

Adult Behavioral Guidelines

Families and other youth serving programs place trust in the Cooperative Extension Service to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that merit this trust. For these reasons the following behaviors that merit this trust are listed for volunteers working in the Cooperative Extension 4-H Youth program

- Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth
- Obey the laws of the locality, state, and nation
- Make all reasonable effort to assure that the 4-H youth programs are accessible to youth without regard to race, color, national origin, gender, religion, or disability
- Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to the authorities
- Do not participate in/or condone, neglect or abuse which happens to the 4-H youth participants outside the program and report suspected abuse to authorities
- Treat animals humanely and teach 4-H youth to provide appropriate animal care
- Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid license and the legally required insurance coverage
- Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so.

Failure to comply with any of these guidelines may be reason for termination as a volunteer.

Volunteer Signature

4-H Agent Signature

Date



The University of Florida Cooperative Extension Service 4-H has an obligation to provide a safe atmosphere for all persons involved in youth activities. Please answer the next 4 questions with the understanding that we are all considerate of the well being of youth.

NOTE: An inquiry may be made to proper authorities to determine whether the applicant has a history relating to crimes against the person or child abuse.

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court involved

1. Have you or anyone living at your residence ever been convicted of any crimes against persons listed as follows: aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first, second degree statutory rape; first, second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties, incest, vehicular homicide; first degree promoting prostitution; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused or neglected any minor?

3. Have you even been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor?

4. Have you even been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

CRIMINAL HISTORY

Have you been convicted of a criminal offense in the last seven years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been found guilty of a criminal offense even if adjudication was withheld	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you pled nolo contendere	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above, please give date, nature of offense and disposition _____		
Social Security # _____		
A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to specifics of the position for which you have applied.		

DRIVER'S LICENSE

Driver's License Number	_____
Driver's License State	_____
Please attach a photocopy of your driver's license to this form	

HISTORY OF ADDRESSES

Please list the address of all residences over the last 10 years

Street Address _____	City _____
State _____ Zip _____	Date _____
Street Address _____	City _____
State _____ Zip _____	Date _____
Street Address _____	City _____
State _____ Zip _____	Date _____
Street Address _____	City _____
State _____ Zip _____	Date _____
Street Address _____	City _____
State _____ Zip _____	Date _____
Street Address _____	City _____
State _____ Zip _____	Date _____

By completing and signing the **Applicant Disclosure Form**, the said *Applicant* gives Brevard County 4-H and the University of Florida permission to conduct a background check of the *Applicant*.

Applicant Name	_____
Applicant Signature	_____
Date and Place	_____
Witness Name	_____
Witness Signature	_____
Telephone/Address of Witness	_____
Address	_____
City	State
Zip	

Copy of Applicant's Drivers License is attached. (Preferably enlarged)

In accordance with the Americans with Disabilities Act and Section 286.26, F.S., persons needing accommodations or an interpreter to participate in the proceeding should notify the University of Florida Brevard County Extension Service no later than 48 hours prior to the meeting at 321-633-1702 or fax 321-633-1890.