

## Adult Volunteer Re-Enrollment in 4-H Online

*Authored by State 4-H Online 2.0 Training Team*

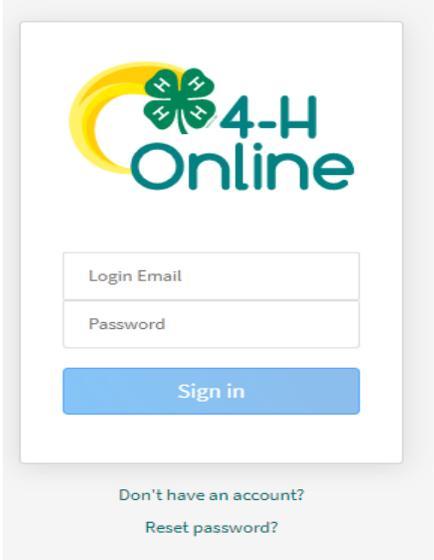
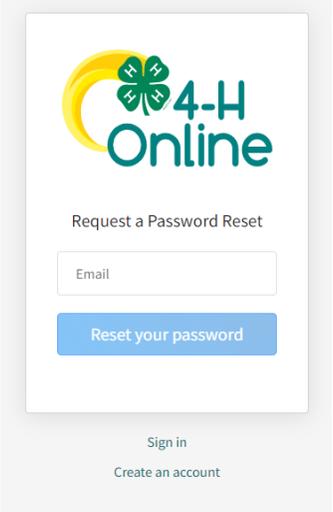
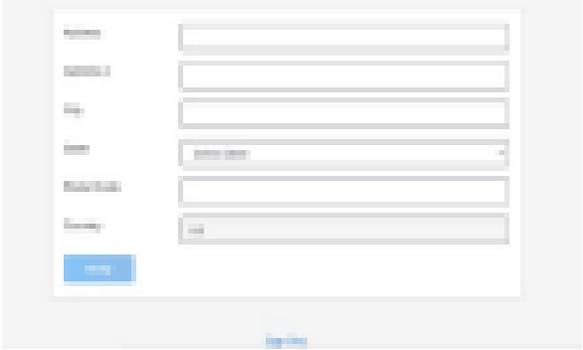
### **Family Profile**

Once a family profile is created, it will exist for as long as members of that profile are involved in the 4-H program. ***PLEASE DO NOT CREATE ANOTHER ACCOUNT.*** If someone in your family was involved in Virginia 4-H after 2015 you likely already have a family profile in 4-H Online. A member file is then created within the family profile for each family member involved in Virginia 4-H. Use your existing login email and password to access your family profile in the 4-H Online platform. If you need assistance accessing your existing family profile, review the steps in this guide. If necessary, contact your [Local Cooperative Extension Office](#) for assistance.

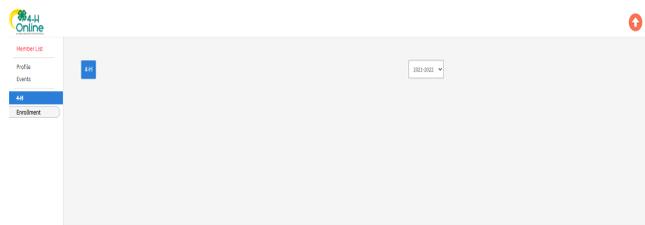
### **Before beginning enrollment, please read the following notes:**

- 1) This 4-H Online Enrollment system is for Youth Members and Adult Volunteers within the 4-H program. Parent contact information is now linked in youth member records.
- 2) Please allow up to 15 minutes for the re-enrollment process.
- 3) Prior to re-enrollment, review the [4-H Online 2.0 Volunteer Levels and Types Tip Sheet](#) as you may select more than one volunteer role within the system. Please make sure you have selected all of your volunteer role(s) before proceeding to the next enrollment step. If you are a Project Volunteer, review the current list of available [Projects and Descriptions](#) to ensure the correct project is chosen.
- 4) ***Sterling Volunteers*** provides background screenings for VCE and VA Tech. Background Screenings are required for all volunteers except Activity or One Time/Occasional Volunteers.
- 5) Throughout the enrollment process, you will see an “Invoice” box located on the right side of your screen. Please disregard this feature as it does not apply to the task of enrolling 4-H members and volunteers.
- 6) As you use the 4-H Online system, you may have a need to navigate “back” to a previous page. Do NOT use your browser’s back button as this will cause you to lose the information you just entered. USE THE BACK BUTTON at the BOTTOM of the system page.
- 7) Within each enrollment section are “***required***” questions. If these questions are not answered you will not be able to continue to the next section. Other questions do not say required and prevent from enrollment being submitted, however they are required for the Volunteer

