

Rite of Passage – Volunteer Application
WSU Extension 4-H Challenge Program

**I. GENERAL
INFORMATION**

Name: _____

Address: _____

Phone Number: _____

Email: _____

Race / Ethnicity (check all that apply)

☐ Caucasian ☐ Black ☐ Amer. Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Hispanic ☐ Not Hispanic

Are you a resident of Washington State? ☐ Yes ☐ No

II. VOLUNTEER AGREEMENTS

Training

If accepted as a WSU Volunteer in the 4-H Youth Development Program Rite of Passage Adult Guide Training Program, I recognize that there are multiple trainings and certifications required before I can officially act in the capacity of a 4-H ROP Guide. I may begin working as an ROP Community Mentor following completion of the Adult ROP experience and completion of the online Child Protection training. *Wilderness first aid is recommended for ROP Guides.* More info:

<http://extension.wsu.edu/4h/youth/4-h-adventure-education/rite-of-passage/adult-leadership-training-program/>

Volunteer Expectations

I agree to abide by policies and guidelines of WSU Extension state and county 4-H programs as listed in the Health Form, uphold all individual's rights to dignity, self-development, and self-direction. I will not abuse any 4-H participant by physical or verbal means, and will report such abuse, if observed. I will operate machinery, vehicles, and other equipment in a safe and responsible manner. I will NOT consume alcohol or illegal substances while responsible for youth in 4-H activities nor consume anything that will in any way impact my ability to work safely with youth. I will work cooperatively with WSU Extension Staff and volunteers. I understand I will be responsible for re-enrolling annually to secure the privileges of volunteer leadership. I understand that if I am visiting out of state the Extension service will pursue a background check in my resident state and fingerprinting may be requested.

Print Name _____

Date _____

Signature _____

4-H Program policies can be located on-line at: <http://4h.wsu.edu/EM2778CD/pdf/em0758e.pdf>

III. BACKGROUND DISCLOSURE

PLEASE PRINT First Name _____

 Middle Name _____

 Last Name _____

 Former Names _____ (LBirth (MM/DD/YY) _____

 Driver's License # _____

 Date of Birth _____

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.
☐ YES ☐ NO IF YES, EXPLAIN:
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
☐ YES ☐ NO IF YES, EXPLAIN:
3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
☐ YES ☐ NO IF YES, EXPLAIN:
4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
☐ YES ☐ NO IF YES, EXPLAIN:
5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
☐ YES ☐ NO IF YES, EXPLAIN:
6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.
☐ YES ☐ NO IF YES, EXPLAIN:
7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.
☐ YES ☐ NO IF YES, EXPLAIN:

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.

IV. PERSONAL REFERENCES

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.

1. Name: _____

Email/ Phone Number: _____

Relationship to You: _____

2. Name: _____

Email/ Phone Number: _____

Relationship to You: _____

I authorize the contact of listed references and understand a criminal background check will be completed 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 Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Additional Applicant Information

1. Do you hold a valid CPR card? ☐ Yes ☐ No

If Yes, Expiration date _____

2. Do you hold a valid First Aid/ Wilderness First Aid card? ☐ Yes ☐ No

If Yes, Expiration date _____

3. Please list experience working with youth on the back of this page.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.