



FRESH ON DEK

Fresh on DeK, the DeKalb Mobile Farmers Market, is looking for volunteers to assist on our market days and for special events.

General Volunteer Agreement

By accepting a volunteer assignment with Fresh on DeK, you acknowledge that you agree to be cleared as a “screened volunteer” with the University of Georgia, read, and agree to the terms outlined below:

- Fresh on DeK volunteers must be 18 years or older.
- All volunteers must wear comfortable, presentable attire along with their UGA-issued shirt and name badge.
- Volunteers also play a critical role in ensuring that Fresh on DeK complies with all laws and regulations pertaining to the Americans with Disabilities Act and its provisions. When approaching any person who seems to be having difficulties, always ask: “Would you like any assistance? If so, how may I assist you?”
- No texting, cell phone calls, smartphone access, earbud usage, or other distractions except when absolutely necessary.
- No smoking is allowed inside or immediately outside Fresh on DeK.
- When eating, please do so discreetly and neatly and in such a way that it doesn’t interfere with your market duties or the functions of your position. Keep food and drink away from merchandise and away from “front-of-table” positions.
- Be kind, friendly, patient, and understanding.
- Any time you feel unsure of what to do or how to handle a certain situation, the Market Director, the Market Program Assistants, or any Fresh on DeK staff on site can help.

**Once we receive your application,
we will notify you regarding next steps!**

Description of Volunteer Opportunities

We now offer three ways for you to get involved with Fresh on DeK:

Season Opening and Season Closing Event

DeKalb County Cooperative Extension hosts volunteers for the annual season opening event. This opportunity is designed for individuals looking to get their muscles moving for a day! We ask volunteers to register online and we open registration up to one month before the event.

On event days, volunteers should:

- Come on time! We start promptly at 8am
- Wear clothes you don't mind getting dirty, including close-toed shoes
- Dress for the weather
- Bring a water bottle and/or snack

Fresh on DeK Market Days

Fresh on DeK visits ten (10) locations each week. During the stop the volunteers will be needed for set-up, stocking, re-stocking, and break-down. We ask volunteers to register online and we open registration up to one month before the event.

Volunteers should:

- Come on time!
- Wear clothes you don't mind getting dirty, including close-toed shoes
- Dress for the weather
- Bring a water bottle and/or snack

FRESH ON DEK - DEKALB MOBILE FARMERS MARKET
SCREENING APPLICATION



Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Information Collected for Reporting Purposes Only:

Birthdate:	Gender:
Race (<i>select all that apply</i>): <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Residence (<i>select one</i>): <input type="checkbox"/> Farm <input type="checkbox"/> Rural (Under 10,000) <input type="checkbox"/> Town (10,000 – 50,000) <input type="checkbox"/> Suburban (50,000+) <input type="checkbox"/> City (50,000+) Check all that apply: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Military Family

Contact Information:

Phone:	Work Phone:
Cell Phone:	Email:

References: Provide 3 references who are not immediate family members and who reside outside of your home address. They should be familiar with your skills and abilities related to potential duties associated with volunteering. Local CAES or Extension staff should not serve as references.

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?		How long have you known this reference?	

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
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Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?		How long have you known this reference?	

Thank you for your interest in serving with UGA CAES and Extension! Please look over your application prior to submitting it to your local office to ensure you are leaving no required boxes or blanks empty.

CONSENT FOR A BACKGROUND INVESTIGATION

To be completed by the office faculty/staff

View the Background Investigation policy:
<http://policies.uga.edu/FA/nodes/view/1124>

Office name and location: DeKalb County Cooperative Extension, Decatur, GA

UGA title of position being checked:

VOLUNTEER

FULLY COUNTY OR GRANT FUNDED STAFF TITLE: _____

Sent by (CAES Faculty/Staff):

UGA staff contact name Rebecca Hardeman

UGA faculty/staff email address rhardeman@dekalbcountyga.gov Daytime phone 404-298-4080

To be completed by the applicant

In connection with your application for employment (including contract for services) with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

ALL fields below are REQUIRED

Printed name of applicant/employee:
Exactly as it appears on current driver's license

First	M I	Last

Social Security Number _____ Date of birth _____ Gender F M

Current address _____
Street address City State Zip

Other names used _____
Include maiden or any other name changes

REQUIRED for all new hires and new volunteers:

Driver's License State _____ DL # _____ Class _____
Provisional Driver's licenses or licenses with restrictions cannot be checked (in example: Class D in Georgia).