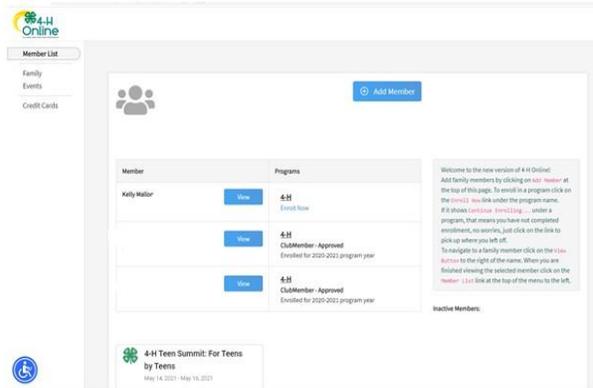
## Re- Enrolling an Adult Volunteer

Instruction	Images
<p><b>A. Login</b></p> <ol style="list-style-type: none"><li>1. Log in to 4-H Online 2.0 at <a href="https://v2.4honline.com">https://v2.4honline.com</a><ol style="list-style-type: none"><li>a. Using your original 4-H Online email address and password, <b>“Sign in”</b> to your account.</li><li>b. *If you do not remember your family email address, please contact your <a href="#">Local Cooperative Extension Office</a> for assistance. If you do not remember your family password, click <b>“Reset password.”</b></li></ol></li><li>2. You may be required to reset your password. Passwords should be at least ten characters and include a capital letter, a numeral, and a special character.</li><li>3. Upon login you may be asked to verify your address in the Family Profile. Ensure the address is correct. Select <b>“Verify”</b> to continue.</li><li>4. A drop-down box with appropriate USPS format <u>may</u> appear. Select the USPS address and continue.</li></ol>	  

- Once logged in you will see a blank screen.
- Click **“Member List”** from the left side menu on your screen.



- Select **“Enroll Now”** beside the name of the volunteer you wish to re-enroll.

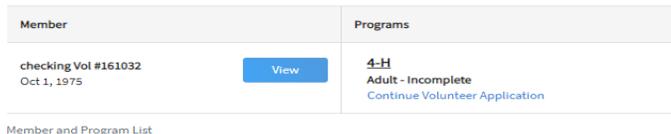


- Confirm your re-enrollment by clicking **“Enroll.”**



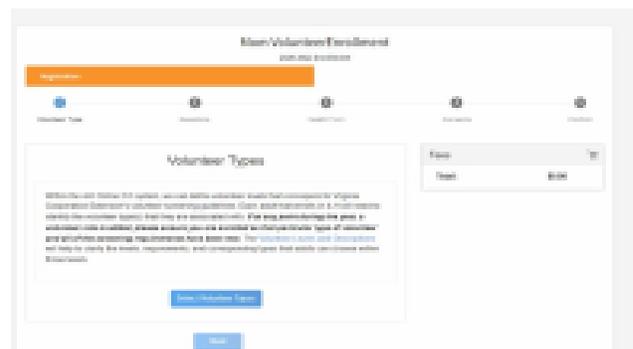
### B. Pause Enrollment

- If you have to pause your enrollment for any reason, close the website.
- When you return later, login and go back to the Member List screen. It will show the status **“Adult-Incomplete.”** Click **“Continue Volunteer Application”** to continue at the last saved screen



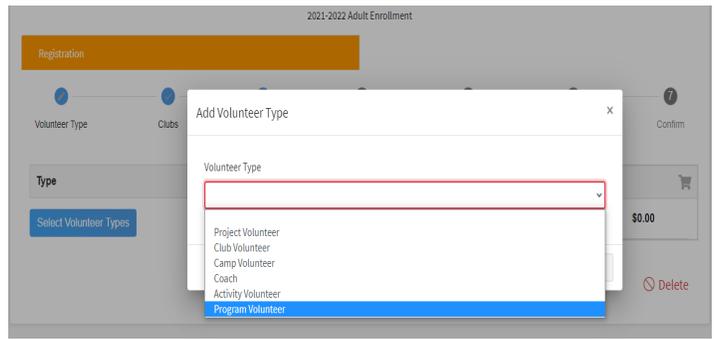
### C. Volunteer Type

- The member name and the enrollment year will be at the top of the screen.
- Please make sure you have reviewed the updated [4-H Online 2.0 Volunteer Levels and Types Tip Sheet](#) before selecting the Volunteer Type/Role in which you will be participating. Brief descriptions are listed below.
- Click **“Select Volunteer Types.”**



4. A drop-down box with the **Volunteer Types** will appear. Once the Type is selected the associated Volunteer Roles will pre-populate in the order listed below. Select the role and click **“Add”** to continue.

