

# Kansas 4-H Volunteer Service Renewal Form

**Complete in ink or on a computer and print a copy.**

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Check here if your mailing address, phone, email have changed in the past year.

Mailing Address \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

**E-mail:** \_\_\_\_\_

**Check the best number to use.** Phone:  Home \_\_\_\_\_  Work \_\_\_\_\_

Cell \_\_\_\_\_ Text OK?  Yes  No  Provider \_\_\_\_\_

This year I plan to serve in the following roles (fill in all that apply):

Community/Organizational Leader for \_\_\_\_\_ 4-H Club

Project Leader for project(s) and Club(s) \_\_\_\_\_

Activity Leader for (activity and club) \_\_\_\_\_

Parent helper (help with club activities, transport youth etc.) 4-H Club name \_\_\_\_\_

Unit-wide (County/District) Leader for \_\_\_\_\_

Other leadership role(s) for other 4-H groups (include role and group name) \_\_\_\_\_

Check here if the above is changed from the past year.

Have there been any changes in the past year to any of the following?

a. substance abuse: alcohol, tobacco or other drugs?  No  Yes If Yes:  Charged  Convicted

b. criminal behavior: Felony or Misdemeanor  No  Yes If Yes:  Charged  Convicted

c. child abuse or neglect:  No  Yes If Yes:  Charged  Convicted

If yes to any of the above, please elaborate: \_\_\_\_\_

Please describe and state what steps you have taken to correct the problem: \_\_\_\_\_

**Please add additional pages as necessary.**

Is your driver's license current and valid?  Yes  No

Do you currently have vehicle insurance coverage as required by the State of Kansas?  Yes  No

I understand that it is my responsibility to notify the Extension Unit (County/District) Office 4-H Program, if there are any changes that need to be made to my personnel file.

**Signature required on back following the Kansas 4-H Volunteer Code of Ethics.**

**Kansas State University Agricultural Experiment Station and Cooperative Extension Service**

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Kansas State University Agricultural Experiment Station and Cooperative Extension Service



## Kansas 4-H Volunteer Code of Ethics

### Youth Protection Policy

The mission of Kansas 4-H Youth Development is "Kansas 4-H Youth Development uses unique strategies and opportunities to engage youth in reaching their full potential through partnerships with caring adults." Volunteers are key to fulfilling this mission. This policy establishes expectations of all those who work with children and youth. These statements represent a code of ethics that all volunteers and paid staff are expected to observe.

### As a Kansas 4-H Volunteer, I will:

- Work within the 4-H program. As a 4-H volunteer, I am accountable to the local club, the appropriate Extension Unit, the Kansas 4-H Youth Development Program, K-State Research and Extension, and Kansas State University for my actions.
- Work as a "team player" for the good of the 4-H program. I will work cooperatively with youth, other volunteers and extension staff and treat them with respect.
- Honor my volunteer commitment.
- Keep records, distribute materials and support the 4-H system.
- Follow established guidelines for keeping financial records and handling 4-H funds.
- I will participate in meetings, self-study, or other training programs which will help me work more effectively with young people and adults.
- Make all reasonable efforts to assure equal access to participation for all youth and adults. Kansas State University is an Affirmative Action/Equal Opportunity employer committed to non-discrimination on the basis of race, sex, national origin, disability, religion, age, sexual orientation, or other non-merit reasons.
- Provide a safe environment. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful experiences.
- Not use alcohol or any illegal substances (or be under its influences) while working with or being responsible for youth, or allow youth to do so while under my supervision.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner. When operating a motor vehicle, I will have a valid driver's license and the legally required insurance coverage.
- Role-model the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.
- Promote and practice the responsible and ethical stewardship of livestock and/or companion animal projects.
- Obey the laws of the locality, state and nation and K-State Research and Extension and 4-H Youth Development policies and guidelines.
- Use technology and social media in safe and appropriate ways for the enhancement and promotion of the 4-H Youth Development program.

### Signature Required

I understand that:

a. I affirm the information I have given on this form is true, correct, and complete. The information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning my qualifications. I further waive the right to ever view, inquire into, or learn the substance and/or content of any reference given by any individual with regard to any aspect of this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the 4-H Club, local Extension Unit, Kansas State University, and the officers, employees, and volunteers thereof with respect to such information.

b. I have read and agree to abide by the Kansas 4-H Volunteer Code of Ethics. I agree to comply with the policies, rules, and regulations of the 4-H Youth Development program and local Extension Unit. I agree to complete an orientation. In signing this application, I apply for continued registration as a 4-H Volunteer with the local Extension Unit and the Kansas 4-H Youth Development Program.

c. As a 4-H Volunteer I serve at the request of the local Extension Unit and may be removed from service at its discretion. I may resign my volunteer role at any time at my discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parental Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Upon Completion, Return this Form in a Sealed Envelope to the Local Extension Unit Office**