Colorado State University Extension

Revised: September 2007

4-H VOLUNTEER APPLICATION

Legal Name: _____
First Name Last Name

Address: _____
Street City State Zip

Phone: (___) _____ Cell: (___) _____ Birth date: _____

Current Employer: _____ Work Phone: _____

Occupation: _____ Years at this employment: _____

Business Address: _____
Street City State Zip

1. Previous 4-H Experience: Year(s): _____

   Position: _____

   Location(s): _____
   _____

2. Reason for Volunteering: _____
   _____

3. Experience working with youth in other organizations: _____
   _____

4. Special training, interests, education, skills, certifications:
   _____

5. Age group with whom you prefer to work:
   ____a. age 5-7
   ____b. age 8-11
   ____c. age 12-14
   ____d. 15 and above
   ____ e. adults

6. Type of volunteer position you prefer:
   ____a. Club Organizational Leader
   ____b. Club Project Leader
   ____c. Event Coordinator
   ____d. Jr. Council Advisor
   ____e. Sr. Council Advisor
   ____f. Camp Counselor
   ____g. 4-H Leader's Association
   ____h. Expansion Review Committee
   ____i. Other (please be specific):
   _____
   (optional)

7. Current memberships, volunteer and/or professional: _____
   _____

8. Previous residences (for last 5 yrs):

Date: _____
Address City State Zip

Date: _____
Address City State Zip

Date: _____
Address City State Zip

9. References. Please list at least three people who are familiar with your character as it relates to working with youth. (Do not include family members.) References should have known you for at least two (2) years. Each will be contacted by phone or letter and asked to respond to a short questionnaire. All responses will be confidential.

Name	Complete Address	Phone Number

10. Additional information:
    a. Do you use illegal drugs? _____

    b. Have you ever been convicted of a criminal offense? (If yes, explain below) _____
    _____

    c. Have you ever been convicted of child neglect or abuse? _____
    _____

    d. Has your driver's license ever been suspended or revoked? (If yes, explain) _____
    _____

    e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain) _____

    _____

11. **I Understand that:**

The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of 4-H Youth Development Extension of _____ County. In signing this application, I affirm that the information I have given herein is true and correct.

If selected as a volunteer, I understand I serve at the request of the Colorado State University Extension Program. That request can be withdrawn for any reason or no reason at any time. I may be required to undergo a background check through the Colorado Bureau of Investigation and/or the Central Registry of Child Protection. A criminal record will not necessarily bar me as volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

Signature:_____ Date:_____