

4-H Volunteer Activity Application – Indirect Volunteer

The Nebraska Extension 4-H Volunteer activity application process includes assurance that volunteers are eligible to provide safe, positive and nurturing environment for all youth involved with Nebraska 4-H programs and provide protection for the child, volunteer, educator, 4-H Council, Extension Board, and Nebraska Extension.

Name:
Address:
Email:
Phone:
Date of Birth:

Personal Verification Statement:

By signing this document I verify that I have not been convicted of any of the following crimes: a. Any sexual offense; b. Felony assault, including domestic violence related incidents; c. Child abuse, molestation or other crime involving endangerment of a minor; d. Murder; or e. Kidnapping; f. misdemeanor assault; g. drug distribution activity; h. felony drug possession; i. any other felony or crime involving moral turpitude.

Other convictions, such as misdemeanor assault, drug distribution activity, felony drug possession, and any other felony or crime involving moral turpitude, may also render an Activity Worker or Activity Support Staff ineligible to participate in Youth Activities. Nebraska Administration reserves the right to deny any Activity Worker or Activity Support Staff participation in the Youth Activity should the Administration, in its sole discretion, determine that the Activity Worker or Activity Support Staff has engaged in behavior that disqualifies the individual from participating in the Youth Activity.

I understand that I am not eligible to serve until this form is completed and returned to the county office. This review is good for one year only, I am obligated to self-report any violations after this date.

Sign:	Date:
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I confirm that I received and reviewed the UNL Activity Worker Guidelines.

<https://police.unl.edu/activity-worker-guidelines>

Sign:	Date:
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I have reviewed and agree to abide by the 4-H Code of Conduct.

<https://4h.unl.edu/volunteer-code-of-conduct>

Sign:	Date:
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If under the age of 19, parent/guardian signature is required.

Sign:	Date:
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