

---

# Welcome to New Club Leaders

---

## You've Just Said "Yes"

- "Yes – I will lead this 4-H club."
- "Yes – I will work with others to make 4-H available for youth in my community."
- "Yes – I would like to become a part of the larger 4-H system which spans our county, state and nation."
- "Yes – I want to invest some of my energy and time so that my family and my children may have 4-H experiences."
- "Yes – I expect to learn new skills and grow personally as I provide leadership to this 4-H club."



---

## The Journey

Think of your "Yes" as the first step in a journey of discovery, leadership, and service.

- Where would you like this journey to go?
- What will you accomplish?
- What do you expect to do and learn on your journey?
- With whom will you travel; with whom will you share ideas and support?
- What tools and resources will you need?
- Will you become a different person as you travel?

The setting for the journey is your 4-H club. This club provides the primary 4-H experience for each of its members. Your leadership is a primary ingredient in the success of the club. As a club leader, you are responsible for three major functions:

1. Adult volunteer leaders provide friendship, ideas, and long-term support to 4-H members and their club. The organizational leader coordinates the efforts of this leadership team.
2. Your county Extension office and county 4-H program provide the larger setting for your 4-H club program; you maintain

contact and keep communications flowing between the county and your club.

3. Your community is proud to support 4-H; you see that your club and its activities are known to the community.

As you do these three things, you and your team will provide 4-H experiences for learning for 4-H youth; you will be teachers, guides, and helpers to young men and women.

Your companions in the journey are the members of your club and their parents. 4-H is a family affair. Parents participate with their children in the 4-H meeting and provide project support and guidance at home. Participation in 4-H strengthens families.

## Resources for Volunteers

The *4-H Leaders' Series* and the *Arkansas 4-H Volunteer Guidebook* are intended to be tool kits, or a set of resources for your journey. These are for your use as a club leader and for sharing with members of your leadership team and parents.

The *Arkansas 4-H Volunteer Guidebook* is a condensed version of the *4-H Leaders' Series*. It discusses the key concepts which an adult volunteer should know when working with a 4-H club or group and serves as a basic orientation to Arkansas 4-H. It is available online at [4h.uada.edu](http://4h.uada.edu) or through your county office.

The *4-H Leaders' Series* provides short pieces (fact sheets) that provide helpful information in easily read and shared documents. Topics include:

- Starting a new club
- Teamwork and organization
- Planning club programs
- Problem solving
- Recruitment and retention of youth
- Much more!

The *4-H Leaders' Series* is not intended to be read in sequence from beginning to end. Look for the parts where you or your team members need help. Read and share those parts first.

A complete copy of the *4-H Leaders' Series* is located at county Extension offices or on the Arkansas 4-H website.

### **Important 4-H Concepts**

The resources we provide in 4-H have been developed around some very important concepts. These ideas are like handles to help you “take hold of 4-H.” These include:

- Positive Youth Development – 4-H members are front and center; 4-H exists to provide learning experiences for 4-H youth!
- Lifelong Human Development – The importance of growing and learning throughout one’s lifetime.
- Informal Education – Learning by doing and by discovery, especially in areas of interest to oneself.
- Life Skills – Those feelings about self and skills for coping which are basic to survival, productivity, and human community.

- “Helpership” – An interpersonal relationship of support and guidance; “doing with” rather than “doing for.”
- Teamwork – Doing it together; a team is more than the sum of the parts of the team!
- 4-H Is a Family Affair – Members and parents learn together through 4-H.
- Communication – The key to helping 4-H happen.

Your 4-H club team (the group with which you work) and the 4-H system (the larger 4-H family which supports your club team) are guided by these important ideas. The ideas matter because they tell us “why 4-H is” (our basic mission) and “how to help 4-H happen” (ways 4-H has chosen to accomplish this mission).

### **Questions to Answer**

So you are a new 4-H club leader! You have said “yes” to beginning a journey. You will share this journey with the members of your club and their families. You have a strategic role to play in 4-H. You have a new kit of tools to use along the way.

The journey is up to you:

- How much of yourself will you invest?
- How will you involve others in the journey?
- What do you need to know?
- To what use will you put these tools?
- What do you want most for your club; for 4-H members?
- What do you want for yourself along the way?

**Thank you for saying  
“Yes” and taking this  
journey with  
Arkansas 4-H.**

---

# 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

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](mailto: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: \_\_\_\_\_

Volunteer in \_\_\_\_\_ County OR  Extension Employee Work Location: \_\_\_\_\_

**Addresses for last 10 years.**

**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 \_\_\_\_\_



# 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. Human Resources**  
 (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



## Mandated Reporter Training

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