

**CONFIDENTIAL
INFORMATION**

U of I EXTENSION VOLUNTEER APPLICATION
(To be completed by volunteers in University of Illinois 4-H Programs)

Office use only
Int _____
Ref _____
DCFS _____
Convictions _____
Driver _____
Approve _____
Program <u>Chicago MG</u>
Other _____

Name _____ E-mail _____ @ _____
Last First Middle

Address _____
Street City State Zip

Date of birth _____ Gender Male _____ Female _____
Month/Day/Year

Phone: Day _____ Evening: _____ Best time to call: _____

Have you been in 4-H Programs? _____ If so, where? _____
County/State

Have you been an Extension youth program leader? _____ Yes _____ No What year(s)? _____

Where? _____
City County State

Why are you interested in this 4-H program volunteer position? _____

If you prefer to work directly with youth, what age level(s) do you prefer? _____

Describe your present and previous work experience: (List current or most recent experience first.)

EMPLOYER	JOB TITLE	WHAT YEAR(S)
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Describe volunteer roles with youth and community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	WHAT YEAR(S)
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List skills, training, and education: _____

References: List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment or volunteer-related work and family relationships. Include complete addresses. (Put an S in the left margin if the reference letter should be in Spanish.)

Personal/Character Reference:

Name _____ Phone () _____

Address _____
Street, R.R. #, Box #, Apt. # City State Zip

Work or Volunteer Reference:

Name _____ Phone () _____

Address _____
Street, R.R. #, Box #, Apt. # City State Zip

Family Member Reference:

Name _____ Phone () _____

Address _____
Street, R.R. #, Box #, Apt. # City State Zip

Will you be driving a motor vehicle as part of your volunteer assignment?
_____ Yes _____ No (If yes, you must show a valid driver's license and proof of liability insurance to the University of Illinois Extension Unit Office.)

Have you ever been convicted of a criminal offense?
_____ Yes _____ No (If yes, please attach a sheet to explain.) A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Volunteer Behavior Guidelines:

Families and other youth-serving programs place trust in U of I Extension to provide quality leadership and care for participating youth. 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. For these reasons, the following behavior guidelines are expected of volunteers working in U of I Extension 4-H or youth development programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for 4-H youth.
2. Obey the laws of the locality, state and nation and U of I and Extension policies and guidelines.
3. Make all reasonable effort to assure that 4-H programs are accessible to youth without regard to race, color, religion, sex, marital status, arrest record status, pregnancy, disability, national origin, citizenship status, ancestry, order of protection status, genetic information, and sexual orientation including gender identity.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H programs and report suspected abuse to the proper authorities. ***This includes required reporting to the University of Illinois Police Department and local law enforcement, and a University of Illinois employee in the unit in which you volunteer (e.g., County Director).*** See the University's Protection of Minor's Policy for more information.
5. Do not participate in or condone neglect or abuse, which happens outside the program to 4-H youth participants and report suspected abuse to authorities. See the University's Protection of Minor's Policy for more information.
6. Treat animals humanely and teach 4-H or any youth to provide appropriate animal care.
7. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H or youth, and only with a valid operator's license and the legally required insurance coverage.
8. Do not consume alcohol or illegal substances while responsible for youth in 4-H or any youth activities nor allow 4-H or youth participants under supervision to do so.
9. Use of technology and social media in safe and appropriate ways. See Illinois 4-H Volunteer Support at http://web.extension.illinois.edu/state4h/volunteers/support_leader.cfm

I have read, understand and agree to U of I Extension Volunteer Behavior Guidelines.

I authorize the University of Illinois to contact listed references, the State Police for a criminal conviction investigation, the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System and other sources as necessary.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection or termination as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this volunteer position.

Signature _____ Date _____

Optional Questions: The following information is being asked to help track our success in attracting a diverse population of volunteers. This information will NOT be used in assessing the applicant's suitability for serving as a volunteer.

Residence:

- Farm (where income is earned farming)
- Rural/Small Town (under 10,000)
- Medium Town (10,000-50,000)
- Suburb greater than 50,000
- City greater than 50,000

Race: (select one)

- American Indian/Alaskan Native
- Asian
- African American or Black
- Native Hawaiian or Pacific Islander
- White
- 2 or more Races
- Some other Race

Languages spoken at home: (please select all that apply)

- Arabic
- English
- Other: _____
- Polish
- Tagalog
- Chinese
- French
- Spanish

Ethnicity: Hispanic or Latino Yes No (If Hispanic, please select all that apply)

- Central American
- Cuban
- Dominican
- Ecuadorian
- Guatemalan
- Mexican
- Puerto Rican
- South American
- Spanish/Spaniard
- Other

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information.

Return to: University of Illinois Extension ~ 8751 S. Greenwood Suite 112-122 ~ Chicago, Illinois 60619

90109

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Issued in furtherance of Cooperative Extension Work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Dr. Robert Hoelt, Interim Associate Dean and Director, University of Illinois Extension. University of Illinois Extension provides equal opportunities in programs and employment.



UNIVERSITY OF ILLINOIS
EXTENSION



County: COOK COUNTY HEADQUARTERS
 Requestor's Name: _____
 Requestor's Email: wbuffett@illinois.edu
 County Director: Willene Buffett
 Volunteer Program: Chicago MG

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name: _____
 First Name: _____
 Middle Initial: _____
 Date of Birth:
 Month Day Year

Sex: "M" for Male
 "F" for Female
 "U" for Unknown

Race: "W" for White (includes Mexicans and Latinos)
 "B" for Black
 "A" for Asian/Pacific Islander
 "I" for Indian/Alaskan Native
 "U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

773 768-4818
wbuffett@illinois.edu

(Submitting Agency Fax Number)
(Submitting Email Address)

UNIVERSITY OF ILLINOIS EXTENSION - Chicago MG Program
WILLENE BUFFETT
8751 SOUTH GREENWOOD SUITE 112-122
CHICAGO, IL. 60619

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Print Form



UNIVERSITY OF ILLINOIS
EXTENSION

College of Agricultural, Consumer and Environmental Sciences

Photo and Video Release

I grant the University of Illinois Extension the permission to disclose my (my child's) identity and to reproduce and distribute videotapes, films, photographs, and transparencies of me (or my child) and sound recordings arising out of

Chicago Master Gardener Program

Program and/or Activity

This image (photo or video) may be used in Extension publications or to otherwise promote Extension programs as in posters, audio/video presentations or other displays. The image may also be released to local news media to be used in connection with reporting on, promoting, or otherwise publicizing Extension programs.

Name of Subject

Address

City State Zip

Subject's Signature

Date

Parent or Guardian's Name

Address

City State Zip

Parent or Guardian Signature
(If subject is a minor)

Date



UNIVERSITY OF ILLINOIS
EXTENSION

**University of Illinois Volunteer/Contractor Identification and
Protection of Minors Acknowledgement Form**

Please print all information except the last line which requires your signature.

Name:

Birthdate:

Volunteer Area/s:

Campus:

Department: Extension

My below signature indicates that I have reviewed the education material contained in the "*Extension Pledge: Keeping Youth Safe*" video. Furthermore, I understand that I must contact University Police if I suspect abuse or neglect of a child when they are participating in University programs, or are in the care of University staff.

Signature: