Consider how the volunteer listens and responds to questions in the following suggested areas. Be sure to ask questions in each area. Since some of the topics that follow are about issues that appear on the “MSU Extension Staff and Volunteer Agreement and Code of Conduct Form,” you may want to review that form. Before the interview, you may also want to go over the information contained in Appendix C about conducting

successful interviews.

**LEADERSHIP SKILLS**

\_\_\_\_\_ Experiences working with children or vulnerable adults
\_\_\_\_\_ Experiences working with other adults
\_\_\_\_\_ Experiences collaborating with other organizations
\_\_\_\_\_ Skills and qualifications
\_\_\_\_\_ Involving parents and others
\_\_\_\_\_ Promoting teamwork

Comments:

**DIVERSITY**

\_\_\_\_\_ Experiences and feelings about diversity (racial, socioeconomic, persons with disabilities, etc.)
\_\_\_\_\_ Ideas for promoting respect and understanding

Comments:

**ORGANIZATIONAL SKILLS**

\_\_\_\_\_ Experience organizing youth or adults
\_\_\_\_\_ Record-keeping skills
\_\_\_\_\_ Knowledge of how to conduct effective meetings
\_\_\_\_\_ Communication skills (writing or speaking)
\_\_\_\_\_ Time-management skills

Comments:

 **HUMAN RELATIONS SKILLS**

\_\_\_\_\_ Handling conflict
\_\_\_\_\_ Discipline techniques when working with youth
\_\_\_\_\_ Dealing with situations that don’t go as planned
\_\_\_\_\_ Problem-solving skills

Comments:

**UNDERSTANDING YOUTH DEVELOPMENT**

\_\_\_\_\_ Understanding of young people
\_\_\_\_\_ Reasons for volunteering
\_\_\_\_\_ Views on competition
\_\_\_\_\_ Understanding of disabilities
\_\_\_\_\_ Not applicable

Comments:

**UNDERSTANDING ADULT LEARNING**

\_\_\_\_\_ Understanding of adult motivation
\_\_\_\_\_ Reasons adults volunteer
\_\_\_\_\_ Views on collaboration
\_\_\_\_\_ Understanding of disabilities
\_\_\_\_\_Not applicable

Comments:

For help in conducting effective interviews, see the suggestions in Appendix C.

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FORM 8: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Staff and Volunteer Agreement and Code of Conduct Form**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***County/Unit**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City Zip

Telephone Day (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening/Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MSU Extension staff agree to:**

* Provide the volunteer with appropriate policies and procedures.
* Provide orientation about volunteers’ roles and the organization.
* Set educational tone and direction in conjunction with the appropriate MSU Extension committees.
* Offer volunteer training.
* Provide role descriptions.
* Provide assistance, program support and encouragement.
* Give recognition for time and energy devoted to MSU Extension.
* Implement ongoing affirmative-action policies and assist volunteers in doing the same.

**Volunteer agrees to:**

* Meet leadership requirements and enroll as a volunteer.
* Follow the policies, philosophy and procedures defined by staff and the appropriate Michigan State University Extension committees.
* Fulfill outlined role requirements without expectation of monetary compensation.
* Be supportive of the MSU Extension program and its activities at all levels.
* Abide by the MSU Extension Volunteer Code of Conduct.
* Affirm that the MSU Extension program actively seeks members from every race, ethnic, religious and socio-economic group.
* Supply MSU Extension office with all information about changes in the group or club, including membership, as they occur.

I have reviewed the agreement and am willing to serve in this capacity until either party cancels this agreement. If I am unable to continue as an MSU Extension volunteer, I will notify Extension staff at least one month in advance.

I have read the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/Unit Code of Conduct on the back of this form and agree to comply with it.

**Signatures**

MSU Extension Volunteer Date

MSU Extension Staff Person Date

Distribute the original to the MSU Extension office and provide a copy to the volunteer.

**Code of Conduct**

Michigan State University Extension prides itself on providing quality educational programs. The primary purpose of this Code of Conduct is to ensure the safety and well-being of all participants.

