



College of Agricultural &  
Environmental Sciences  
UNIVERSITY OF GEORGIA

**The University of Georgia Cooperative Extension Volunteer Agreement**

Thank you for agreeing to volunteer with the University of Georgia Cooperative Extension program. In signing this agreement you are confirming your acceptance for a volunteer role.

1. I agree to serve as a volunteer with UGA under the primary direction of \_\_\_\_\_ Cooperative Extension. (*fill in county or unit name*) I understand that if my role involves supervising youth, I will be required to complete a UGA background check and that some duties may include additional training and orientation.
2. I agree that my participation in the activities is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration. I understand that additional duties may be assigned or specific duties expanded.
3. I agree that as a volunteer I am under the primary direction of the unit, county office or department but may be asked to participate in activities that include direction from others within Cooperative Extension and/or other departments in the University of Georgia.
4. I agree that, if approved to serve as a volunteer, I will not be acting as a UGA employee or student. I understand and agree that UGA and I both have the right to decline or end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
5. I understand that UGA is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by UGA for the purposes of carrying out the functions of UGA.  
**I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.**
6. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that UGA may not provide me with any accident, medical, or workers' compensation insurance, and therefore may not be responsible for any accident or medical expenses that I incur in the course of volunteering. If I am an employee of the UGA serving as a volunteer, I understand that I am not covered by workers' compensation laws while acting as a volunteer outside of my normal employment.
7. If I utilize my personal vehicle during the course of volunteering, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
8. I understand that if my volunteer service involves youth work, I am required to abide by the UGA Cooperative Extension Behavior Guidelines for Adults working with Youth and may be discharged from my duties as a volunteer should I fail to follow these expectations. These guidelines are printed on the reverse of this page and are initialed by me.
9. I understand that my participation as a volunteer may involve certain risks. In addition; I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
10. I agree to abide by all applicable rules and regulations of UGA and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning youth program participants, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at UGA shall be the property of UGA.
11. I understand that as a volunteer I must self-report any arrest, charge, or criminal conviction occurring after the date of my background check to my program/activity administrator prior to returning for service.
12. I hereby grant permission for my images, likeness, and voice to be recorded in any media and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer's Printed Name \_\_\_\_\_ Volunteer's Phone # \_\_\_\_\_

Volunteer's Address \_\_\_\_\_ Volunteer's Email Address \_\_\_\_\_

Extension Faculty Printed Name \_\_\_\_\_ Primary Extension Office location \_\_\_\_\_

Extension Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

# Adult Behavior Guidelines when Working with Youth



College of Agricultural & Environmental Sciences  
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The University of Georgia Cooperative Extension program establishes the following guidelines for adults working with youth in programming. These are general behavioral expectations for any adult including both paid staff and volunteers working or volunteering in a capacity which includes working with children under the age of eighteen and/or youth considered program participants.

Adults are expected to:

- Work cooperatively with youth, families, University of Georgia faculty, staff, volunteers, community members and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
- Represent the University of Georgia College of Agricultural and Environmental Sciences' Cooperative Extension programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the 4-H Code of Conduct as well as other rules, policies and guidelines established by UGA Extension and event coordinators including state laws and regulations.
- Recognize that physical punishment is not an appropriate form of discipline and will not be allowed. Physical punishment includes physical actions that may not be expected of an individual during the program and are assigned to a young person as a consequence for misbehavior.
- Recognize that verbal abuse, physical abuse, or committing criminal acts may be grounds for termination as an Extension volunteer. Abusive behavior towards youth or other adults including failure to provide adequate health and safety measures, inadequate care or supervision, emotional mistreatment of members, or verbal or physical abuse will not be tolerated.
- Under Georgia law, report any mistreatment of youth to the proper authorities. Adults should immediately contact the person coordinating the Extension program/event, UGA Police, and the Division of Family and Children services if the adult believes a child is being abused. Failure to report child abuse is grounds for criminal charges.
- Comply with equal opportunity and anti-discrimination laws and policies. The University of Georgia prohibits harassment of or discrimination against any person because of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status.
- Treat animals humanely and encourage youth and adults to provide appropriate and ethical care.
- Strive for a minimum of two adults at any activity involving youth. Adults, in most cases, should not be left alone with a single child unless the adult is the parent/guardian of that child.
- To be housed in overnight settings in separate sleeping areas from children when possible. When this is not possible, parent/guardians should be furnished a letter explaining the situation and informing the parent/guardian that his/her child will be housed with an adult in the same room.
- Under no circumstances, to condone others use of or personally consume, or be under the influence of, or demonstrate any impairment from alcoholic beverages or illegal drugs/controlled substances during Extension youth programs, events and/or activities.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Accept responsibility to promote, conduct, and support 4-H in order to develop an effective local, county, district and state program.
- Recognize the following behaviors are inappropriate and will not be tolerated in the presence of youth during Extension youth activities or events:
  - consumption of alcohol, illegal drugs, and controlled substances
  - promotion of religious or political preferences
  - theft, pilfering, or fraud
  - use of tobacco products and e-cigarettes
  - sexual advances or activities involving youth
  - willful damaging of property
  - permitting passengers to ride in motor vehicles without seatbelts
  - permitting youth or adults to ride in the back of trucks
  - behaviors that are illegal under law

Revised 05/2017

I have reviewed and understand the Adult Behavior Guidelines.

