

Arkansas 4-H Volunteer Screening Authorization



Name

Date of Birth

Other Names you have used

First 5 digits of your social security number

AUTHORIZATION

My acknowledgement below indicates that I have read, understand, and agree to the following:

I hereby authorize the University of Arkansas Cooperative Extension Service to conduct a criminal background check through the Arkansas State Police and a child maltreatment background check through the Department of Human Services. The information gathered will determine my eligibility to become a volunteer with the 4-H youth development program. I also understand these checks may be conducted any time while I am serving as a volunteer. I also understand and agree that serving as a volunteer is a privilege not a right.

Your acknowledgment that you have read, or have had read to you, and understand and agree to all the statements listed above is considered acceptance by choosing your reply.

I agree

I do not agree

Date of Agreement

Signature



All 4-H volunteers must complete the Arkansas Mandated Reporter Training. The training is a web-based course at <https://ar.mandatedreporter.org>.

This training will provide information about identifying and recognizing signs of possible child maltreatment and the procedures for reporting. After completion of the training, each volunteer will be tested and receive by e-mail a “Certificate of Completion”. A copy of the “Certificate of Completion” will need to be kept in the county extension office. The county will also need to indicate completion of Mandated Reporter Training for the volunteer in 4HOnline.

Recognizing and Reporting Child Abuse:

The purpose of the online course is to help all Arkansas Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

This web-based training is provided to the public by the Arkansas Commission on Child Abuse, Rape and Domestic Violence and the University of Arkansas for Medical Sciences.

Everyone who suspects child abuse or neglect should call the Arkansas Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so.

This training includes:

1. A pre-training assessment (13 multiple-choice questions)
2. 60-90 minutes of self-paced interactive training
3. A post-training assessment (13 multiple-choice questions)
4. A Certificate of Completion

Child Abuse Hotline:

- 1-800-482-5964 phone
- 1-501-618-8952 fax



**UA Division of Agriculture Cooperative Extension Service
Volunteer Agreement and Expectations
Volunteers and Volunteer Groups**

Volunteers are persons who choose freely to do or offer to do something with no compensation. Volunteers are essential to the programs of the University of Arkansas Division of Agriculture Cooperative Extension Service. Volunteers help extend the programs to audience members that could not be reached with only Cooperative Extension Service employees. When a person chooses to become a volunteer with the Cooperative Extension Service, that person will have the opportunity for a very rewarding experience. The Cooperative Extension Service and its employees recognize that volunteers have a more rewarding experience when expectations are defined. Expectations and responsibilities should be outlined and communicated to the volunteer at the beginning of their service.

Volunteer and Cooperative Extension Service Agreement and Expectations

Volunteer agrees to:

- Enroll as a volunteer for a defined time period.
- Actively seek volunteers from a variety of racial, gender, ethnic, religious, and socio-economic groups in your community.
- Recruit and involve other volunteers in programming efforts.
- Provide a positive educational environment which will enable other volunteers and program participants to grow, learn, and develop friendships through Extension programs.
- Be supportive of all Extension programs.
- Participate in volunteer meetings and/or volunteer training sessions.
- Inform County Extension Agent of needs and changes necessary for the continued growth of the program.
- Maintain sound working relationships with County Extension Agent and fellow volunteers.
- Review and agree to abide by the Guidelines for County Financial Operations for 4-H.
- Abide by the UA Cooperative Extension Service Volunteer Code of Conduct.

U of A Division of Agriculture Cooperative Extension Service agrees to:

- Actively seek volunteers from a variety of racial, gender, ethnic, religious, and socio-economic groups.
- Educate volunteers to the program's mission, purpose, and goals.
- Set educational tone and direction for Extension programs.
- Provide instructional materials and resources to be used for educational programs.
- Provide educational programs and materials to develop an individual's understanding and management of volunteer assignments.
- Provide role descriptions for county volunteer leadership roles and committees.
- Provide assistance, support, and encouragement to all volunteers.
- Give recognition for time and energy devoted by volunteers at all levels of the program.

- Inform volunteers of events and activities via Extension newsletters and general correspondence.
- Maintain sound working relationships with volunteers involved in the program.

