



4-H Leader Certification



All adults working as volunteers within a 4-H Club are required to be certified by the Extension office. Volunteers become certified through the following three-step process:

Three-step Volunteer Certification Process

Note: All forms are submitted to the County Extension office with the exception of the Supplemental Volunteer Application Form (white sheet). Please send this directly to Orono – Staffing and Temporary Services

University of Maine
5717 Corbett Hall, Room 134
Orono, ME 04469-5717

1. *Volunteer Application Process-*

- Submit a “Volunteer Application” form (green sheet)
- Background information, including names of two references (yellow sheets).
- Supplemental Volunteer Application Form (white sheet).
- A copy of current driver’s license and proof of vehicle insurance are required.
- Interview with 4-H Youth Educator or 4-H Aide

2. *Volunteer Training (VOLT)-*

After the County Extension office has processed your volunteer application, the Extension office will schedule you to participate in volunteer training (VOLT) program through the County Extension office.

3. *Volunteer Enrollment-*

You will be asked to submit a 4-H Volunteer Enrollment form.

Upon successful completion of these three steps the volunteer is certified by the County Extension office. In subsequent years, the certified volunteer needs only submit a 4-H Volunteer Enrollment form annually. Some periodic additional training may be required of all volunteers. Advisors to Independent 4-H’ers are encouraged, though not required, to be certified as 4-H Leaders, particularly where they are working with their own children.

Revised 9/10/03



Maine 4-H Youth Development Volunteer Application

Thank you for your interest in 4-H and Cooperative Extension. Please complete this application and return it to your University of Maine Cooperative Extension county office.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Phone Day: _____ Best time to call: _____

Evening: _____ Best time to call: _____

Were you in 4-H? _____ If so, where? _____
County/State

Have you ever been a leader? ____ Yes ____ No If yes how many years? _____

Where? _____
City County State

Please use a separate sheet of paper to explain why you are interested in a 4-H Volunteer position.

Do you prefer to work directly with: () youth () adults () both

If you prefer to work with youth, what grade level(s) do you prefer?

() Pre-school () Intermediate Grades: 6, 7, 8

() Primary Grades: 1, 2 () Senior Grades: 9, 10, 11, 12

() Junior Grades: 3, 4, 5

Previous work or volunteer experience: (List current or most recent experience first.)

Employer or Organization	Position Title or Volunteer Role	Year
_____	_____	_____
_____	_____	_____

Skills, Training, Education

Hobbies and interests

How did you hear about the 4-H volunteer program? _____

References: List two persons not related to you who have definite knowledge of your qualifications. Include complete addresses.

Name: _____ Day Phone: _____

Address:

_____ Street _____ City _____ St _____ Zip

Name: _____ Day Phone: _____

Address:

_____ Street _____ City _____ St _____ Zip

May we contact other references suggested to us in the course of contacting the references listed above?

Please note: Information received from any references will be considered as part of your application.

Have you ever been convicted of any crime other than a minor traffic violation?
If yes, please describe.

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cooperative Extension volunteer. I agree to abide by the expectations of Cooperative Extension and to fulfill the volunteer responsibilities to the best of my ability.

Volunteer Signature

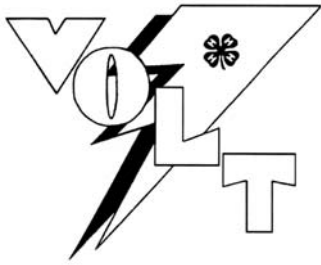
Date

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If you are a person with a disability and will need any accommodations to participate in this program, please call the county Extension office to discuss your needs. Please contact us at least 10 days prior to the event to assure the fullest possible attention to your needs.

The University of Maine, U.S. Department of Agriculture, and local governments cooperating.

8/8/06



Reference Form for Cooperative Extension Volunteer Working Directly with Youth

(for reference by mail)

_____ is applying to work as a volunteer with youth in a University of Maine Cooperative Extension program and has given your name as a reference.

Adults in volunteer positions with Cooperative Extension help youth have fun while they learn new skills, increase their abilities to work together, learn to manage their own activities, and develop into productive adults.

Cooperative Extension seeks your assistance in selecting the best qualified people to serve in volunteer roles. We will appreciate your prompt completion of this reference form. All comments will be treated in a confidential manner.

How long and in what capacity of position have you known the applicant? _____

Please use this checklist to evaluate the applicant's qualities. Use the following marking system.

Low	Medium						High															
0	1	2	3	4	5	6	7	8	9	10												
___ Understanding of Children											___ Dependability											___ Flexibility
___ Communication skills											___ Sense of humor											___ Patience
___ Ability to organize											___ Sense of fairness											___ Initiative
___ Respect for others											___ Enthusiasm											___ Resourcefulness
___ Ability to complete a task																						

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples, if possible.

1. How well does the applicant interact with youth?

2. How would you rate the applicant's ability to work in a volunteer role with youth? With adults?

Continue on back

What additional skills, abilities, and attributes does the applicant have that would be helpful in this position?

4. Does the applicant have any experience working with people who are developmentally disabled, from different ethnic backgrounds, or from varied socio-economic backgrounds? If so, please describe.

5. How would you describe the applicant's ability to handle records and/or money?

6. How would you describe the applicant's general approach to new situations?

7. Would you be willing to place your son or daughter, or any other child for whom you are responsible, under her/his leadership?

8. Do you know any reason why this person should NOT be a 4-H volunteer?

9. () Yes () No

If yes, please explain:

Signature

Date

Please return to Jen Lobley, UMCE, 28 Center Street, Machias, ME 04654.

Thank you!

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, national origin or citizenship status, age, disability, or veterans' status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request.

Questions and complaints about discrimination in any area of the University should be directed to the Office of Equal Opportunity, The University of Maine, Room 101, 5754 North Stevens Hall, Orono, ME 04469-5754, telephone (207) 581-1226 (voice and TDD).

If you are a person with a disability and will need any accommodations to participate in this program, please call Jen Lobley to discuss your needs. Please contact us at least 10 days prior to the event to assure the fullest possible attention to your needs.

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Revised 03/02/06

Additional Addresses for Volunteer Positions Requiring SBI Checks

Volunteer Name _____ Hiring Dept _____

PREVIOUS ADDRESS: _____
Street # of years at previous address

Town County (must complete) State Zip

PREVIOUS ADDRESS: _____
Street # of years at previous address

Town County (must complete) State Zip

PREVIOUS ADDRESS: _____
Street # of years at previous address

Town County (must complete) State Zip

PREVIOUS ADDRESS: _____
Street # of years at previous address

Town County (must complete) State Zip

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Town County (must complete) State Zip

PREVIOUS ADDRESS: _____
Street # of years at previous address

Town County (must complete) State Zip

Signature _____