\_\_\_\_\_  
Volunteer's Initials

\_\_\_\_\_  
Date

# SCREENING APPLICATION



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

**Information Collected for Reporting Purposes Only:**

|   |  |
|---|--|
| Birthdate:  | Gender:  |
| Race (select all that apply):<br><input type="checkbox"/> White<br><input type="checkbox"/> African American or Black<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Residence (select one):<br><input type="checkbox"/> Farm<br><input type="checkbox"/> Rural (Under 10,000)<br><input type="checkbox"/> Town (10,000 – 50,000)<br><input type="checkbox"/> Suburban (50,000+)<br><input type="checkbox"/> City (50,000+) |
|   | Check all that apply:<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Military Family   |

**Contact Information:**

|             |             |
|-------------|-------------|
| Phone:      | Work Phone: |
| Cell Phone: | Email:      |

**References:** Provide 3 references who are not immediate family members and who reside outside of your home address. They should be familiar with your skills and abilities related to potential duties associated with volunteering. Local CAES or Extension staff should not serve as references.

|                                 |        |   |           |
|---------------------------------|--------|---|-----------|
| Name of Reference:              | Title: | Company:                                | Phone No: |
| Address:                        |        |   | Email:    |
| How do you know this reference? |        | How long have you known this reference? |           |

|                                 |        |   |           |
|---------------------------------|--------|---|-----------|
| Name of Reference:              | Title: | Company:                                | Phone No: |
| Address:                        |        |   | Email:    |
| How do you know this reference? |        | How long have you known this reference? |           |

|                                 |        |   |           |
|---------------------------------|--------|---|-----------|
| Name of Reference:              | Title: | Company:                                | Phone No: |
| Address:                        |        |   | Email:    |
| How do you know this reference? |        | How long have you known this reference? |           |

Thank you for your interest in serving with UGA CAES and Extension! Please look over your application prior to submitting it to your local office to ensure you are leaving no required boxes or blanks empty.



**For Office Use Only:**

Date reference form sent: \_\_\_/\_\_\_/\_\_\_

Date reference form received: \_\_\_/\_\_\_/\_\_\_

--OR--

Reference called by: \_\_\_\_\_

on date: \_\_\_/\_\_\_/\_\_\_ at time: \_\_\_\_\_AM/PM

phone # dialed from: (\_\_\_\_) \_\_\_\_\_

phone # dialed to: (\_\_\_\_) \_\_\_\_\_

### Character Reference Form for UGA Extension Programs

**Applicant's Name:** \_\_\_\_\_

*The above named applicant is applying to do volunteer work with a UGA Extension Program and has given your name as a reference. UGA Extension seeks your assistance in selecting the best qualified people to serve and will appreciate your completion of this form. Please feel free to add additional pages of comments or information. Return this form and any attachments to:*

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Does the applicant have a positive and pleasant attitude toward volunteer work? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

**E = Excellent**

**G = Good**

**F = Fair**

**N = Not Known**

|                             |       |                     |       |
|-----------------------------|-------|---------------------|-------|
| Ability to Organize         | _____ | Leadership Skills   | _____ |
| Ability to Work with Others | _____ | Resourcefulness     | _____ |
| Communication Skills        | _____ | Respected by Others | _____ |
| Dependability               | _____ | Sense of Fairness   | _____ |
| Flexibility                 | _____ | Sense of Humor      | _____ |
| Initiative                  | _____ | Supervisory Skills  | _____ |

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

\_\_\_\_\_

**~ PLEASE CONTINUE ON TO PAGE 2 ~**



Do you know any reason why this person should not be considered for the position? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Reference \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

*Please also complete the following section if the applicant is applying to work with youth in their role as a volunteer.*



How well does the applicant interact and work with children/youth? \_\_\_\_\_

\_\_\_\_\_

Would you be willing to place your child, or any other child for whom you are responsible under his/her leadership and supervision? Why? \_\_\_\_\_

\_\_\_\_\_

What do you think are the applicant's greatest strengths and weaknesses as they relate to working with young people and leading a group?

| <u>Strengths</u> | <u>Weaknesses</u> |
|------------------|-------------------|
|                  |                   |

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

**E = Excellent**

**G = Good**

**F = Fair**

**N = Not Known**

Enthusiasm \_\_\_\_\_

Patience \_\_\_\_\_

Role Model for Youth \_\_\_\_\_

Understanding of Children \_\_\_\_\_



**For Office Use Only:**  
 Date reference form sent: \_\_\_/\_\_\_/\_\_\_  
 Date reference form received: \_\_\_/\_\_\_/\_\_\_  
 ---OR---  
 Reference called by: \_\_\_\_\_  
 on date: \_\_\_/\_\_\_/\_\_\_ at time: \_\_\_ AM/PM  
 phone # dialed from: (\_\_\_) \_\_\_\_\_  
 phone # dialed to: (\_\_\_) \_\_\_\_\_

**Character Reference Form for UGA Extension Programs**

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In what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Does the applicant have a positive and pleasant attitude toward volunteer work? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

| <b>E = Excellent</b>        | <b>G = Good</b> | <b>F = Fair</b>     | <b>N = Not Known</b> |
|-----------------------------|-----------------|---------------------|----------------------|
| Ability to Organize         | _____           | Leadership Skills   | _____                |
| Ability to Work with Others | _____           | Resourcefulness     | _____                |
| Communication Skills        | _____           | Respected by Others | _____                |
| Dependability               | _____           | Sense of Fairness   | _____                |
| Flexibility                 | _____           | Sense of Humor      | _____                |
| Initiative                  | _____           | Supervisory Skills  | _____                |

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

\_\_\_\_\_

**~ PLEASE CONTINUE ON TO PAGE 2 ~**



Do you know any reason why this person should not be considered for the position? \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Reference \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

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\_\_\_\_\_

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\_\_\_\_\_

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| <u>Strengths</u> | <u>Weaknesses</u> |
|------------------|-------------------|
|                  |                   |

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Patience \_\_\_\_\_

Role Model for Youth \_\_\_\_\_

Understanding of Children \_\_\_\_\_