Welcome!

We’re pleased that you’re interested in learning more about the Michigan State University Extension youth development program and that you want to consider becoming an Extension Volunteer. Youth who participate in Extension & 4-H develop self-confidence, learn decision making skills, meet and learn to relate to new friends, gain an understanding about thinking globally and acting locally, and much more!

Competent, caring adults who are concerned about young people are an important and integral part of Extension youth development. Volunteers become positive role models for youth who participate in Extension.

Your willingness to step forward and provide leadership to Michigan’s youth during these rapidly changing times will bring great dividends and rewards to you. Working with kids can bring you immense satisfaction as you watch them grow and develop. You too can gain new skills and meet new people as you participate in county, state and regional volunteer training workshops.

The purpose of our volunteer system is to help you get to know Extension better and for Extension to get to know you better. Knowledge about your interest, skills and background will help make a better match between your volunteer interests and the needs of youth.

Components of this volunteer system include filling out a volunteer application form, completing a volunteer selection process, completing the online volunteer modules, visiting with an Extension representative and signing a volunteer agreement if you decide to say “YES” to becoming an Extension volunteer.

After you successfully complete this process, you will be oriented to your role as an Extension volunteer and have opportunities to participate in various workshops. We in the Michigan Extension youth development program are ready to support and assist you in your Extension volunteer role.

We look forward to working with you.
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)

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 community groups, and training you’ve received.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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 resources, 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 with disabilities  _____ youth with disabilities

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

Weekly_______ hours  Monthly_______ hours
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)

2. 
   Name __________________________ Address __________________________
   Telephone: (___) __________________________ (___) __________________________
   (Home) (Work)

3. 
   Name __________________________ Address __________________________
   Telephone: (___) __________________________ (___) __________________________
   (Home) (Work)

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 or family 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:

Thank you for your willingness to share your talents!

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.
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

Michigan Driver License Number ________________________________

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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MSU Extension Staff and Volunteer Agreement and Code of Conduct Form

_________________________ County

Name

Address

Street
City
Zip

Telephone ( ) ___________________________ ( ) ___________________________
Daytime
Evening

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 job 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 job 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 socioeconomic 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 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
Code of Conduct

The Michigan State University Extension program 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 volunteers, I promise that I will:

- Accept responsibility to represent Oceana County 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 Oceana County and MSU Extension programs, and be courteous and respectful in dealings with other program participants.
- 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.

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.

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Accessing the 4-H Volunteer e-Learning Course:

1. The 4-H Volunteer e-Learning Course is housed within the "Volunteers" information page on the Michigan 4-H Youth Development website. The direct link to that page is: http://4h.msu.edu/4h/volunteers. There is a description of the course on the page under the link entitled “4-H Volunteer e-Learning Course.” When clicking on the link from the volunteer page, it will first open the description and then provide a link. Clicking on the link in the description section that says “4-H Volunteer e-Learning Course” will take you to the link needed to open the course. You can access it directly by going to http://4h.wsu.edu/volunteertraining/.

2. Once on the official 4-H Volunteer e-Learning page (http://4h.wsu.edu/volunteertraining/), you can access the course by clicking the white button on the left side of the screen that says “4-H Volunteer e-Learning Course.” If necessary, there are instructions on the page to install the appropriate software needed to run the course. This software is fairly standard and most people will not need to install additional software in order to use the system.

3. After clicking the white button to launch the 4-H Volunteer e-Learning course, individuals will need to sign in under the appropriate state. They should enter their first and last name and select Michigan from the drop-down menu. The correct password is Volunteer. After typing the password, click the button that says “Login.”

4. There are four modules that need to be completed as a part of the 4-H Volunteer e-Learning Course: About 4-H, Youth Development, Leadership & Teaching, and Getting Started in 4-H. The center of the 4-H clover tells participants more about the course. Each module can be completed individually by accessing the menu on the left or by clicking on the appropriate title within the 4-H clover. Each lesson takes approximately twenty minutes to complete. You can advance through the lessons by clicking the yellow button that says “next” or go back by clicking “back” if needed.

5. Each module has a short quiz that you will need to complete in order to demonstrate proficiency in that section. Once you pass the quiz, you will be taken to a certificate where you can enter your name, county, and share any additional comments you would like. Individuals can print their certificates for each module if they would like them for their portfolios. Once finished, clicking “submit” will alert staff at Michigan 4-H Youth Development that you have completed a section of the 4-H Volunteer e-Learning Course.
### Section 1

All fields must be completed for processing.

- **Complete only if you were employed with the police department, and your official copy is request to 617-241-7047.**
- Your identity as a Registered Nurse is verified by our records, if this is not the case please fill in the space below the signature.
- This procedure must be followed if you are licensed in any state other than Michigan. Please contact the Michigan Department of Human Services, Michigan's Program Office at 517-33-6398. Mail questions to Box 170.

### Section 2

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<tr>
<th>Date of Birth</th>
<th>Phone Number</th>
<th>Address</th>
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<td>Social Security Number</td>
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**Signature Required for Individual being Cleared**

**Instructions:**

- An employer and/or copy of individual’s full identification must be attached.

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**Central Registry Clearance Request**

- Michigan Department of Human Services