University of California Division of Agriculture and Natural Resources
4-H Youth Development Program

Volunteer Confidential Self-Disclosure Form

_____ _____

Name of 4-H Club/Unit | First Name | Last Name

_____

Mailing Address | City | State | Zip

The purpose for requesting the information on this form is to provide a safe environment for young people involved with 4-H activities. **Furnishing all information requested on this form is mandatory. Failure to provide this information will delay or prevent appointment as a 4-H Volunteer.** Local programs may also require additional information before appointing 4-H volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with the Division of Agriculture and Natural Resources Administrative Handbook, Section 402. Information on these policies may be obtained from the Controller and Business Services Director, Agriculture and Natural Resources, University of California, 1111 Franklin Street, 6th Floor, Oakland, CA 94607-5200, or via the Internet at: http://danr.ucop.edu. The official responsible for maintaining the information contained on this form is the Cooperative Extension County Director.

1. Have you been convicted of a felony in the last ten years? ☐ Yes ☐ No
2. Has anyone living with you been convicted of a felony in the last ten years? ☐ Yes ☐ No
3. Have you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
4. Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
5. Has your driver's license been suspended or revoked in the last ten years? ☐ Yes ☐ No
6. Are there any other facts or circumstances involving your background or background of others in your household that would call into question your being entrusted with the supervision, guidance, and care of young people? ☐ Yes ☐ No
7. Do you have a valid driver's license? State_____ ☐ Yes ☐ No
8. University of California (UC) requires volunteers to maintain minimum automobile liability coverage of $50,000 per accident claim/$100,000 in aggregate/ $50,000 for property damage. Do you have this level of coverage? ☐ Yes ☐ No

   If **no**, what is your coverage? _____per accident, _____in aggregate, _____property damage?

9. I understand that UC provides secondary liability coverage in the event of an accident during 4-H business and if my coverage is below the UC minimums, I am liable for the difference between my policy limits and UC's secondary coverage. _____**initial**

10 If you answered "***Yes***☐ to questions 1-6, or "***No***" to 7 or 8, please explain here or on the back:

By signing below, I certify that the information above and on my application is true and correct. In addition, I have read, understand and agree to the terms of the 4-H Code of Conduct/Responsibilities and Rights and Photograph and Information Release. I am aware that I must re-apply for a 4-H Volunteer appointment annually, and provide an updated Adult Medical Release Form, Waiver of Liability, and Volunteer Confidential Self-Disclosure Form. I also understand that this application must be approved and my fingerprints cleared through the Department of Justice before my service as a volunteer begins. Volunteer appointments are for a period of one year.

_____ _____

Applicant Signature | Date

Instruction to the Applicant: Place this application in a "confidential" envelope and sign along the seal. The sealed envelope must be forwarded to the County Cooperative Extension/4-H Office.
C/O Mary Meyer
UCCE San Mateo County 4-H Office
80 Stone Pine Rd. Ste. # 100
Half Moon Bay, CA 94019

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