Signature: _____ Date: _____



The University of Georgia Cooperative Extension Volunteer Agreement

Thank you for agreeing to volunteer with the University of Georgia Cooperative Extension program. In signing this agreement you are confirming your acceptance for a volunteer role.

1. I agree to serve as a volunteer with UGA under the primary direction of DeKalb County Cooperative Extension. *(fill in county or unit name)* I understand that if my role involves supervising youth, I will be required to complete a UGA background check and that some duties may include additional training and orientation.
2. I agree that my participation in the activities is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration. I understand that additional duties may be assigned or specific duties expanded.
3. I agree that as a volunteer I am under the primary direction of the unit, county office or department but may be asked to participate in activities that include direction from others within Cooperative Extension and/or other departments in the University of Georgia.
4. I agree that, if approved to serve as a volunteer, I will not be acting as a UGA employee or student. I understand and agree that UGA and I both have the right to decline or end my volunteer relationship with UGA at any time, for any reason, and without advance notice.
5. I understand that UGA is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled and directed by UGA for the purposes of carrying out the functions of UGA.
I UNDERSTAND THAT COVERAGE DOES NOT APPLY WHEN I DEVIATE FROM THE COURSE OF MY VOLUNTEER DUTIES.
6. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that UGA may not provide me with any accident, medical, or workers' compensation insurance, and therefore may not be responsible for any accident or medical expenses that I incur in the course of volunteering. If I am an employee of the UGA serving as a volunteer, I understand that I am not covered by workers' compensation laws while acting as a volunteer outside of my normal employment.
7. If I utilize my personal vehicle during the course of volunteering, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
8. I understand that if my volunteer service involves youth work, I am required to abide by the UGA Cooperative Extension Behavior Guidelines for Adults working with Youth and may be discharged from my duties as a volunteer should I fail to follow these expectations. These guidelines are printed on the reverse of this page and are initialed by me.
9. I understand that my participation as a volunteer may involve certain risks. In addition; I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
10. I agree to abide by all applicable rules and regulations of UGA and any of the department or units where I engage in volunteer activities. I also agree not to disclose any confidential information concerning youth program participants, research subjects, unpublished research data, and other confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at UGA shall be the property of UGA.
11. I hereby grant permission for my images, likeness, and voice to be recorded in any media and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Volunteer's Signature _____ Date _____

Volunteer's Printed Name _____ Volunteer's Phone # _____

Volunteer's Address _____ Volunteer's Email Address _____

Extension Faculty Printed Name _____ Primary Extension Office location DeKalb County

Extension Faculty Signature _____ Date _____

Adult Behavior Guidelines when Working with Youth



The University of Georgia Cooperative Extension program establishes the following guidelines for adults working with youth in programming. These are general behavioral expectations for any adult including both paid staff and volunteers working or volunteering in a capacity which includes working with children under the age of eighteen and/or youth considered program participants.

Adults are expected to:

