
CLIENT PROTECTION COMMITTEE

VOLUNTEER POSITION DESCRIPTION

4-H, Family & Consumer Sciences, Agriculture/Natural Resources, Horticulture and Fine Arts Programs
Kentucky Cooperative Extension
The University of Kentucky College of Agriculture

POSITION TITLE:

Client Protection Committee member

TIME REQUIRED / DURATION OF APPOINTMENT:

- 1 - 2 hours per meeting; meetings held at least quarterly and at the agent's request
- September 1 - August 31

LOCATION:

Extension Office

GENERAL PURPOSE:

To review potential volunteer applicants interested in working with vulnerable audiences in Extension programs. Advise the committee whether to accept or reject the applicant as a volunteer for the position for which they applied.

SPECIFIC RESPONSIBILITIES:

- Attend orientation
- Review volunteer application packets
- Interview volunteer applicant
- Advise committee on your recommendation to accept or deny volunteer applicant for the position that they applied for

QUALIFICATIONS:

- Must complete the Kentucky Volunteer Application processes and be accepted by the Client Protection Committee as a volunteer
- Must be able to maintain the highest level of confidentiality (CPC members have access to sensitive personal information about all volunteer applicants.)
- Provide own transportation to meetings and activities
- Self-starter: must be able to work with minimal supervision from professional staff
- Effective communication skills
- A sincere interest in working with Extension staff, volunteers, parents and youth
- Organizational skills; ability to organize information and materials in a timely matter
- Commitment to keeping vulnerable audiences safe

BENEFITS:

- The opportunity to work with adults providing positive support and growth experiences
- Receive intrinsic and extrinsic rewards at volunteer recognition events
- Volunteer development opportunities
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- The opportunity to make a difference
- Increased self-worth by giving back to the community
- Research shows that volunteering promotes better health

SALARY:

Unsalaries; volunteer.

MENTOR / SUPERVISING PROFESSIONAL:

Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

"I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving."

Signature of Volunteer

Date

Signature of Extension Professional

Date

**Cooperative
Extension Service**

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



Disabilities
accommodated
with prior notification.

CLIENT PROTECTION COMMITTEE CHAIR

VOLUNTEER POSITION DESCRIPTION

4-H, Family & Consumer Sciences, Agriculture/Natural Resources, Horticulture and Fine Arts Programs

Kentucky Cooperative Extension

The University of Kentucky College of Agriculture

POSITION TITLE:

Client Protection Committee Chair

TIME REQUIRED / DURATION OF APPOINTMENT:

- 1 - 2 hours per CPC meeting; meetings held at least quarterly or at the agent's request
- Screening meetings, as needed, with individual agents (could be monthly)
- September 1 - August 31

LOCATION:

Extension Office

GENERAL PURPOSE:

To review potential volunteer applicants interested in working with vulnerable audiences in Extension programs. Categorize each application packet as "green," "yellow" or "red." Forward to the CPC those applications categorized as "yellow" and "red." At the agents' request, may be involved in interviewing applicants and following up with references.

SPECIFIC RESPONSIBILITIES:

- Attend orientation
- Review volunteer application packets
- Interview volunteer applicant
- Follow up with references
- Working with the agent, categorize each application packet as "green," "yellow" or "red."
- Forward to CPC "yellow" and "red" application packets.

QUALIFICATIONS:

- Must complete the Kentucky Volunteer Application processes and be accepted by the Client Protection Committee as a volunteer
- Must be able to maintain the highest level of confidentiality (CPC members have access to sensitive personal information about all volunteer applicants.)
- Provide own transportation to meetings and activities
- Self-starter: must be able to work with minimal supervision from professional staff
- Effective communication skills

- A sincere interest in working with Extension staff, volunteers, parents and youth
- The ability to motivate businesses to donate money or products
- Organizational skills; ability to organize information and materials in a timely matter
- Commitment to keeping vulnerable audiences safe

BENEFITS:

- The opportunity to work with adults providing positive support and growth experiences
- Receive intrinsic and extrinsic rewards at volunteer recognition events
- Volunteer development opportunities
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- The opportunity to make a difference
- Increased self-worth by giving back to the community
- Research shows that volunteering promotes better health

SALARY:

Unsalaries; volunteer.