Volunteerism is crucial to many Cooperative Extension Service programs. While volunteerism is crucial, volunteerism is a privilege and not a right. Volunteers are expected to be positive role models for the youth and adults they contact. Volunteers serve at the pleasure of the Cooperative Extension Service. Volunteers may be dismissed from serving in any program at any time.

Volunteer Expectations

1. Work cooperatively with youth, adults, families, volunteers, Cooperative Extension Service faculty and staff, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
2. Represent the Cooperative Extension Service and its programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
3. Respect, adhere to, and enforce the rules, policies, and guidelines established by the Cooperative Extension Service including all state laws related to child abuse and substance abuse.
4. Refrain from and do not tolerate verbal or physical abuse.
5. Avoid any criminal activities.
6. Comply with equal opportunity and anti-discrimination laws.
7. Under no circumstances, allow or consume alcohol or be under the influence of alcohol when youth are present at an Extension program or activity. Under no circumstances, possess, use, or be under the influence of illegal drugs at any Extension program, event or activity.
8. The use of tobacco products in the presence of 4-H members and/or during 4-H events and activities is strongly discouraged.
9. Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with participants in Cooperative Extension programs, events or activities.
10. Accept responsibility to promote, conduct, and support Cooperative Extension programs in order to develop an effective county, district, state, and national program.

It is important that all volunteers comply with the Code of Conduct. Failure to comply with any component of this code or participation in other inappropriate conduct as determined by the UA Division of Agriculture Cooperative Extension Service may lead to dismissal as a Volunteer.

Accepted By:

Print Name

Print Name

Volunteer's Signature

Date

County Extension Agent's Signature

Date



ARKANSAS STATE POLICE

ASP 122VOL
(Eff. 02/19/2019)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One: Adam Walsh Act - Public Law 109-248 ARAWA000Z
 Serve America Act - Public Law 111-13 ARSAA000Z
 Other Volunteer AR920500Z AR Code §12-12-1607

 Last Name First Name Middle Name Jr./Sr./III

Daytime Phone #: _____

List **ALL** other names ever used (married, maiden, shortened, etc.)

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
 (Month/Day/Year)

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____
 Street/P.O. Box

 City State Zip Code

APPLICANT RECORD NOTICE

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
 (First/MI/Last Name) (Month/Day/Year)

Release to: **University of Arkansas System Div. of Agri. 4-H Youth Development**
 (First/MI/Last Name) OR Full Name of Agency

Mailing Address: **2301 South University Avenue**
 Street/P.O. Box

Little Rock **AR** **72204**
 City State Zip Code

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

_____ day of _____, 20_____.

 Notary Public

BELOW FOR OFFICE USE ONLY

- 82002 Civil Record Check 80020 FBI Check 80006 FBI Check (ASP)

Back

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain including the undersigned individual as an alleged perpetrator of suspected child abuse/neglect. This information should be addressed to: **Human Resources, Arkansas Cooperative Extension Service, 2301 S. University Ave., Little Rock, AR 72204**. I understand that the name of any confidential informants, or other information which does not pertain to the individual as alleged perpetrator, will not be released.

Please scan and send completed and notarized forms to centralregistry@uada.edu or mail to the address above.

PLEASE TYPE OR PRINT

Last Name _____ First Name _____ Middle Name _____

Maiden Name, Aliases, and any other name(s) you have used _____

Date of Birth _____ Race _____ Female Male

SSN# _____ County of Residence: _____

Please select whether you are a volunteer or a UA Division of Agriculture employee. List the appropriate county or work location.

4-H Volunteer in _____ County OR UADA Employee Work location _____

Addresses for last 10 years (include Zip code)

From

To Present

1. _____
2. _____
3. _____
4. _____
5. _____

Names and Birth Dates (DOB) of Children

Last Name _____ First Name _____ DOB _____

Last Name _____ First Name _____ DOB _____

Last Name _____ First Name _____ DOB _____

Last Name _____ First Name _____ DOB _____

Last Name _____ First Name _____ DOB _____

Signature _____

County Of _____ State of Arkansas

Acknowledged before me this _____ Day of _____ 20 _____

Notary Public _____

My Commission Expires _____