

Cooperative Extension Service

Powell County
169 Maple Street
Stanton, KY 40380-2074
(606) 663-6405
Fax: (606) 663-6404
<http://extension.ca.uky.edu>

**Dear Prospective
Kentucky Cooperative Extension Service Volunteer,**

Let us take this opportunity to thank you for expressing an interest in becoming a volunteer for the Kentucky Cooperative Extension Service. Volunteer contributions of time, talent and resources are critical in assisting our mission of educating people to solve problems, make decisions and embrace change.

To support Kentucky Cooperative Extension members, parents, volunteers and salaried staff, we have established client protection standards concerning an individual's involvement as a volunteer. These standards are designed to:

- Support and encourage a positive experience for all program participants, youth, parents, adults, volunteers and professionals;
- Increase organizational effectiveness in communicating with program participants, members, parents, volunteers and professionals;
- Improve organizational accountability to University, government and private organizations and agencies who provide the resources necessary to conduct the Kentucky Cooperative Extension Program.

The Kentucky Cooperative Extension Service requires each prospective volunteer who works directly with vulnerable audiences:

- Complete the Kentucky Cooperative Extension Service Volunteer Application Form
- Agree to abide by and sign the Kentucky CES Expectations for Volunteers Form
- Sign an appropriate volunteer position description
- Complete the application process, including: background check, personal references check, interview and volunteer orientation program.

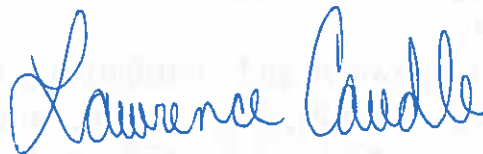
Please note that this information may be updated periodically, is handled confidentially and kept in a secure file accessible only to appropriate Extension staff or the Client Protection Committee following the receipt of your application or the discontinuation of your involvement as a Kentucky Cooperative Extension Service Volunteer.

We appreciate your cooperation and look forward to working with you. Once again, thank you for your participation and support of the Powell County Cooperative Extension Program.

Sincerely,



Valerie Stewart
CEA for 4-H Youth Development



Lawrence Caudle
CEA for Agricultural & Natural Resources



HOW TO USE THIS PACKET:



1. Please review and complete all portions of the **KENTUCKY COOPERATIVE EXTENSION SERVICE VOLUNTEER APPLICATION PACKET**.
2. Double check that sections are complete with signatures and dates (where needed) and that you have taped a copy of your driver's license to the Motor Vehicle Record (MVR) Release & Information Form or have included a copy in your packet.
3. **RETURN THE PACKET TO THE POWELL COUNTY EXTENSION OFFICE.**
4. Once we receive your volunteer packet, we will verify that it is complete and begin the approval process by contacting your references, conducting your background check, etc. Once we have all of our documentation in order, your agent will meet with the Client Protections Committee and/or Chair to review your file and determine your volunteer status. Once that is complete, you will receive notification via the mail.

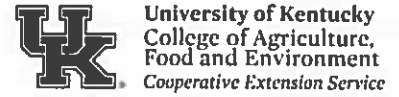


MISSION STATEMENT FOR KENTUCKY COOPERATIVE EXTENSION SERVICE

The Kentucky Cooperative Extension Service serves as a link between the counties of the Commonwealth and the state's land grant universities to help people improve their lives through an educational process focusing on their issues and needs. We emphasize:

- valuing diversity and capitalizing on its potential to strengthen program;
- being locally-driven, flexible and respectful;
- identifying and supporting high priority statewide programming thrusts;
- educating people to solve problems, make decisions and embrace change;
- applying knowledge and research-based information;
- accomplishing work through collaboration, volunteerism and leadership development;
- fostering an empowered and contributing people;
- developing youth, adults, families and communities; and
- fostering effective lifelong use of personal and natural resources.

VISIT US ON THE WEB:
<http://ces.ca.uky.edu/powell>



Volunteer Application Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

I. GENERAL INFORMATION

Name _____
(FIRST) (MIDDLE) (LAST)

e-mail _____

Phone: Primary _____ Mobile _____

Other _____ Work _____

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): _____
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? _____ years

If less than five years, list your prior addresses and the length of time you lived at each.

