



4-H VOLUNTEER APPLICATION FORM

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

Name _____

Mailing Address _____

Home Address (If Different) _____

Driver's License Number _____

Phone/Contact Information:

Day _____ Best time to call: _____ am/pm

Evening _____ Best time to call: _____ am/pm

Cell _____ Best time to call: _____ am/pm

E-mail: _____ FAX: _____

Address(es) for previous 5 years:

Name(s) previously used (including maiden name) _____

Current Employer _____

Employer Address _____

If joining an existing 4-H club, what is the club or volunteer name _____

1. Please tell us about your skills and interests:

Educational Background

Current Occupation

Hobbies, Interests

Special Skills and Training

Previous Work with Youth

Previous Volunteer Experience

4-H experience

member _____ county _____ state _____
volunteer _____ county _____ state _____

2. What type of position(s) do you prefer?

- club organizational leader
- club project leader
- 4-H camp volunteer
- advisory group member
- activity/event leader
- other (please be specific)

3. With which age group(s) do you prefer to work?

- 5-7
- 8-11
- 12-13
- 14-18
- adults
- mixed ages

4. If you want to teach a 4-H project, which area(s) do you prefer?

- citizenship & civic education
- family & consumer science
- personal development & leadership
- science & technology
- natural resources
- communication & expressive arts
- healthy lifestyle education
- plant & animal sciences
- other (please be specific)

5. Briefly explain why you would like to be a 4-H volunteer.

6. Additional Information

The 4-H Youth Development program has a responsibility to provide a safe and healthy environment for all youth. Because of this responsibility, we ask for the following information.

If you answer "yes" to any of the questions, please explain below.

- a. Do you use illegal drugs? yes__ no__

- b. Have you ever been convicted of, pled nolo contendere to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory, or country? yes__ no__

- c. Other than the above, is there any fact or circumstance that would cause questions about having you supervise, guide and care for young people? yes__ no__

Please explain any "yes" answers here:

7. References

Please list 4 people who have known you for at least 2 years. They should be familiar with your character as it relates to working with young people. Please do not include family members. Each will be asked by phone or by letter to complete a short questionnaire. All responses will be held confidential. PLEASE INCLUDE COMPLETE ADDRESS AND PHONE NUMBER.

Name	Mail Address	Phone Number
(1) _____	_____	_____

(2) _____	_____	_____

(3) _____	_____	_____

(4) _____	_____	_____

The NH 4-H Youth Development program has a responsibility to provide a safe and healthy environment for all youth. All applicants will be subject to a background check. Persons with a history of violent behavior, child or current drug / alcohol abuse need not apply.

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application and accompanying resume (optional) or interviews will be sufficient cause for cancellation of this application and / or termination from the University System of New Hampshire. I authorize the University System of New Hampshire to investigate all information provided and to secure additional information about me for personnel decisions. I freely release from liability the University System of New Hampshire and its representatives for seeking such information and all other persons, schools, corporations, or organizations for furnishing such information.

I have read and understand the above.

Signature

Date



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February 2011