- a. **Project (Level 2):** *Role- 4-H Board Members*
  
- b. **Club (Level 2):** *Role- 4-H Club Leaders, Club Volunteers, Master Volunteers.*
  
- c. **Camp (Level 3):** *Role- Overnight Camp Volunteers, Overnight Travel Volunteer, or Returning Volunteer from 2019 – 2021 that need rescreening. **\*\*Please choose this Returning Volunteer type/role in addition to the re-enrolling type & role if you are a Re-Enrolling Level 2, Club volunteer/leader that was originally screened between 2019 – 2021 and will need a re-screening this year.***
  
- d. **Coach (Level 2):** *Role- Coach with Overnight Travel or Coach with Overnight Travel.*



Volunteer Type

Project Volunteer

4-H Board Member **Add**

Done

Volunteer Type

Club Volunteer

4-H Club Leader **Add**

Club Volunteer **Add**

Master Volunteer **Add**

Done

Volunteer Type

Camp Volunteer

Camp Volunteer **Add**

Overnight Travel Volunteer (Chaperone) **Add**

Returning Volunteers from 2019 - 2021 that need Rescreening **Add**

Done

Volunteer Type

Coach

Coach with NO Overnight Travel Responsibilities **Add**

Coach with OVERNIGHT Travel Responsibilities **Add**

Done

- e. **Activity (Level 1): Role-Episodic Event & Episodic Activity or One Time/Occasional Volunteer.**

**\*\*The One Time/Occasional Volunteer Consent will be the next screen. Please complete all fields.**

- f. **\*\*Program (Level 4): Role-New Volunteers - This is used for NEW enrolling volunteers only. DO NOT SELECT THIS IF YOU ARE RE-ENROLLING.**

- g. Add all applicable Volunteer Types. When complete click **“Done.”**

- h. If you select the wrong volunteer type and role, click the **“delete”** icon that is next to that type & role.



- i. Click **“Next”** to go to the next section.

Add Volunteer Type ✕

Volunteer Type

Activity Volunteer ▼

Episodic Activity Volunteer Add

Episodic Event Volunteer Add

Done

2021-2022 Adult Enrollment

Registration Screening

Personal Information

First Name

Last Name

In what capacity of volunteer role will you be serving?

**Volunteer Background Screening**

Based upon the information contained in this application, and that contained in background and reference checks, potential volunteers may be subject to restrictions or prohibition of serving as a volunteer with Virginia Cooperative Extension / Virginia 4-H. Accepted volunteers will be required to adhere to Standards of Behavior, and all policies of Virginia Cooperative Extension and Virginia 4-H.

I understand that records and criminal background or reference checks may be conducted at any time during the application process or during volunteer service of VCE.

I have read the above statements and understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Manager Name Certifying Paper Consent required

Save Submit

Karen Deleted

2021-2022 Adult Enrollment

Registration

1 Volunteer Type 2 Clubs 3 Projects 4 Questions 5 Health Form 6 Consents 7 Confirm

Type	Role	
Camp Volunteer	Coach with OVERNIGHT Travel Responsibilities	
Project Volunteer	Specialty Project Volunteer	

Select Volunteer Types

Next Delete

Invoice	
Total:	\$0.00

## D. Clubs

(Skip this section if you are not a Club Volunteer)

1. Select the club the Volunteer will participate in by clicking, **“Select Units.”** (When 4-H Online lists the word “Unit” it refers to clubs.)
2. On this next screen, a list of clubs for the State and the primary County will be listed. Select the club you wish to enroll in and click **“Add.”**
3. If the Volunteer wishes to enroll in a club with a secondary county, contact the [Local Cooperative Extension Office](#) in both counties.

4. The next screen shows the club you have selected. If multiple clubs are selected, indicate which club will be the Volunteer’s primary club by clicking **“Change to Primary”** beside the appropriate club, then click **“Next.”**
5. **\*\*Although this does not show that this is a REQUIRED question it must be answered to complete enrollment.**

Mama Training  
2021-2022 Adult Enrollment

Registration

Volunteer Type Clubs Projects Questions Health Form Consents Confirm

Primary	Club	Type	County
Primary	test 3	Club	Training

Select Units

Invoice

Total: \$0.00

Back Next Delete

Add Clubs

County *required*

Training

4-H Game Changineer (State)	Add
4-H Teen Summit (State)	Add
Cloverbud Camp (State)	Add
Teen Leadership Council (State)	Add
test 3	Add
Test Club	Add
Test Dummy Club	Add

Cancel

Add Clubs

County *required*

Training

Volunteer Role *required*

4-H Club Leader

4-H Game Changineer (State)	Add
4-H Teen Summit (State)	Add
Cloverbud Camp (State)	Add
Teen Leadership Council (State)	Add
test 3	Add
Test Club	Add
Test Dummy Club	Add