MENTOR / SUPERVISING PROFESSIONAL:

Name:
 Title:
 Address:
 City, State, Zip:
 Phone:
 Fax:
 Email:

“I have read, understand and agree to fulfill the purpose and responsibilities of this volunteer position and further agree to accept guidance and direction from the supervisor. I also understand that failure to fulfill the purpose and responsibilities of the volunteer position and to accept guidance and direction from the supervisor could result in suspension of my position. I also understand that this volunteer position is renewable annually; I will notify the supervising professional if I am no longer interested in serving.”

Signature of Volunteer Date

Signature of Extension Professional Date



CLIENT PROTECTION COMMITTEE SECRETARY

VOLUNTEER POSITION DESCRIPTION

4-H, Family & Consumer Sciences, Agriculture/Natural Resources, Horticulture and Fine Arts Programs
Kentucky Cooperative Extension
The University of Kentucky College of Agriculture

POSITION TITLE:

Client Protection Committee Secretary

TIME REQUIRED / DURATION OF APPOINTMENT:

- 1 - 2 hours per meeting; meetings held at least quarterly and at the agent's request
- Communication with the CPC Chair and Agents, following each screening session
- September 1 - August 31

LOCATION:

Extension Office

GENERAL PURPOSE:

To make an accurate record of the minutes of all CPC meetings; to send a written report to each program Council with a listing of newly accepted volunteers for the respective program area. Review potential volunteer applicants interested in working with vulnerable audiences in Extension programs that have been categorized as "yellow" or "red."

SPECIFIC RESPONSIBILITIES:

- Attend orientation
- Review volunteer application packets
- Interview volunteer applicants categorized as "yellow"
- Record the minutes of each CPC minutes
- Submit a report to each council with a listing of volunteers accepted for that program area.

QUALIFICATIONS:

- Must complete the Kentucky Volunteer Application processes and be accepted by the Client Protection Committee as a volunteer
- Must be able to maintain the highest level of confidentiality (CPC members have access to sensitive personal information about all volunteer applicants.)
- Provide own transportation to meetings and activities
- Self-starter: must be able to work with minimal supervision from professional staff
- Effective communication skills
- A sincere interest in working with Extension staff, volunteers, parents and youth

- The ability to motivate businesses to donate money or products
- Organizational skills; ability to organize information and materials in a timely matter
- Ability to assimilate and record information and business transacted at CPC meetings
- Commitment to keeping vulnerable audiences safe

BENEFITS:

- The opportunity to work with adults providing positive support and growth experiences
- Receive intrinsic and extrinsic rewards at volunteer recognition events
- Volunteer development opportunities
- Opportunity to share your skills, talents and interests
- Orientation provided by Extension staff
- The opportunity to make a difference
- Increased self-worth by giving back to the community
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SALARY:

Unsalariated; volunteer.

MENTOR / SUPERVISING PROFESSIONAL:

Name:

Title:

Address:

City, State, Zip:

Phone:

Fax:

Email:

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Signature of Volunteer

Date

Signature of Extension Professional

Date



Kentucky Cooperative Extension Service Volunteer Services Confidentiality Statement

I, the undersigned, do hereby acknowledge that in my volunteer role for Kentucky Cooperative Extension, I may have access to confidential information contained in the application packets of those individuals applying for volunteer positions in the organization, as well as volunteer files of other volunteers serving the organization.

I agree that I shall not disclose any such confidential information maintained by Kentucky Cooperative Extension to any unauthorized person, and I will adhere to confidentiality guidelines of the University of Kentucky and Kentucky State University.

I acknowledge and agree that disclosure by me of confidential information obtained by me in the course of my volunteer status could be cause for termination from my volunteer position.

Volunteer's Signature

Date

I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the volunteer named above.

Extension Agent's Signature

Date