- Work cooperatively with youth, families, University of Georgia faculty, staff, volunteers, community members and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
- Represent the University College of Agricultural and Environmental Sciences' Cooperative Extension programs with pride and dignity, behave appropriately, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the 4-H Code of Conduct as well as other rules, policies and guidelines established by the UGA CAES Cooperative Extension and event coordinators including state laws and regulations.
- Recognize that physical punishment is not an appropriate form of discipline and will not be allowed. Physical punishment includes physical actions that may not be expected of an individual during the program and are assigned to a young person as a consequence for misbehavior.
- Recognize that verbal abuse, physical abuse or committing criminal acts may be grounds for termination as an Extension volunteer. Abusive behavior towards youth or other adults including failure to provide adequate health and safety measures, care or supervision, emotional maltreatment of members, verbal or physical abuse will not be tolerated.
- Under Georgia law, report any mistreatment of youth to the proper authorities. Adults should immediately contact the person coordinating the Extension program/event and/or police or child welfare authorities if the adult believes a child is being abused. Failure to report child abuse is grounds for criminal charges.
- Comply with equal opportunity and anti-discrimination policy and governmental laws. The University of Georgia prohibits harassment of or discrimination against any person because of race, color, sex (including sexual harassment and pregnancy), sexual orientation, gender identity, ethnicity or national origin, religion, age, genetic information, disability, or veteran status.
- Treat animals humanely and encourage youth and adults to provide appropriate and ethical care.
- Strive for a minimum of two adults at any activity involving youth. Adults, in most cases, should not be left alone with a single child unless the adult is the parent/guardian of that child.
- To be housed in overnight settings in separate sleeping areas from children when possible. When this is not possible, parent/guardians should be furnished a letter explaining the situation and informing the parent/guardian that his/her child will be housed with an adult in the same room.
- Under no circumstances, to condone others use of or personally consume alcoholic beverages or illegal drugs during Extension youth programs, events and/or activities.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner.
- Accept responsibility to promote, conduct, and support 4-H in order to develop an effective local, county, district and state program.
- Recognize the following behaviors are inappropriate and will not be tolerated in the presence of youth during Extension youth activities or events:
 - consumption of alcohol
 - promotion of religious or political preferences
 - theft, pilfering, or fraud
 - use of tobacco products and e-cigarettes
 - sexual advances or activities involving youth
 - willful damaging of property
 - permitting passengers to ride in motor vehicles without seatbelts
 - permitting youth or adults in the back of trucks
 - behaviors that are illegal under law

I have reviewed and understand the Adult Behavior Guidelines.	
_____	_____
Volunteer's Initials	Date



For Office Use Only:
 Date reference form sent: ___/___/___
 Date reference form received: ___/___/___
 ---OR---
 Reference called by: _____
 on date: ___/___/___ at time: _____AM/PM
 phone # dialed from: (____)_____
 phone # dialed to: (____)_____

Character Reference Form for UGA Extension Programs

Applicant's Name: _____

The above named applicant is applying to do volunteer work with a UGA Extension Program and has given your name as a reference. UGA Extension seeks your assistance in selecting the best qualified people to serve and will appreciate your completion of this form. Please feel free to add additional pages of comments or information. Return this form and any attachments to:

Rebecca Hardeman 4380 Memorial Drive, Ste. 200 Decatur, GA 30032	or	Secure Fax #404-297-4497
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How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Does the applicant have a positive and pleasant attitude toward volunteer work? _____

How would you describe the applicant's ability to handle records and/or money? _____

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

E = Excellent	G = Good	F = Fair	N = Not Known
Ability to Organize	_____	Leadership Skills	_____
Ability to Work with Others	_____	Resourcefulness	_____
Communication Skills	_____	Respected by Others	_____
Dependability	_____	Sense of Fairness	_____
Flexibility	_____	Sense of Humor	_____
Initiative	_____	Supervisory Skills	_____

What additional skills, abilities, and attributes does the applicant have that would be helpful in this position? _____

~ PLEASE CONTINUE ON TO PAGE 2 ~



Do you know any reason why this person should not be considered for the position? _____

Name of Reference _____

Signature _____ Date _____

Phone Number _____ Email _____

Please also complete the following section if the applicant is applying to work with youth in their role as a volunteer.



How well does the applicant interact and work with children/youth? _____

Would you be willing to place your child, or any other child for whom you are responsible under his/her leadership and supervision? Why? _____

What do you think are the applicant's greatest strengths and weaknesses as they relate to working with young people and leading a group?

<u>Strengths</u>	<u>Weaknesses</u>

Please use the checklist to evaluate the applicant's qualities. Use the following marking system:

E = Excellent

G = Good

F = Fair

N = Not Known

- Enthusiasm _____
- Patience _____
- Role Model for Youth _____
- Understanding of Children _____



For Office Use Only:
 Date reference form sent: ___/___/___
 Date reference form received: ___/___/___
 ---OR---
 Reference called by: _____
 on date: ___/___/___ at time: _____AM/PM
 phone # dialed from: (____)_____
 phone # dialed to: (____)_____

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