



## Texas 4-H Group Enrollment Form

**Note: Please complete the volunteer information on the back side of this form.**

County \_\_\_\_\_ School/Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Volunteer/Teacher Name \_\_\_\_\_

Presenter (if different than teacher) \_\_\_\_\_ Number of Instructional Hours \_\_\_\_\_

Project (refer to the Texas 4-H Project List) \_\_\_\_\_

**Distribution of Members:** Totals in this section for grade, residence and racial groups should all be the same and should reflect only (new) members for whom this is their first 4-H experience since September 1.

Number of youths from military families? \_\_\_\_\_

Gender	
Male	
Female	
<b>Total</b>	

Leaders and Teachers: Use your best estimates. Please indicate the race and ethnicity of participants.		Ethnicity	
Racial Groups	Hispanic	Non-Hispanic	
(1) White only			
(2) Black or African American only			
(3) American Indian or Alaska Native only			
(4) Asian only			
(5) Native Hawaiian/Other Pacific Islander			
(6) White & Black or African American			
(7) White & American Indian/Alaskan Native			
(8) Black & American Indian/Alaskan Native			
(9) White & Asian			
(10) Balance (other combinations)			
<b>Total</b>			
<b>Total Hispanic + Non-Hispanic</b>			

Where do they live?	
Farm	
Rural (under 10,000)	
Town (10,000-50,000)	
Suburb of Cities (<50,000)	
Central Cities (>50,000)	
<b>Total</b>	

Grade Level			
Grade	Number of participants	Grade	Number of participants
K		8	
1		9	
2		10	
3		11	
4		12	
5		12+	
6		Not in School	
7		Special	
<b>Sub-Total</b>		<b>Sub-Total</b>	
<b>Total</b>			

For Office Use Only	
# of Units	
Delivery Method (check one)	
<input type="checkbox"/> 4-H Special Interest/Short-Term Program	
<input type="checkbox"/> 4-H Overnight Camping Program	
<input type="checkbox"/> 4-H Day Camping Program	
<input type="checkbox"/> 4-H School Enrichment Program	
<input type="checkbox"/> 4-H Individual Study/Mentoring/Family Learning Program	
<input type="checkbox"/> School-Aged Child Care Education Program	
<input type="checkbox"/> Instructional TV/Video Program	
<input type="checkbox"/> Not Connected with Youth Group	
EFNEP Program	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Values in these tables should reflect volunteers for whom this is their first 4-H service since September 1.

Racial Groups (New Volunteers Only)	Adult Volunteers		Youth Volunteers	
	Ethnicity		Ethnicity	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
(1) White only				
(2) Black or African American only				
(3) American Indian or Alaskan Native only				
(4) Asian only				
(5) Native Hawaiian/Other Pacific Islander				
(6) White & Black or African American				
(7) White & American Indian/Alaskan Native				
(8) Black & American Indian/Alaskan Native				
(9) White & Asian				
(10) Balance (other combinations)				
<b>Total</b>				
<b>Total Hispanic + Non-Hispanic</b>				

**Direct** – Works directly with youths

Classification of Volunteers	Adult Volunteers	
	Male	Female
Direct		
Indirect		
<b>Totals</b>		

**Indirect** – Supports work with youths through providing resources.

Classification of Volunteers	Youth Volunteers	
	Male	Female
Direct		
Indirect		
<b>Totals</b>		

*For Office Use Only: Adult and Youth Volunteers Trained Through 4-H*

Volunteers Trained Through 4-H (New Only)	Youth Volunteers	Adult Volunteers	Other Adults
A. Leadership – topics relating to organizing, managing and teaching youth in a non-formal-education setting.			
B. Parenting – knowledge and skills relating to developmental and learning needs of children and youth.			
C. Other – any training topic beyond the two listed above.			

# Texas AgriLife Extension Service Youth Protection Standards Program

## Direct Volunteer Registration Form

To be completed by volunteers working directly with youth in special interest and enrichment curriculum programs

### APPLICANT INFORMATION

_____	_____
APPLICANT'S PRINTED NAME	COUNTY
_____	_____
PHONE NUMBER	E-MAIL
_____	_____
CAMPUS/ISD	OR ORGANIZATION/PROGRAM AREA

### PREVIOUSLY SCREENED \_\_\_\_\_

Have you previously had a criminal background check done? \_\_\_\_\_

If yes, by who? \_\_\_\_\_ When (Year): \_\_\_\_\_

For what purpose? \_\_\_\_\_

Did you pass? \_\_\_\_\_ If not, what restrictions were imposed? \_\_\_\_\_

**Note:** If you are a school teacher who has been screened by your school district, a letter from administration attesting to all employees having passed criminal background checks for employment can be submitted to the county Extension office as proof for all teachers involved as Texas AgriLife Extension Service volunteers.

If you have not been previously screened, please read the following, provide the requested information and sign. Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for Extension and the Volunteer Center to perform a criminal background search.

### PERSONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_ FIRST FIVE DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE NUMBER \_\_\_\_\_ GENDER (circle one) Male / Female

Are you of Hispanic ethnicity? \_\_\_ Yes \_\_\_ No

RACE (circle one)

White / Black / Asian / American Indian / Alaskan Native / Native Hawaiian / Pacific Islander

**Please sign at the bottom of the form.**

I hereby authorize VERIFYI and/or its Service Provider and the Texas AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. I authorize the Texas AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas AgriLife Extension Service.

The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and/or procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

My signature below indicates that:

- I give permission for photos or videotapes of myself to be reproduced for promotional or educational purposes.
- I give permission to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I may choose not to participate in surveys or evaluations without any impact on my eligibility to serve with the Texas AgriLife Extension Service. I understand that I will be asked for my verbal assent before completing a survey or an evaluation.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature