

4-H Volunteer Application Form



EXTENSION

UCONN EXTENSION

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

NAME			
MAIL ADDRESS			
HOME ADDRESS (if diffe	erent)	_	
PHONE: HOME	WORK	CELL	
EMAIL			
DATE OF BIRTH:			
ADDRESS(ES) FOR PRE			
CURRENT EMPLOYER _			
EMPLOYER ADDRESS _			
	, we would appreciate you ch	nd our funding agency(s) to subm necking the category below that b	
Sex:Female	_Male		
Racial Categories (PleaseAmerican Indian/Ala		Black or African American	n
Native Hawaiian or 0	Other Pacific Islander	White	
FOR OFFICE USE ONLY:	_		
County:	4-H Club:		

	ic Categories: (Please check one) _Not Hispanic or LatinoHispanic or La	tino	
Is any	y member of your immediate family currently ser	ving in the military	y?YesNo
	Active ArmyActive ArmyActive ArmyActive Air ForceAir GuardAir ForceActive Marine CorpsMarine Corps. ReserveDept. of Defense	ReserveA	ctive NavyNaval Reserve
1. Ple	ease tell us about your skills and interests:		
Educa	ational Background		
Curre	nt Occupation		
Hobbi	ies, Interests		
Specia	al Skills and Training		
Previo	ous Work with Young People		
Previo	ous Volunteer Experience		
4-H E	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 con	sidered for?
	Group/Club Organization LeaderGroup/Club Assistant LeaderGroup Project Leader4-H Camp Volunteer4-H Special Project Teacher	Advisory Group Member4-H Camp Board MemberYouth MentorOther (please be specific)	
3.	With which age group(s) do you prefer to work?	?	
	7-913-14 10-12 15-19	_adults mixed ages	

	Citizenship & Civic Educa Consumer & Family Scien Healthy Lifestyles Educati Plants Animals	ices	Communications & Expressive ArtsEnvironmental Ed. & Earth SciencesPersonal Development & LeadershipScience, Technology, Engineering & Math		
5.	Briefly explain why you would like to be a 4-H volunteer.				
6.	Additional Information (use ad	ditional sheets i	f necessary)		
envii Ansv		s responsibility,	to provide a safe and healthy we ask for the following information. elevant to the volunteer position for which you are		
a. b.	Do you use illegal drugs? Have you ever been convicted	yes	no		
с.	of child abuse or neglect? Have you ever been convicted	yes	no		
d.	of animal abuse? Have you ever been convicted	yes	no		
e.	of a criminal offense? Have you ever been convicted	yes	no		
.	of a motor vehicle violation?	yes	no		
f.	Have a valid driver's license? driver's license #	yes State	no		
g.	Are there any criminal charges pending against you?	yes	no		
h.	Other than the above, is there any fact or circumstance that wou cause questions about having you supervise, guide and care for	•			
	young people?	yes	no		

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

4.

Please explain any "yes" answers here. For convictions, please include an explanation of the nature of the conviction, the degree of rehabilitation and the time since release. (You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-760, or 54-142a. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-760), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a)).

7. References

Revised 6/18

Please list 3 people who have known you for at least 2 years and are not related to you. 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.

NAM	1E		COMPLETE MAIL ADDRESS	PHONE NUMBER			
(1)_				_			
EMA	AIL AI	DDRESS:		_			
(2)				_			
EMA	AIL AD	DDRESS:		_			
(3) _				_			
				_			
8.			unteer for the University of Connection agree to fulfill the following responsiles				
	a.		priate volunteer training and conduct 4- Connecticut Extension guidelines.	H activities in compliance			
	b.		ity and standards of 4-H youth developr	nent			
	c.		Keep 4-H staff fully informed of group or project activities, including field trips, fund				
			other special activities.				
	d.	Maintain up-to-date	e enrollment with the local University of	Connecticut Extension 4-H office for			
			rs, and other volunteers I direct.	anticipate in the program			
	e.		, their families and other volunteers to p color, national origin, religion, sex, age	1 1			
	f.	•	te records and financial information. Pr				
answ	ers to c		nisrepresentations or omissions of fact in I that misrepresentation or omission of t				
refere child Univ	ences a welfar ersity of the tensity	and to conduct a backgree, motor vehicle and/of Connecticut, its Exte	ecticut Extension 4-H Youth Development ound investigation which may include, or criminal offense histories and animal cension 4-H Youth Development Programment of this background investigation and animal deground investigation.	but not be limited to, employment, cruelty. I release from liability the n, the State of Connecticut and their			
Signa	ature		Date				

AA/EEO and Program Provider