

**Fort Bend &
Harris County
Master Wellness
Volunteer Training**

DATES:

Face to Face:

June 07,
June 28
and July 12

Online Study:

June 14,
June 21
and July 05

Time:

9:00am - 3:00pm

Location:

FBC Extension Office
1402 Band Road
Rosenberg, TX 77471

Cost:

Regular: \$75
College Student \$30
(Includes all Materials)

**Sign up by
June 1, 2018**

**Want to live healthier and help others do the same?
Become a Master Wellness Volunteer and obtain
information and skills to do so.**



Graduating Class-2017

Engaging, interactive workshops in:

Nutrition

Food Safety

Diabetes

Heart Disease

Healthy Lifestyle Choices

Dietary Guidelines

Blood Pressure

Public Speaking

Stress

Gardening

Physical Activity

And More!

For information or for an application please contact
Victoria Zwahr by email at victoria.zwahr@ag.tamu.edu,
call the FBC Extension Office at 281-342-3034 or check our website at
<https://fortbend.agrilife.org/fch/master-wellness-volunteers/>.

Fort Bend County Master Wellness Volunteer Program Application

Please print or type all information. Upon completion, return to: Texas A&M AgriLife Extension, MWV Program, 1402 Band Road, Suite 100, Rosenberg, Tx 77471.

Name: _____

E-mail Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number(s): _____

Emergency Contact Name: _____ Phone Number: _____

Are you available to participate on the training dates? _____

Are you currently employed? _____ If so, where? _____

Please list any volunteer work experience: _____

List any experience you have working with community-type organizations (schools, youth, churches, senior citizens, etc.): _____

List additional interests, skills, hobbies: _____

List any post-secondary education/diploma and/or certifications:

(continued)

Check (√) the times you may be available to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Why do you want to become a Master Wellness Volunteer? _____

Feel free to add any additional information you would like to share: _____

I would like to become a Master Wellness Volunteer. I understand that should I be selected for the training program, I will be required to complete 40 hours of training. Upon completion of the training, I will be required to return 40 hours of volunteer service by the end of the year under the direction of the county AgriLife Extension agent. I also understand that as a volunteer, I will represent Texas A&M AgriLife Extension Service and will be called upon to provide educational programs and disseminate educational materials. I also understand that in this capacity I cannot use my status as a volunteer to promote any personal opinions, business, or services or the opinions or services of other companies or agencies. I must present the research-based information on which Texas A&M AgriLife Extension Service's educational programs and services are based.

My signature below indicates that I do not have a conflict of interest and that all of the information contained in this application is true and accurate to the best of my knowledge.

Signature

Date

Printed Name

Volunteer Application Form

And consent for criminal background history check authorization/waiver

To be completed by Extension program volunteers (EFNEP, BLT, etc.) and Master Volunteers only.

4-H volunteers must register online via 4-H CONNECT or by completing the 4-H Adult Volunteer Application (4-H 2-I.056)

Please print:

- | | |
|--|--------------------------------------|
| 1. APPLICANT'S FULL, LEGAL NAME _____ | 2. COUNTY _____ |
| 3. ADDRESS _____ | 4. CITY _____ ZIP _____ |
| 5. FIRST 5 DIGITS OF SOCIAL SECURITY NUMBER _____ | 6. DATE OF BIRTH _____/_____/_____ |
| 7. DRIVER'S LICENSE NUMBER (optional) _____ | 8. GENDER (circle one) Male / Female |
| 9. Are you of Hispanic ethnicity? Yes / No
RACE (circle one) White / Black / Asian / American Indian
Alaskan Native / Native Hawaiian / Pacific Islander | 10. VOLUNTEER PROGRAM AREA _____ |

Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED. Yes No
- If yes, by who? _____ When (Year): _____
- For what purpose? _____
- Did you pass? If not, what restrictions were imposed? _____
- If you have been screened and passed a criminal background check through an Extension-approved entity, a letter/proof must be submitted.

Please sign at the bottom of the form.

12. I hereby authorize VeriFYI and/or its Service Provider and the Texas AgriLife Extension Service to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. I authorize the Texas AgriLife Extension Service or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with the Texas AgriLife Extension Service.
- The criminal history, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.
- I further release and discharge VeriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and/or procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.
- I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

13. Date _____ 14. Applicant's Signature _____

Volunteer Application Form Instructions

1. Applicant's Printed Name – Complete with first name, middle name and last name.
2. County – Complete with the county name in which you are applying to be a volunteer.
- 3/4. Address – Complete with your current mailing address, city and zip code.
5. Social Security Number – Complete with at least the **first five** digits of the social security number. The social security number is an individual descriptor that enables the system to complete a national criminal search of 47 jurisdictions.
6. Date of Birth – Complete with the month, day and year of birth.
7. Driver's License Number – Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
8. Gender – Complete by circling one of the options.
9. Race – Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
10. Volunteer Program Area – Complete with the program area you are volunteering for (e.g., Better Living for Texans, Expanded Food and Nutrition Education Program, Master Gardener, Master Naturalist, Master Wellness Volunteer).
**4-H volunteers should complete the Texas 4-H Adult Volunteer Application (4-H 2-1.056).*
11. Previously Screened – Texas AgriLife Extension Service will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Texas Youth Commission, Department of Defense – Child and Youth Services, Department of Defense – Family Programs, concealed handgun license; and/or licensed childcare workers.
** The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.**
*** Other sources may be considered based on documentation provided with screening criteria and specifics.***
**** Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to the Texas AgriLife Extension Service stating you have been screened and tested.*
12. Authorization Statement – State agencies screening volunteers are required by legislation to use the Volunteer Center of North Texas. The Volunteer Center contracts with VeriFYI. VeriFYI is a background verification software system that accesses multi-jurisdiction checks utilizing one of the largest private-sector criminal history databases in the nation (180 million records). All information received is held in confidence and not shared at the county level. Criminal record results are shredded when a volunteer's status is determined.
13. Date Completed
14. Applicant's Signature