



4-H VOLUNTEER APPLICATION FORM

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

Name _____

Mailing Address _____ City/St./Zip _____

Home Address (If Different) _____ City/St./Zip _____

E-mail: _____

Phone/Contact Information:

Day (____) _____ Best time to call: _____ Evening (____) _____ Best time to call: _____

Cell (____) _____

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

4-H project areas of interest: _____

Address(es) for previous 5 years:

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

Current Employer _____

Employer Address _____ City/St./Zip _____

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 _____

Check the box if you would like to receive the 4-H Alumni Newsletter via email.

2. WHAT TYPE OF POSITION(S) DO YOU PREFER?

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

3. WITH WHICH AGE GROUP(S) DO YOU PREFER TO WORK?

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

4. IF YOU WANT TO TEACH A 4-H PROJECT, WHICH AREA(S) DO YOU PREFER?

___ citizenship & civic education ___ communications & expressive arts ___ family & consumer science
___ healthy lifestyle education ___ personal development & leadership ___ plant & animal sciences
___ science & technology ___ natural resources
___ other (please specify): _____

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, PHONE NUMBER and EMAIL (if known).

Name	Mailing Address (City/St/Zip)	Phone Number	Email
(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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