



**4-H VOLUNTEER
APPLICATION FORM**



**UNIVERSITY OF CONNECTICUT
COOPERATIVE EXTENSION SYSTEM**

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

NAME _____

MAIL ADDRESS _____

HOME ADDRESS (if different) _____

PHONE: HOME _____ WORK _____

DATE OF BIRTH: _____ Social Security #: _____
(Needed for background check reasons)

ADDRESS(ES) FOR PREVIOUS 5 YEARS

NAME(S) PREVIOUSLY USED _____

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

1. Please tell us about your skills and interests:

Educational Background

Current Occupation

Hobbies, Interests

Special Skills and Training

Previous Work with Young People

Previous Volunteer Experience

4-H Experience: _____ member Please indicate the State _____, County _____, Country _____
_____ leader Please indicate the State _____, County _____, Country _____
_____ other volunteer activities What capacity? _____

2. What type of position(s) do you prefer or would you like to be considered for?

_____ Group/Club Organization Leader	_____ Advisory Group Member
_____ Group/Club Assistant Leader	_____ 4-H Camp Board Member
_____ Group Project Leader	
_____ 4-H Camp Volunteer	_____ Other (please be specific)
_____ 4-H Special Project Teacher	

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

_____ 7-9	_____ 13-14	_____ adults
_____ 10-12	_____ 15-19	_____ mixed ages

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

_____ Citizenship & Civic Education	_____ Communications & Expressive Arts
_____ Consumer & Family Sciences	_____ Environmental Ed. & Earth Sciences
_____ Healthy Lifestyles Education	_____ Personal Development & Leadership
_____ Plants & Animals	_____ Science & Technology

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

6. Additional Information (use additional sheets if necessary)

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 child abuse or neglect? yes____ no____
- c. Have you ever been convicted of animal abuse? yes____ no____
- d. Have you ever been convicted of a criminal offense? yes____ no____
- e. Have you ever been convicted of a motor vehicle violation? yes____ no____
- f. Are there any criminal charges pending against you? yes____ no____
- g. 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 3 people who have know 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.

NAME	MAIL ADDRESS	PHONE NUMBER
(1) _____	_____	_____

(2) _____	_____	_____

(3) _____	_____	_____

8. Upon acceptance as a volunteer for the University of Connecticut Cooperative Extension System 4-H/ Youth Development program, I agree to fulfill the following responsibilities while serving in this role:

- a. Participate in appropriate volunteer training and conduct 4-H activities in compliance with University of Connecticut Cooperative Extension System guidelines.
- b. Maintain the integrity and standards of 4-H youth development.
- c. Keep 4-H staff fully informed of group or project activities, including field trips, fund raising events, and other special activities.
- d. Maintain up-to-date enrollment with the local University of Connecticut Cooperative Extension System 4-H office for myself, my members, and other volunteers I direct.
- e. Welcome all youth, their families and other volunteers to participate in the program, regardless of race, color, national origin, religion, sex, age and disability.
- f. Maintain appropriate records and financial information. Prepare and submit reports as requested.

I authorize the University of Connecticut Cooperative Extension System, 4-H / Youth Development Program, to contact listed references. I authorize it to check on criminal offenses, when appropriate. I release from liability any person or organization that provides information concerning me.

I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. The information I have given here is true and correct.

Signature

Date