Cancel

Mama Training  
2021-2022 Adult Enrollment

Registration

Volunteer Type Clubs Projects Questions Health Form Consents Confirm

Primary	Club	Type	County
Primary	test 3	Club	Training

Select Units

Invoice

Total: \$0.00

Back Next Delete

## E. Projects

(Skip this section if you are not a Project Volunteer)

1. Please review the current list of available [Projects and Descriptions](#).
2. If you are a Project Volunteer, click **“Select Projects.”**
3. A drop-down box will show which project can be associated with the County or Club. Choose the project you are helping with and click **“Next”** to continue.
4. **\*\*Although this does not show that this is a *REQUIRED* question it must be answered to complete enrollment if you are a Project Volunteer.**

Mama Training  
2021-2022 Adult Enrollment

Registration

1 Volunteer Type 2 Clubs 3 Projects 4 Questions 5 Health Form 6 Consents 7 Confirm

Project Name	Years In Project	Parent Project	Club	Volunteer Type
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Select Projects

Invoice  
Total: \$0.00

Back Next Delete

Add Volunteer Projects

Club project volunteer or County wide project volunteer

Club  
 County

Club

Test Club

Type To Search...

Agriculture	Select
Animal Science Education: Avian Bowl	Select
Animal Science Education: Dairy Judging	Select
Animal Science Education: Dairy Quiz Bowl	Select
Animal Science Education: Hippology	Select
Animal Science Education: Horse Bowl	Select
Animal Science Education: Horse Judging	Select
Animal Science Education: Livestock Judging	Select
Animal Science Education: Meat Judging	Select
Animal Science Education: Poultry Judging	Select

Add Cancel

## F. Questions

Please complete **ALL** of the following sections. They are part of the Volunteer Screening process.

*Please make sure you have selected the appropriate Volunteer Type and Role to be directed to the correct questions. If multiple Volunteer Roles are selected, you will be screened at the highest level.*

1. About You

2. Demographics

3. Emergency Contacts

4. Military Info

Mama Training  
2021-2022 Adult Enrollment

Registration

Volunteer Type   Clubs   Projects   Questions   Health Form   Consents   Confirm

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### About You

Gender required

Job Title

Employer

Work Phone

Work Extension

### Demographics

Residence required

Are you of Hispanic or Latino ethnicity? required

Race required

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 Other (race not listed)  
 White  
 Prefer Not to State

### Emergency Contact

Full Name required

Relationship to member required

Contact Phone required

### Emergency Contact 2

Full Name

Relationship to member

Contact Phone

Contact Email

### Military

Family Member Military Service required

Branch of Service

Branch Component

### Invoice

Total: \$0.00

5. External Screening:  
Background Screenings are required for all volunteers except Level 1- Activity Volunteers. Level 2 - every three years and Level 3 - annually.

This box specifically refers to outside organization screenings; however in the case of re-enrollment the box is used in the manner below:

- a. **Check this box:** if you were Background Screened in 2019-2021 with the screening company Pre-Search or Sterling and it is not time for a renewal screening. You will not be prompted to complete the Sterling screening process. Please verify with your Local Cooperative Extension Office if you are not sure if you should check this box or not..
- b. **Do not check this box** if you did not receive a Background Screening in 2020, 2021 or have to be screened annually, such as Level 3 Camp volunteers. You will be prompted to complete the Sterling screening process. **See step J. Volunteer Screening.**

6. Other- 4-H Info

7. Job Info/Previous Volunteer Roles

## Screening

Select this option if you have already been screened as a volunteer for another organization or program and you would like that screening to be used for this enrollment. Please only submit qualified screenings. If a screening is not qualified, it will be sent back for completion of a qualified screening which may result in a delay of your approval.

I would like to submit a previous screening.

## Other

Do you wish to receive information from our 4-H Educational Centers and other Virginia Cooperative Extension Youth Programs? *required*

Yes  
 No

Are you a 4-H All-Star?

Yes  
 No

Are you 4-H Alumni?

Yes  
 No

Do you belong to the Virginia Association of Adult 4-H Volunteer Leaders?

Yes  
 No  
 Please send me more information

Employment/Volunteer Experience (Supervisor May be Contacted):

Please list your current and previous employment or volunteer experience.

What organization do you work/volunteer for?

What is your Supervisor's Name and Phone Number?

Is this a paid or volunteer role?

Paid Role  
 Volunteer Role

What is/was your role/duties?

What organization did you work/volunteer for?

8. References

Reference Full Name2

Reference Phone Number2: (Day and Night)

Reference Email Address2:

Relationship2:

Reference Mailing Address2: (Please include address, city, state, zip)

9. Drivers License

Do you have a current and valid driver's license?