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

Hispanic Ethnicity: (check one): Hispanic or Latino Not Hispanic or Latino

Racial Groups (check all that apply): White Black or African American

American Indian or Alaskan Native Asian

Native Hawaiian or Other Pacific Islander

Gender: Female Male

Occupation: _____ Employer: _____

If you were a 4-Her, indicate County: _____ State: _____

If you have volunteered with youth (including 4-H), how long did you do so? _____

If yes, list City: _____ County: _____ State: _____

Extension staff with whom you worked. Name: _____ Phone: _____

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

II. PERSONAL REFERENCES

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

2) NAME _____ cell phone _____ work phone _____

Address _____
(Street) (City) (State) (Zip)

How do you know this person? _____ email _____

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, age, sex, religion, disability or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel.

Signature of volunteer _____ Date _____

Have you been convicted of two or more moving vehicle violations in the last 12 months?
 Yes No If yes, please explain: _____

Motor Vehicle Record (MVR) Release & Information Form

Please provide all requested information and return form to UK Risk Management

UK Risk Management
306 Peterson Service Building
Lexington, KY 40506-0005
Phone: (859) 257-3708 Fax: (859) 257-1050

Services provided by:
Sonic e-Learning Inc.
Phone: (877) 867-6642 Fax: (866) 462-6316

Please attach copy of Drivers' License here.

Department Information:

UK Department: CES Department Number: 81300

Supervisor/Contact: _____ Supv/Contact Phone: 663-6405

Driver Information:

Name: _____ Work Phone: _____
Exactly as it appears on Drivers' license

Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Years Driving Experience Yrs: _____ Mos: _____ Date of Hire: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information. I hereby consent to the University of Kentucky to obtain such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of UK driving privileges.

Driver's Signature: X _____ Date: _____

Risk Management Department Use only.		Supv	<input type="checkbox"/>	HR	<input type="checkbox"/>	ARB	_____
MVR Req	<input type="checkbox"/>	Rec'd	<input type="checkbox"/>	Filed	<input type="checkbox"/>	Referred	<input type="checkbox"/>



University of Kentucky Extension Volunteer Criminal Record Check Request

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS *Please Read Carefully Before Signing the Authorization*

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from IntelliCorp Records, Inc., 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; 1-888-946-8355; www.intellicorp.net as well as two personal references.

For explanation purposes:

- a "criminal record check" is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a "personal reference" is a report of information on your character, reputation, personal characteristics or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and "A Summary of Your Rights under the Fair Credit Reporting Act." (Note: We will not run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference about you for volunteer purposes. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of IntelliCorp and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

Name (last, middle, first): _____

Driver's License Number: _____

State Issuing Driver's License: _____

Social Security Number _____

Maiden Names(s) or alias: _____

Date of Birth: _____

Street Address / P.O. Box: _____

City, State, Zip: _____

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.

Signature of volunteer applicant

date

Kentucky Cooperative Extension Service Volunteer Reference Form (attach here)

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.

Volunteer Reference Form Placeholder #2

Kentucky Cooperative Extension Service
Volunteer Reference Form (attach here)

Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate or allow bullying, hazing, harassment or malicious pranks.
- I will ensure that educational programs of Kentucky CES shall serve all people regardless of race, color, age, gender, religion, disability or national origin.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

Signature of Volunteer

Date

Signature of Supervisor or Agent

Date



Interview Notes (attach here)

Criminal Record (Background) Check Results (attach here)

To request a Criminal Record Report on a volunteer application, follow these steps:



Greetings from Intellicorp!

To register with Intellicorp, please go to www.intellicorp.net and select "Register Today" on the right hand side. Please find below the registration steps.

Step 1: Please complete your contact information. Also, please make sure to use "nonprofit or Education" as business type, Promotion Code: (N/A) and my name: Libby Giltz as your sales person. At that point, it will say thank you for registering and someone will contact you (*however you can just go to the link*). ****Please click on link below once you have completed Step 1:**

<https://www.intellicorp.net/signup.aspx> in order to continue the registration process.

Once you have selected the link above, the following will be required.

Step 2: Intended Use: Employment or Volunteer Screening.

Step 3: Billing Information: Please complete the required fields which include payment type.

Step 4: Credentialing: It will ask for (1) Bank Reference (name & phone) and (2) Vendor References (name & phone). You may also fax/scan to 216-450-5217. Please also fax/scan a photo copy of proof of valid business documentation.

Step 5: Service Agreement

And finally, it will thank you for registering with Intellicorp. Please print this page as it contains your Acct. ID and User Id. Your password will be emailed to you once your account is activated. When you are ready to run your first search, please contact me for online training.

Please feel free to contact me if you have any questions. Thank you and I look forward to working with you.

