



# Wyoming 4-H Volunteer Enrollment

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Gender:  Male  Female

4-H Alumni:  Yes  No Volunteer Leadership Years: \_\_\_\_\_

Leader Type (check primary area):

Project Leader  Club Leader  Activity/Event Leader  Key Leader

Hispanic Ethnicity: (check one):  Yes - Hispanic or Latino Ethnicity OR  No - Not Hispanic or Latino Ethnicity

Racial Groups: (check all that apply):  White  Black or African American  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander

Residence (check one):  Farm  Rural non-farm or town less than 10,000  
 Town/City 10,000 to 50,000  Suburb  City over 50,000

Club 1: \_\_\_\_\_ Club 2: \_\_\_\_\_ Club 3: \_\_\_\_\_

Project 1: \_\_\_\_\_ Project 2: \_\_\_\_\_ Project 3: \_\_\_\_\_

Project 4: \_\_\_\_\_ Project 5: \_\_\_\_\_ Project 6: \_\_\_\_\_

### 4-H Volunteer Leader Agreement

When serving as a University of Wyoming Extension Service Volunteer, I promise to:

- Accept my responsibility to represent my county and University of Wyoming Extension programs with dignity and pride by being a positive role model for youth.
- Conduct myself in a courteous, respectful manner and exhibit good sportsmanship.
- Adhere to and enforce the rules, policies, and guidelines established by the County and Extension youth programs.
- Refrain from the use of physical or verbal abuse.
- Refrain from the inappropriate or unwanted touching of youth or adults.
- Refrain from destructive, offensive, or sexually inappropriate behavior.
- Refrain from the possession of use of alcoholic beverages or illegal drugs.
- Avoid smoking and use of tobacco products at 4-H events when youth are present.
- Respect the property of others, including clothing, personal items, equipment, and facilities.
- Operate machinery, vehicles and other equipment in a responsible manner.
- Accept the responsibility to promote and support the University of Wyoming Extension Service to develop an effective club, county, state and national program.

As a 4-H Leader, I agree to fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of the University of Wyoming Extension Service. I give permission for photos or videotapes of myself to be reproduced and utilized for 4-H promotional or educational purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Issues in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie, Wyoming 82071.

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local UW CES office. To file a complaint, write the UW Employment Practices/Affirmative Action Office, University of Wyoming, 1000 E University Avenue, Dept 3434, Laramie, Wyoming 82071.

## **Definitions of Leader Types in Wyoming 4-H**

When deciding on the leader type, use the rule of thumb of how they want to spend the majority of their time. They can only be one, but it shouldn't affect anything they want to do to help the program.

**Project Leader** – A volunteer that has direct contact with youth and teaches them something. Basically if a youth enrolls in a project, the leader that teaches them would be a project leader. Examples include: *Horse Leader, Beef Leader, PACT Leader, Handicrafts Leader, Woodworking Leader, etc.*

**Club Leader** – A volunteer that work with a club in some capacity. Examples include: *Community Club Leader, Record Book Leader, Enrollment Leader, etc.*

**Activity/Event Leader** – This would be a volunteer that probably won't be teaching kids directly. They would usually be episodic leaders that plan and/or organize specific activities or county events. Examples include: *Carnival Chairman, Judging Contest organizer, ear tagging manager, Advisory member, Council officer, Fundraiser chairperson, etc.*

**Key Leader** – This would be a volunteer that is the main contact for you to manage the program. Some counties utilize this a lot while others don't use it. Examples include: *Shooting Sports Key Leader, Horse Key Leader, Dog Key Leader, etc.*

**APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS  
AND WYOMING CRIMINAL HISTORY RECORD PREScreens**

*Please complete below (print clearly).*

Name of Volunteer Coordinator/Employer Requesting: Jonathan Despain

Name of Facility, Organization or Agency: Wyoming State 4-H

Mailing Address: P.O. Box 3354  
Laramie WY 82071-3354

Phone Number: (307) 766-5170 Fax Number: (307) 766-3998

**Volunteer, prospective employee or an employee who has or may have unsupervised access to minors or disabled adults may be screened. Note: According to W.S. 14-3-214. "the applicant shall use the information received only for screening prospective employees and volunteers."**

The Request: Send a completed Authorization of Release of Information (page one) and this application form to Department of Family Services, Division of Juvenile Services, Third Floor Hathaway Building, Cheyenne, WY 82002. **AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM THE DATE SIGNED.** An eight (\$8) fee is required for each individual screened. The requesting organization shall include a check of money order, payable to the State of Wyoming, in the amount of \$8 multiplied by the number of screens requested. If the organization pays with a check, it should be a check drawn on its account. Do not send cash. Submit a self-addressed envelope with the request. Incomplete forms and requests not accompanied by a check or money order will be returned unprocessed.

(Copy of SS-26 Form will be returned to Applicant within 10 days of receipt)

For DFS office use only.	Date completed: _____	Ref#: _____
Check #:	_____	MO# _____
Listed on the DFS Abuse/Neglect central registry:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DCI criminal history <u>prescreen</u> :	No Disqualifying information:	<input type="checkbox"/>
You may consider having a complete criminal history background check:		<input type="checkbox"/>
Instructions for requesting a DCI criminal history records check enclosed:		<input type="checkbox"/>
Kathleen Kuchera _____	Christian Smith _____	
Central Registry Specialist	Supervisor/Manager 3	

**AUTHORIZATION OF RELEASE  
OF CHILD OR DISABLED ADULT WYOMING CENTRAL REGISTRY  
AND CRIMINAL HISTORY PRESCREEN RECORD INFORMATION**

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry or Wyoming Criminal History Record prescreen to check for abuse, neglect and exploitation of children or disabled adults or crimes against the person (s) or property. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated criminal or abuse activities may be grounds for termination of employment. **AUTHORIZATION IS VALID FOR 30 DAYS FROM THE DATE SIGNED.**

(PLEASE PRINT OR TYPE)

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Ethnicity: Asian Caucasian Black Hispanic Native American Other

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List All Addresses for past ten (10) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

"Voluntarily" List Names of your Children (This information assures accuracy of the screen.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the course of my duties, I will have unsupervised access to (check as many as apply):

Children: Yes  No  Disabled Adults: Yes  No

Both Children and Disabled Adults: Yes  No

\_\_\_\_\_  
(Employee's, Prospective Employee's or Volunteer's Signature)

\_\_\_\_\_  
Date (Valid for 30 days)