Yes  
 No

Do you have a current commercial driver's license (CDL)?

Yes  
 No

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?

Yes  
 No

10. Criminal Convictions:

Disclosure of Criminal Convictions  
This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for Virginia Cooperative Extension programs.

Have you ever had any criminal convictions including moving traffic violations? *required*

- 11. After answering questions **About You** the forms section is below.
- 12. It is mandatory for Level 3 Camp Volunteers to upload their COVID Vaccination card.
- 13. Click **“Next”** to continue..

COVID Vaccination Card

No Image Selected

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4-H Event Medication Form

PDF  
No File Uploaded

## G. Health Information

Please complete ALL of the following sections. Some questions in red are “required.”

### 1. Exposure, Restrictions and Vaccinations

### 2. Care, Remarks, History 3. Health Insurance

#### Exposure

Please list below any infectious disease that you might have been exposed to within the past year.

List Any Infectious Exposure

- Yes  
 No

#### Restrictions

Please list any Restrictions below that 4-H staff need to be made aware of?

List Any Restrictions

- Yes  
 No

#### Vaccinations

Are the child, teen or adult, whom is applying for enrollment, immunizations up to date?

- Yes  
 No

#### Care

Family Physician Name

Family Physician Phone

Dentist Name

Dentist Phone

#### Remarks

4-H Programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

Is this participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medications?

- Yes  
 No

#### Health Insurance

Do you carry family medical/hospital insurance? *required*

- Yes  
 No

Family Medical/Hospital Insurance Carrier

Family Medical/Hospital Insurance Policy ID Number

## 4. Conditions

### Conditions

Has the participant ever experienced (or had special needs in) any of the following? Please check all that apply.

Asthma

- Yes  
 No

Bleeding/Clotting Disorder

- Yes  
 No

Convulsions Or Seizures

- Yes  
 No

Diabetes

- Yes  
 No

Fainting

- Yes  
 No

Heart Conditions

- Yes  
 No

## 5. Devices, Allergies

### Devices

Please list any devices, including glasses that you might be currently using.

Contact Lenses

- Yes  
 No

Dentures

- Yes  
 No

Epi-Pen

- Yes  
 No

Glasses

- Yes  
 No

Hearing Aid

- Yes  
 No

Inhaler

- Yes  
 No

### Allergies

The purpose of this section is to communicate any allergies including, but not limited to Life Threatening, Special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event. In the questions below, please list all allergies AND any necessary precautions that should be taken.

List Any Allergies That Are Life Threatening : The purpose of this section is to communicate ANY allergies that are deemed life threatening for any child, teen, or adult who will be attending a 4-H event. In the space below, please list life threatening allergies for the individual who is enrolling in 4-H AND any necessary precautions that should be taken.

- Yes  
 No

List Any Other Allergies

- Yes  
 No

SPECIAL DIETARY NEEDS: Instructions: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event. In the space below, please list all food allergies and/or other dietary restrictions on the individual who is enrolling in 4-H AND any necessary precautions that should be taken.

- Yes  
 No

## 6. Authorized Medications

### Authorized Medications

Please make sure to complete the 4-H Event Medication form, for all 4-H Camping/Overnight Programs, for all medication(s) that will be taken as needed, including over-the-counter medications for headaches or cold, inhalers, etc. NOTE: The printed form must accompany your child to the 4-H event only if he/she is taking any medication.

List Any Over The Counter Medications

- Yes  
 No

List Any Prescription Medications

- Yes  
 No

Medication Instructions

- Yes  
 No

7. Adults will be asked to sign a required **“Medical Release”** in the event of an emergency. Click **“Next”** to continue.

### Adult Medical Release

I hereby give permission in the event of accident or injury for the medical staff or representative to secure proper treatment for, hospitalize, and to order injection and/or anesthesia and/or surgery for me. I understand that all attempts will be made to notify my emergency contacts of any such serious illness or injury.

I hereby understand the nature and scope of the activities I am participating and agree to participate subject to limitations noted herein. This form may be photocopied for use outside of the event/activity location.

*(Note: If for any reason you cannot sign this, you must contact your local Extension office to obtain a legal waiver that must be signed.)*

I agree to the statements above.

Manager Name Certifying Paper Consent *required*

Back

Next

## H. Electronic Consents

### 1. Media Release

Registration

Volunteer Type Clubs Projects Questions Health Form Consents Confirm

Media Release

### 4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS), Virginia State University/College of Agriculture, and/or Virginia Cooperative Extension periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes.