Sincerely,

Libby Giltz

P: 216-450-5216

F: 216-450-5217

lgiltz@intellicorp.net

<https://www.intellicorp.net/signup.aspx>

Sex Offender Registry Results (attach here)

A search of both the national and the Kentucky sex offender registries can be conducted by accessing the following website: <http://kspsor.state.ky.us/>

Enter the last name and the first name (running an alias and/or maiden name if one is provided) to run a check on individual volunteer applicants. When the results come up, print the results and staple into the volunteer application packet.

A national search of registered sex offenders can be conducted by entering the zip code of the searchable area at the same website. It is also a good safeguard to enter the zip code of the meeting place for clubs, events, programs and activities, to see the number of registered sex offenders in that zip code. (The number of offenders that are registered in most zip codes is truly sobering.) This print out should be placed in the secure volunteer file at least once each year.



COOPERATIVE EXTENSION GENERAL SUPPORT LEADER

VOLUNTEER POSITION DESCRIPTION:

Kentucky 4-H, FCS, ANR, Horticulture and Fine Arts Program
Kentucky Cooperative Extension Service
The University of Kentucky College of Agriculture

POSITION TITLE:

Cooperative Extension General Support Leader

TIME REQUIRED:

Varies according to the club, program or activity being supported

LOCATION:

Cooperative Extension Service office or other meeting place

GENERAL PURPOSE:

Assist Cooperative Extension Service club, project and activity leaders by providing support as needed.

SPECIFIC RESPONSIBILITIES MAY INCLUDE BUT NOT NECESSARILY BE LIMITED TO:

- Providing own transportation to Extension Service activities as needed
- Assisting with fund raising
- Serving as chaperones
- Assisting with club activities as needed and/or requested by club leader
- Helping to prepare meals/food for Extension Programs

QUALIFICATIONS:

- Must complete the Volunteer Application process and be approved by the Client Protection/Risk Management Committee
- A sincere interest in sharing knowledge and experiences and skills with youth and adults in an informal educational setting
- The ability to work and communicate effectively with both youth and adults
- A willingness to become familiar with and work with the philosophy and guidelines of the University of Kentucky Cooperative Extension Service, Kentucky 4-H program and County Extension Programs.

BENEFITS:

- The opportunity to work with youth and adults and provide positive support and growth experiences.
- To develop lifelong friendships with youth, parents, adults and other volunteers.
- To develop communication and leadership skills.
- To learn organizational and time management skills.
- Gain respect for community needs and civic responsibilities.
- Recognition opportunities.

SALARY:

Unsalariated; Volunteer

MENTOR/SUPERVISING PROFESSIONAL

Lawrence Caudle
CEA for Agriculture & Natural Resources
lawrence.caudle@uky.edu

Valerie Stewart
CEA for 4-H Youth Development
vstewart@uky.edu

Powell County Cooperative Extension Service
169 Maple Street
Stanton, KY 40380
(606) 663-6405
(606) 663-6404

I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervision professional if I am no longer interested in serving.

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF SUPERVISOR

DATE

Volunteer Questionnaire *(Required of all applicants)*

This questionnaire may be used in place of an interview for individuals who have an association with Extension or the 4-H Agent, i.e. Familiar Community Members (FCM) or Past Program Participants (PPP)

Please respond to the following questions in detail.

1. What experiences or volunteer activities will help you to be successful in this position?
2. What appeals to you about serving as a volunteer in this role?
3. Please share a situation in which you were responsible for disciplining a child other than your own.
4. How can the Agent best support and supervise you in your volunteer role?
5. Describe a situation in which you worked as a team member.

Notes: (include notes on punctuality, appearance, demeanor, attitude, etc.)



Volunteer Questionnaire II *(Required of new applicants)*

In-depth interview questions for new applicants (those with no previous contact with the program; are unfamiliar to the agent or to one or more members of the CPC.) These questions should be asked (face-to-face) of all new applicants, in addition to the five questions on the Volunteer Questionnaire.

Please respond to the following questions in detail.

1. *What do you see as the objective of this Extension program?*
2. *How would you handle a defiant, disruptive or unruly child or adult?*
3. *You observe an individual at a meeting or activity with something they should not have in their possession. How will you handle this situation? What would you do if it was your best friend...your best friend's child...or your child's, spouse's or employer's best friend?*
4. *How would you describe yourself?*
5. *Describe a time in which you were asked to perform a task that you did not feel comfortable doing. How did you handle the situation? Did you ask for help? If so, who? Did you complete the task? How did you feel afterwards?*

Notes: (include notes on punctuality, appearance, demeanor, attitude, etc.)

Cooperative Extension Service
Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities
accommodated
with prior notification.