



## University of Illinois Extension, Unit 13

Serving Champaign, Ford, Iroquois, and Vermillion Counties

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Champaign, IL 61821

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<http://web.extension.illinois.edu/cfiv>

WELCOME! The 4-H Youth Development program is pleased that you are interested in learning more about becoming a volunteer. We appreciate your interest and look forward to your involvement. The purpose of this process is to help you know more about 4-H and to help us know more about you. It is a necessary step in providing protection for youth and volunteers.

Please complete the enclosed forms and return them to our office as soon as possible. University of Illinois Extension requires all volunteers who work with youth to complete a volunteer application and agree to the following:

1. A conviction information name check through the Illinois State Police, as well as a check of their registered sex offender's website.
2. A child abuse and neglect tracking system check through the Department of Children and Family Services (DCFS).
3. Three reference checks – one from a family member, one from a work/volunteer relationship, and one personal character.

In completing the volunteer application please be sure to do the following:

- Put complete addresses (including zip codes) of all references on the form.
- Notify your references they will be receiving a form to complete and encourage them to return it as soon as possible.

After the application has been cleared through the Illinois State Police, DCFS, and the reference forms have been returned, you will receive a letter indicating your status as an Extension/4-H volunteer. This process can take 2 to 3 weeks or as long as 6 to 8 weeks – we appreciate your patience in completing this process. Please note -- getting reference forms back to our office is the MAJOR delay in completing the approval process. Please follow-up with your references and call our office to find out the status of your application.

Thanks again for your interest in volunteering with 4-H Youth Development programs.

Sincerely,

Ginger Boas  
County Director  
Enclosures

Jamie Boas  
4-H Youth Development Educator

**Confidential Information**  
**Extension Volunteer Application**

(To be completed by volunteers in University of Illinois Extension youth programs)

I am applying for the volunteer position of: \_\_\_\_ 4-H Organizational Leader \_\_\_\_ 4-H Leader \_\_\_\_ 4-H Volunteer  
With \_\_\_\_\_ Club in the Illinois County of \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Date of birth \_\_\_\_\_  
Month/Day/Year

Phone: Day \_\_\_\_\_ Evening: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Have you been in 4-H? \_\_\_\_\_ 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 youth 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

**Over, please**

**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 youth development programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for 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 youth 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 youth 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 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 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 activities nor allow 4-H 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](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.**

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence: \_\_\_\_\_ Town under 10,000 or rural non-farm \_\_\_\_\_ Town/city of 10,000-50,000  
\_\_\_\_\_ Farm \_\_\_\_\_ Suburbs of a city over 50,000 \_\_\_\_\_ City w/population over 50,000

Ethnicity: (select 1) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: (select one or more) \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Some Other Race \_\_\_\_\_ 2 or More Races

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



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.

<b>OR</b>	
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.

<p><b>Submit by mail OR fax OR email.</b>          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</p>
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\_\_\_\_\_  
Signed Date

**Please type, use bold letters or label:**  
217.333.7683 - jkoconno@illinois.edu  
University of Illinois Extension, Unit 13  
  
Serving Champaign-Ford-Iroquois-Vermilion Counties  
Ginger Boas, County Director  
801 N. Country Fair Drive, Suite D  
Champaign, IL 61821

(Submitting Agency Fax Number)  
(Submitting Email Address)  
  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

Print Form



UNIVERSITY OF ILLINOIS  
EXTENSION



County: Champaign  
 Requestor's Name: Joann O'Connor  
 Requestor's Email: jkoconno@illinois.edu  
 County Director: Ginger Boas  
 Volunteer Program: 4-H

## 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 \_\_\_\_\_

University of Illinois \* U.S. Department of Agriculture \* Local Extension Councils Cooperating  
 University of Illinois Extension provides equal opportunities in programs and employment.  
 \*The 4-H Name and Emblem are Protected Under 18 U.S.C. 707.