By checking yes, I acknowledge reading this statement and give permission to the College of Agriculture and Life Sciences (Virginia Polytechnic Institute and State University, the College of Agriculture (Virginia State University), and Virginia Cooperative Extension, or its designee, to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me. I understand that I will need to notify Virginia Polytechnic Institute and State University/Coil

By checking no, I decline to give permission for any photograph, digital image, videotape, or other picture to be used for promotional purposes by Virginia Polytechnic Institute, Virginia State University, and/or Virginia Cooperative Extension.

Manager Name Certifying Paper Consent *required*

Invoice

Total:	\$0.00
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## 2. Privacy Statement

### Privacy Statement

## Privacy Statement

Virginia Cooperative Extension has created this privacy statement in order to demonstrate our firm commitment to privacy. The following discloses the information gathering and dissemination practices for this Web page:va.4honline.com and its subdomains.

This site does not request any personal information or collect any information that personally identifies you or allows you to be personally contacted without your permission. Personal information that may be requested include your name, e-mail address, physical address, and telephone number.

All forms on this site collect information exclusively for the stated purpose of the form.

We do not share any personal information with any third parties nor do we use any personal information for purposes other than the reason stated when collected.

By marking this option, I indicate that I have read the VCE Privacy Statement

Manager Name Certifying Paper Consent **required**

## 3. Standards of Behavior

## Standards of Behavior for Virginia 4-H Volunteers

Trustworthiness, respect, responsibility, fairness, caring, and citizenship are the six core ethical values which the CHARACTER COUNTS! program calls the "Six Pillars of Character." These values reflect those of the Virginia 4-H program and each 4-H member, volunteer, and staff member should strive to practice these values. The following standards for 4-H volunteers identify how these values will be reflected in volunteer performance. These standards help to ensure the safety and well-being of all 4-H participants and the integrity of the 4-H program.

- I will teach, enforce, advocate, and model the Six Pillars of Character, which are trustworthiness, respect, responsibility, fairness, caring, and citizenship.
- I will represent the Virginia 4-H program by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating reasonable conflict resolution skills.
- I will dress in a manner that is appropriate for a given 4-H program/event in accordance with that program/event's dress code.
- I will support and promote the Virginia 4-H mission, "To develop youth and adults working with those youth to realize their full potential – becoming effective, contributing citizens through participation in research-based, non-formal, hands-on educational experiences."
- I will actively participate in, and complete, Virginia 4-H program orientation and training that prepares me to satisfactorily accomplish the tasks for which I have volunteered.
- I will abide by all applicable laws and Virginia 4-H program policies, guidelines, and procedures. This includes, but is not limited to those regarding, child abuse, risk management, above suspicion, substance abuse, and limits of authority.
- I will accept supervision and support from salaried 4-H Extension staff or designated management volunteers and understand that I work under the guidance, supervision, and leadership of the Extension staff in charge.
- I will handle 4-H funds and engage in 4-H fundraising (when applicable) in an ethical manner.
- I will make all reasonable efforts to ensure that programs are accessible to all individuals regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
- I will not use (or allow others to use) alcohol, marijuana, or illegal drugs at any 4-H program or event. I understand that tobacco products can only be used in approved areas at approved times during approved events if I am of legal age. I understand the Virginia 4-H Search and Seizure policy regarding alcohol, drugs, or weapons.
- I will, when transporting youth, operate motor vehicles and other equipment in a safe and reliable manner and only with a valid operator's license in accordance with Virginia Tech and Virginia 4-H policies. I will comply with all motor vehicle-related state regulations and laws. All transported youth will be secured by properly operating seat belts when applicable.
- I will conduct myself in a manner that is in the best interest of youth and the Virginia 4-H program and will not use the volunteer position for purposes of private or personal gain.
- When applicable to my 4-H responsibilities, I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology in an appropriate manner in accordance with 4-H, Virginia Cooperative Extension, and Virginia Tech policies.
- I will complete all necessary paperwork in a timely manner.

My signature indicates that I have read, understand, and agree to abide by these standards for volunteers. I understand that immediate suspension or termination of my position as a volunteer could result if I do not meet these standards.

Manager Name Certifying Paper Consent **required**

#### 4. Enrollment Agreements

**\*\*All Consents must be digitally signed by the adult enrolling within the 4-H program. Click “Next” when signed.**

**Volunteer Enrollment/Agreement**

### Enrollment/Agreement

- I hereby certify that all of the entries on this application are true and complete.
- I understand that any falsification of information herein constitutes cause for dismissal.
- I am volunteering my time to further the educational purposes of Virginia Cooperative Extension.
- I agree that, as a volunteer, I am required to adhere to the Standards of Behavior, and all policies of Virginia Cooperative Extension and Virginia 4-H.
- I understand that based upon the information contained in this application, and that was obtained in background and reference checks (*if applicable*), my volunteer status may be subject to restrictions or prohibition of serving as a volunteer with Virginia Cooperative Extension and Virginia 4-H.
- Volunteers serve at the sole discretion of Virginia Cooperative Extension.
  - Virginia Cooperative Extension may at any time, for whatever reason, decide to terminate the volunteer's relationship with the organization or to make changes in the nature of their volunteer assignment.
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by the law. An equal opportunity/affirmative action employer.