**As an MSU Extension volunteer, I promise that I will:**

• Accept responsibility to represent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/Unit and MSU Extension programs with dignity and pride by being a positive role model.

• Respect, adhere to, and enforce the rules, policies and guidelines established by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County/Unit and MSU Extension programs, and be courteous and respectful in dealings with other program participants and MSU staff.

• Abstain from, and not, tolerate physical or verbal abuse.

• Comply with equal opportunity and anti-discrimination laws.

• Avoid criminal activities.

• Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension activity or event.

• Under no circumstances, attend or participate in an MSU Extension activity or event under the influence of alcohol and/or controlled substances.

• Operate machinery, vehicles and other equipment in a responsible manner.

• Report a violation of the Code of Conduct of which I am aware to a MSU Extension staff member or the person in charge of the program.

It is important that all Michigan State University Extension volunteers comply with the Code of Conduct. Failure to comply with any component of the code or participation in other inappropriate conduct as determined by MSU Extension representatives may lead to dismissal as a volunteer from the MSU Extension program.

MSU is an affirmative action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

FORM 9: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension Michigan Sex Offender**

**Registry Check Completion Form**

All youth-service organizations in Michigan are required by law to complete a Michigan Public Sex Offender Registry check every six months on all volunteers within the program. It is MSU Extension’s policy to conduct this check every six months on all volunteers who work with youth or vulnerable adults as part of Extension programs. This may be done one of three ways.

1. Print the list of all registered offenders, www.mipsor.state.mi.us, by zip code and cross-reference with names and addresses of volunteers within the program. Once lists have been cross-referenced, attach both lists to this form.
2. Type all volunteers’ names and birth date into the Michigan Public Sexual Offender Registry individually. Print individual results; complete this form; and staple to volunteer list.
3. Print a list of volunteers (by zip code) and staff initial each volunteer’s name who does not appear on the registry.

Completed forms and accompanying materials should be kept in a locked file cabinet with the other required volunteer selection paperwork.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County/Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program(s) check is being completed for (e.g., 4-H, other MSUE programs, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Person Completing Check**

Printed Name

Title

Signature

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FORM 10: **Although county identification can be added to this form, the content that follows should not be changed.**

**MSU Extension County/Unit Volunteer Selection Process Audit Form**

Annually, the lead staff person(s) in charge of MSU Extension programs (that use volunteers who deal directly with youth or populations with special needs) should complete this audit with their supervisor. Upon completion of this audit, the completed checklist should be kept on file in the county Extension office.

**Paperwork, Records and Confidentiality**

All applicant information (including why they are accepted or rejected as volunteers with MSU Extension) is kept confidential to the extent permitted by the law. Only the MSU Extension staff and selection committee, if used, will be involved in discussion about applicants. Discussions must not include the criminal history check. All paperwork should be completed and kept on file in accordance with the MSU Extension Volunteer Selection Process.

o Each volunteer has a clearly labeled individual file that contains:

\_\_\_\_ Prospective MSU Extension Volunteer Staff Action Form

\_\_\_\_ MSU Extension Volunteer Application Form

\_\_\_\_ MSU Extension Criminal History Check Permission Form

\_\_\_\_ MSU Extension Volunteer Telephone and /or Mail Reference Forms

\_\_\_\_ Interview Report of MSU Extension Volunteer Applicant Form

\_\_\_\_ MSU Extension Staff and Volunteer Agreement and Code of Conduct Form

\_\_\_\_ Criminal history check result in sealed envelope marked confidential or MSU

 Extension Volunteer Applicant Certified Through Other Agencies Form

\_\_\_\_ Any other official correspondence related to MSU Extension volunteer role

o Sex Offender Registry Check Completion Form is done twice yearly.

o Files are kept in a locked file cabinet.

o Files of MSU Extension volunteers are kept three years past last date of active involvement.

o Files of MSU Extension volunteer applicants who were not accepted or MSU Extension volunteers who were dismissed are kept indefinitely.

Program Staff Signature Date

Supervisor Signature Date

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