

APPLICATION FOR A VOLUNTEER POSITION



UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION:
4-H YOUTH DEVELOPMENT

OFFICE USE ONLY	
Date Received	_____
References Completed	_____
Initial	_____

PLEASE PRINT

Name _____
First Middle Last Name you use

Address _____
Street City State Zip

Mailing Address (if different) _____

Phone: Day # _____ Best time to call: _____ Night# _____ Best time to call: _____

_____ Date of Birth (M/D/Y) Social Security # Driver's License Number/State/Expiration Date

Do you have personal liability insurance? ___ Yes ___ No Automobile Liability Insurance? ___ Yes ___ No

Place of Employment _____ Position/Title _____

Address and Phone _____ OK to call at work ___ Yes ___ No

Email address (Home): _____ (Work): _____

An arrest or conviction record will not necessarily bar an applicant but will be considered as it relates to specifics of the position for which you are applying.

Have you ever been arrested? () Yes () No If yes, please give date, location, nature of offense, and disposition:

I understand that volunteerism is a privilege, not a right. I authorize contact of the references listed on the back and understand that information from these references or others contacted is confidential. I waive my right to review this information. I understand that falsification or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I further understand that until the application process is complete, I may be denied access to clientele. If appointed, I agree to abide by the philosophies of the 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Signature _____ Date _____

Parent/Guardian's Signature: _____ Date _____

If under 18 years of age, a parent/guardian signature is required.

Why are you interested in a 4-H volunteer position? _____

Do you prefer to work directly with () youth () adults () both?

If you prefer to work directly with youth, what age level(s) do you prefer?

() Discovery - 5 - 8 years of age () Junior - 9 - 13 years of age () Senior - 14 - 19 years of age

Have you previously been a volunteer? ___ Yes ___ NO If yes, 4-H ? ___ Other youth organization (list):

If yes, how many years? _____ Where? _____

Town County State

Were you a 4-H member? If so where? _____

If you have children, have they been involved in 4-H? ___ Yes ___ No If so, where _____

References: List five persons (work related, from clubs/organizations, friends, neighbors), NOT related to you (which includes step-relatives) and NOT employed by Cooperative Extension, who have definite knowledge of your qualifications suitable to

working as a youth development volunteer. ONE reference may be from a person under 18 years of age. Please give complete address.

Name: _____ Mailing Address _____

Phone: () _____
City State Zip

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Phone: () _____
City State Zip

Name: _____ Mailing Address _____

Phone: () _____
City State Zip

Name: _____ Mailing Address _____

Phone: () _____
City State Zip

Name: _____ Mailing Address _____

Phone: () _____
City State Zip

Education: ___grammar school ___high school ___college ___graduate school

Previous Volunteer/Employed Experience: (List current or most recent experience first)

Organization/Employer	Position/Major Responsibilities	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community organizations/activities: (list)

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information.

Return to:

THANK YOU!

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.
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