I have read and understand the above statement.

Manager Name Certifying Paper Consent **required**

#### I. Enrollment Review & Submission

1. Review page for accuracy and click **“Submit”** to continue.
2. **\*\*If a Club or Project was not selected during the enrollment process and that is your volunteer type, an error message will appear and not let the submission continue. Use the “Back” button at the bottom of the screen to go back to the Club or Project screen and continue with the enrollment process**
3. This **Confirm Submission** screen asks to verify that you would like to continue with your volunteer enrollment. Click **“Confirm”** to continue.

2021-2022 Adult Enrollment

Registration

Volunteer Type Clubs Projects Questions Health Form Consents Confirm

Karen's Enrollment

Birth Date: 4/18/1967, Age: 54  
Role: Volunteer

Selected Units

Test Club, Training - Primary

Invoice

Total: \$0.00

Registration

Volunteer Type Clubs Projects Questions Health Form Consents Confirm

Karen's Enrollment

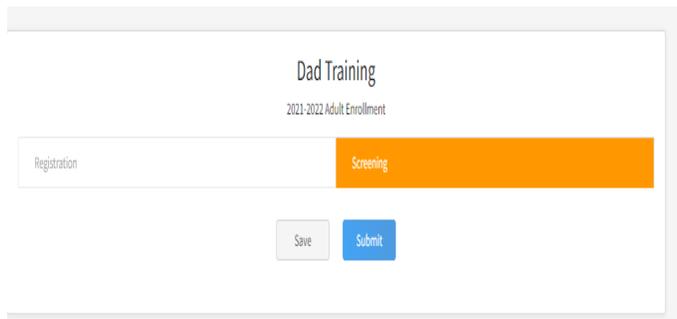
Birth Date: 4/18/1967, Age: 54  
Role: Volunteer

Minimum required number of clubs not met

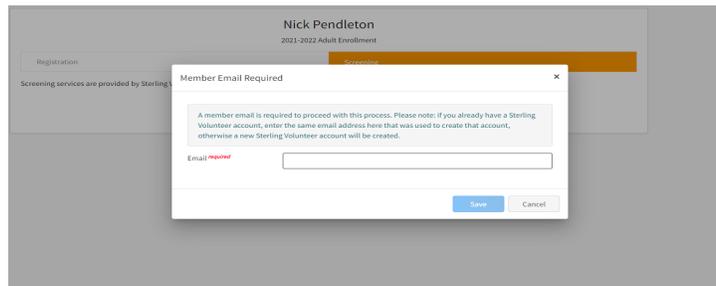
Confirm Submission

Are you sure you want to continue? Once you complete this step your application will be submitted and you will no longer be able to go back. You may need to complete additional steps in order to be an Active Volunteer

4. The next screens depend on the selection of External Screening Check Box (See above Questions #5):
  - a. If you CHECKED the External Screening box: After confirming submission, you will click **“Submit”** to finalize your enrollment.

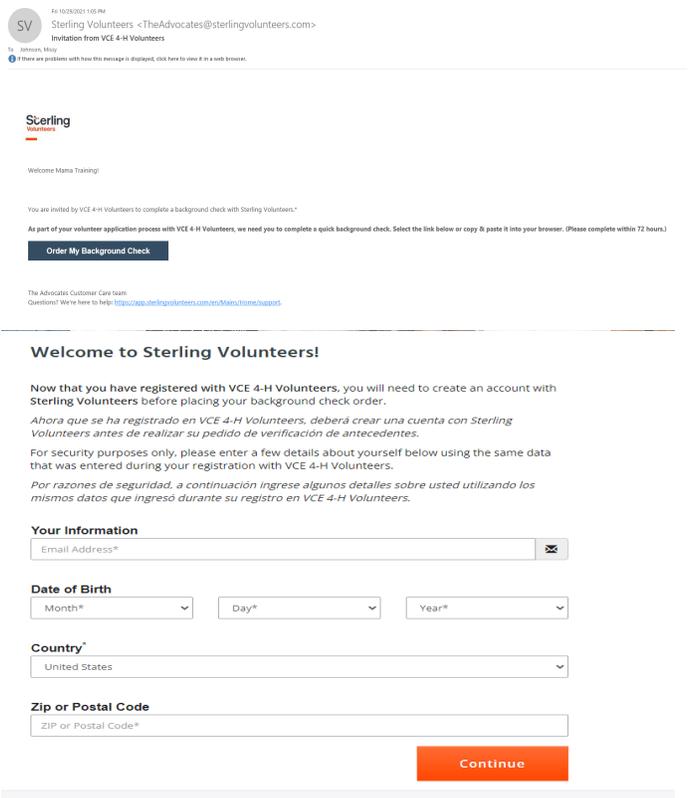


- b. If you DID NOT CHECK the External Screening Box: After confirming submission, you will provide the email previously used with *Sterling Volunteer* to run your Background Screening or provide an email to create a new account.



