



Volunteer Confidential Self-Disclosure Form

(PAGE SUBMITTED BY 4-H ADULT VOLUNTEER TO THE COUNTY 4-H OFFICE)

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 Adult Volunteer.** Local programs may also require additional information before appointing 4-H Adult Volunteers. University of California policy authorizes maintenance of this information. Individuals have the right to review their own records in accordance with the University of California, Agriculture and Natural Resources Policy and Procedure Manual, Section 402. Information on these policies may be obtained from the Controller and Policies, Compliance and Programmatic Agreements Director, Agriculture and Natural Resources, University of California, 1111 Franklin Street, 6th Floor, Oakland, CA 94607-5200, or via the Internet at: <http://ucanr.edu>. The official responsible for maintaining the information contained on this form is the Cooperative Extension County Director.

Personal Information:

*Name of 4-H Club/
Unit

*Legal First Name

*Legal Last Name

*Residential Address

*City

*State

*ZIP

*1. Have you been a resident in any location outside of California, during any time frame, in the past 10 years?

☐ Yes ☐ No

*Transportation

2. Do you have a valid driver's license?

☐ Yes ☐ No

If No, explain:

3. Driver's license State: _____

4. University of California (UC) requires volunteers to maintain minimum automobile liability coverage of at least \$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, explain: _____

5a. If no, what is your coverage Per Accident? _____

5b. If no, what is your coverage in Aggregate? _____

5c. If no, what is your coverage for Property Damage? _____

6. Has your driver's license been suspended or revoked in the last ten years?

☐ Yes ☐ No

If yes, provide explanation: _____

*Additional Background

7. Have you been convicted of a felony in the last ten years?

☐ Yes ☐ No

If yes, explain: _____

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8. Have you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
If yes, explain:

9. Has anyone living with you been convicted of a felony in the last ten years? ☐ Yes ☐ No
If yes, explain:

10. Has anyone living with you ever been convicted of child abuse, neglect, or any sex offense? ☐ Yes ☐ No
If yes, explain:

12. 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

12a. If you answered “Yes” to 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, please explain:

If circumstances change to the answers provided above, I understand I must contact my county 4-H office.

* _____ initial

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

*Applicant Full Name

By signing below, I certify that the information on the Volunteer Confidential Self-Disclosure Form is true and correct.

*Applicant Signature

*Date