



THE UNIVERSITY OF ARIZONA

Cooperative Extension

Pinal County

PINAL COUNTY

4-H LEADER CERTIFICATION

04/2024

Thank you for your interest in becoming a 4-H Certified Volunteer Leader for the University of Arizona, Cooperative Extension, Pinal County 4-H Youth Development Program.

Steps to becoming a 4-H Certified Volunteer Leader—

- Fill out a Potential Volunteer Application
- Set up an Interview with a 4-H YD Professional (Esther Turner)
- Submit two (2) Reference Forms
- Attend a New Leader Training
- Sign the Behavioral Guidelines Form at the New Leader Training
- Complete the Clover Academy Training
 - ◆ Create an account / log in to the enrollment platform (4h.zsuite.org)
 - ◆ Left hand side you will find a link to the Clover Academy
 - ◆ It will then redirect you and must complete the 4-H Volunteer Training Course
 - ◆ Email certificate or confirmation of completed training course to mmelende@cals.arizona.edu
- Complete the UA Authorized Adult Procedures
 - ◆ Pass a fingerprint-based background check
 - ◆ Fill out an Applicant Authorization Form
 - ◇ A 4-H YD Professional will sign and forward to State Office with a copy of the following:
 - ⇒ Clearance Card (front & back)
 - ⇒ Driver's License or other State ID (front & back)

If you have questions or concerns, please feel free to reach out to Esther Turner via email at eturner@cals.arizona.edu or (520) 836-5221, x211.



4-H Youth Development Professionals—

- Esther Turner, 4-H YD Program Agent
- Maria Melendez, Administrative Assistant
- Cathy L. Martinez, County Director

eturner@cals.arizona.edu
mmelende@cals.arizona.edu
clmartin@cals.arizona.edu

Below you will find important links about the program—

- Pinal County 4-H Website: <http://extension.arizona.edu/4h/pinal>
- Pinal County 4-H Facebook Page: www.facebook.com/pinalcounty4h
- State 4-H Enrollment Platform: 4h.zsuite.org



POTENTIAL VOLUNTEER REGISTRATION FORM

CONTACT INFORMATION

Full Legal Name:		Date of Application:	
Maiden Name/Alias:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
County:	Phone:	Date of Birth: mm/dd/yyyy	
Personal Email:			
Mailing Address:		City:	State: Zip:
Physical Address:		City:	State: Zip:

4-H BACKGROUND (PLEASE INDICATE MEMBERSHIP INFORMATION, 4-H VOLUNTEER EXPERIENCES, ETC.)

Position	County	State	Years

Do you currently have children involved in 4-H? Yes No If so, what club?

FINGERPRINT CLEARANCE

Do you hold a current Arizona DPS Level 1 Fingerprint Clearance Card? Yes No

If yes, please provide expiration date: _____

4-H VOLUNTEER POSITION

Club Name:

What type of volunteer position are you interest in?

Why are you interest in a volunteer position?

FOR OFFICE USE ONLY

Received by:	Date:	Type of Payment: Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> ck/mo #:
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REFERENCE FORM FOR POTENTIAL VOLUNTEER

You are listed as a reference for this person. Please provide the following information.
Your input will be completely confidential.

Volunteer Name: _____ is applying for a volunteer position with the University of Arizona, Cooperative Extension. **Please return this form to:** UACE—820 East Cottonwood Lane, #C, Casa Grande, AZ 85122 or via email at mmelende@cals.arizona.edu

Your Name: _____ Email Address: _____

- How long have you known the applicant? Less than 1 year 1-5 years 5 years or more
- Tell us your relationship with the volunteer: _____
- Have you worked with the volunteer? as a volunteer at work no
- Is the applicant dependable? Yes No, please give an example

- How organized is the applicant in handling records and/or finances?

- How does the applicant get along with other adults?

- To your knowledge, what experience does the applicant have working with ethnic minority audiences, low-income audiences, people with disabilities, or individuals with cultural differences?

- What strengths does the applicant have in working with youth?

- What difficulties would the applicant have in working with youth?

- Do you know any reason why this person should **not** be considered for this position? If yes, explain:

By signing below, you verify that the information you provided above is accurate and true.

Signature

Date



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Date

Applicant Section Please review the attached instructions, sign, and date before submitting to your local designee. By signing this form, you acknowledge and understand the Office of Youth Safety will check with the AZ DPS website to verify the validity of your AZ DPS Class One or IVP Fingerprint Clearance Card.

Full Name			
Alias or Maiden Name			
Clearance Card Number and Exp. Date			
Volunteer's email			
Volunteer's phone number			
County and program			
Program Supervisor's name			
Program Supervisor's email and phone number			
Volunteer Signature and Date		Date	

County Staff Section

Please review the applicants documents and make copies. Verify the identity of the applicant against the photo identification and clearance card. Submit the copies and this document to gblumanhourst@email.arizona.edu. The card will be checked, the packet modified and returned to the submitter once the card status has been verified. By signing this form, you acknowledge that you verified the name and birth date of the individual matches both the fingerprint clearance card and photo identification.

Cooperative Extension Staff Signature		Date	
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Questions?

For more information about SA-100 Policy on Interactions with Non-enrolled Minors, including internships please contact Jocelyn Gehring, Director, Office of Youth Safety at jocelyngehring@email.arizona.edu , (520) 621-8223, or see the website at <https://youthsafety.arizona.edu/>.

County Staff: Scan this form, the DPS card front (and back if restrictions are listed,) and the front of the government-issued photo ID and attach the packet to the DCC transaction in UAccess.