## J. Volunteer Screening

1. After enrollment has been submitted a review of the record will be conducted by your [Local Cooperative Extension Office](#) and volunteers will be contacted via email from the 4-H Agent/staff with further information.
2. Volunteers will receive an email from: [TheAdvocates@sterlingvolunteers.com](mailto:TheAdvocates@sterlingvolunteers.com). It will have the subject line: *Invitation from VCE 4-H 4-H Volunteers*. View the email and click on the link **“Order my Background Check.”** Complete all required information and submit.



- Volunteers will receive a confirmation email after the screening is ordered and completed from: [TheAdvocates@sterlingvolunteers.com](mailto:TheAdvocates@sterlingvolunteers.com). The volunteer will get a link to review the detailed results.

Dear Leah Nigam,  
We've received your order!  
This is your receipt.  
Order #62207 - 05/11/2021

Your Background Check Order #62207  
Level 1 Basic Criminal History Record Locator Search  
Price \$7.50

ORDER SUMMARY  
Total cost of Background Check \$7.50  
Amount Paid by VCE 4-H Volunteers \$7.50

Sub-Total \$0.00  
Tax \$0.00

Amount paid by me \$0.00

You may check the status of your Background Check by logging into Sterling Volunteers and checking your Profile. Once your check is complete, Sterling Volunteers will send you an email. Click on the link below or paste into a web browser to log in and access your Profile.

<https://app.sterlingvolunteers.com>

If you've paid for any part of your background check, there may be tax deductions. Tax issues are complicated and the deductibility of such expenditures may depend on facts and circumstances particular to your situation. Please consult with your tax advisor to determine whether your expenditures may be deductible.

The Advocates Customer Care Team

Questions? We're here to help! <https://app.sterlingvolunteers.com/faq>

From: Sterling Volunteers <[TheAdvocates@sterlingvolunteers.com](mailto:TheAdvocates@sterlingvolunteers.com)>

Sent: Wednesday, November 17, 2021 4:20 PM

To

Subject: VCE 4H Volunteers has reviewed your background check



Dear

Congratulations! Your background check has been reviewed by VCE 4H Volunteers. You will be contacted by VCE 4H Volunteers to ensure all required steps have been completed prior to activating you as a volunteer. You will see a badge on your Profile page displaying your level of background check. To view your detailed results, login and click directly on the badge.

The Advocates Customer Care Team

Questions? We're here to help! <https://app.sterlingvolunteers.com/Main/1/home/support>

## K. Enrollment Status

- Status of the enrollment can be confirmed on the **Member List** screen beside the volunteer's name. **The 4-H Agent/staff will contact the volunteer regarding mandatory training in order to approve re-enrollment.**
- If enrollment is incorrect or incomplete, your enrollment will be sent back with a note for changes or corrections via an email from 4-H Online and the 4-H Agent/staff.
- Once enrollment is correct and any necessary training is complete it will be approved and the member status will change to **“Volunteer Approved” & Enrolled for the 21-2022”** program year. An e-mail will be sent by 4-H Online.



, Unknown  
888-555-2223  
Training County

[Add Member](#)

Member	Programs
to forgot #161035 Oct 1, 1975	<b>4-H</b> Adult - Awaiting Review Volunteer Application Submitted Screening Submitted

Member and Program List

Welcome to the new version of 4-H Online! Add family members by clicking on **add member** at the top of this page. To enroll in a program click on the **Enroll Now** link under the program name. If it shows **Continue Enrolling...** under a program, that means you have not completed enrollment, no worries, just click on the link to pick up where you left off. To navigate to a family member click on the **view** button to the right of the name. When you are finished viewing the selected member click on the **Member List** link at the top of the menu to the left.

Inactive Members:



Hello Melissa:

Welcome to the Virginia **4-H** Youth Development Program in . Your membership request for enrollment as Adult has been accepted for the current **4-H** year. We look forward to having you actively involved in our program!

Virginia **4-H**

Comment

This email was sent to [melissacourtney1222@gmail.com](mailto:melissacourtney1222@gmail.com) by 4-H Online.  
RegistrationMax LLC - 4301 W. William Cannon Drive Austin, TX 78749