



THE UNIVERSITY OF ARIZONA

Cooperative Extension

Pinal County

PINAL COUNTY

4-H LEADER CERTIFICATION

10/2021

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

Below you will find several important links about the 4-H Youth Development Program—

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

Steps to becoming a Certified 4-H Leader Volunteer—

- Fill out a Potential Volunteer Application
- Set up an Interview with 4-H YD Professional (Crystal Marquez or Esther Turner)
- Submit two (2) Reference Forms
- Attend a New Leader Training (TBA)
- Sign the Behavioral Guidelines Form at the New Leader Training
- Complete the Clover Academy Training
 - ◆ Create an account or Log-In to Zingbooks/Enrollment Platform
 - ◆ 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 marquez8@arizona.edu
- Complete the UA Authorized Adult Procedures (<https://www.aps.gemalto.com/az/locations.htm#!>)
 - ◆ 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
 - ⇒ Driver's License or other State ID

Additional Notes—

- If payment must be made to complete the fingerprint-based background check, please see a 4-H YD Professional, fee has been waived.
- A video on how to complete the fingerprint-based background check: <https://youtu.be/vl5YSyT6j0k>

If you have questions or concerns, please feel free to reach out to Crystal Marquez via email at marquez8@arizona.edu or (520) 836-5221, x238.

4-H Youth Development Professionals—

- | | |
|---|--|
| • Cathy L. Martinez, County Director | clmartin@cals.arizona.edu |
| • Victor Jimenez, 4-H YD Agent | vjimenez@cals.arizona.edu |
| • Esther Turner, Program Coordinator, Sr. | eturner@cals.arizona.edu |
| • Crystal Marquez, 4-H YD Assistant | marquez8@arizona.edu |
| • Maria Melendez, Administrative Assistant | mmelende@cals.arizona.edu |
| • Amy Goncalves, 4-H Extension Professional | amygoncalves@arizona.edu |





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: |

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 #: |
|--------------|-------|---|



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 within one week of receipt, return to:** UACE—820 East Cottonwood Lane, #C, Casa Grande, AZ 85122 or via email at marquez8@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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Signature

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 | |
|---------------------------------------|--|------|--|

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.



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POTENTIAL UNIVERSITY OF ARIZONA AUTHORIZED ADULT ARIZONA DEPARTMENT OF PUBLIC SAFETY FINGERPRINT—BASED BACKGROUND CHECK

Instructions for getting your Arizona Department of Public Safety Background Check Card.

The Department of Public Safety has contracted with Gemalto/Thales for digital fingerprinting services. This is a new contract, and the company is working to set up sites across the state. The last pages in this set of instructions is a chart showing currently available sites. The locations on the chart are linked to the webpage, so you can verify the current hours and other requirements at the site. The link to the website listing all locations is at the top of the chart. You can go to this website to see if new locations are set up.

ONLINE REGISTRATION IS REQUIRED BEFORE VISITING THE FINGERPRINTING SITES.

IF THERE IS NO SITE WITHIN 30 miles of your residence or work, and travelling to the site is a hardship for you, please contact your county 4-H faculty and staff. We can sign you up to participate with the program as an Incidental Participant and work on your UArizona Authorized Adult status as more sites are set up across the state.

Before trying to register, collect these pieces of information:

| | | |
|---------------------|------------------------|---|
| Full Name | Social Security Number | Date of Birth |
| Driver License Info | Mailing Address | Phone Number |
| Email | Country of Citizenship | Place of Birth (states and territories of US first, then non-US locations) |
| Weight | Height | Sex |
| Eye Color | Hair Color | Race (Asian or Pacific Islander; Black; Native American or Alaskan Native; Unknown; White including Latino) |

Credit Card to pay the \$73.25 fee (see 4-H YD Professional)

Make sure that there is a fingerprinting site that is accessible to you before paying. Check this website for locations:

<https://www.aps.gemalto.com/az/locations.htm#!/>

For a video of these instructions: <https://youtu.be/vI5YSyT6jOk>

Questions or concerns, with this process, contact Gloria Blumanhourst (Cooperative Extension Volunteer Systems) at 970-776-6943 or via email at gblumanhourst@arizona.edu.