



4-H/Youth Program Volunteer Application

GENERAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

How long have you lived at this address (years): _____

Email: _____

Phone: Day () _____ Best time to call: _____

Evening () _____ Best time to call: _____

Have you ever been a youth volunteer? Yes No If yes, how many years? _____

Organization: _____ Where? _____
City/County/State

Are you a former 4-H member? Yes No If yes, where were you in 4-H? _____
County/State

Are you a 4-H pin wearer? Yes No All Star? Yes No

VOLUNTEER INTEREST

Why are you interested in working with the 4-H/Youth Program? _____

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?

Ages 5-8 Ages 9-12 Ages 13-19 No Preference

What time commitment do you desire initially?

1-2 months per year 3-6 months per year 7-12 months per year Ongoing

Previous Volunteer Experience: (List most recent experience first; list any youth experience.)

Organization	Role	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Work Experience: (List most recent experience first.)

Employer	Position	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

What positions would you like? (Check all that apply.)

- Leaders' Assn. Committee Member School Club/Group Volunteer Project Leader
 Community/Club Volunteer Special Group Volunteer Activity Leader
 Middle Manager/Program Manager Other (list) _____

If you desire to be a 4-H club/youth group volunteer, is this a new or existing club/group? (Check one.)

If existing, name of club/group: _____

PERSONAL INFORMATION

Have you been convicted of a crime in the last seven years? _____

If yes, please give date, nature and disposition of offense. _____

(Please note: A criminal record will not necessarily prevent an applicant from being a 4-H/youth volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.)

REFERENCES

List two people not related to you who have knowledge of your qualifications. Please provide complete addresses and phone numbers.

1. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Day () _____ Evening () _____

2. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Phone: Day () _____ Evening () _____

I authorize Extension to contact the above listed references. I understand that the misrepresentation or omission of information requested is just cause for non-selection as a 4-H/youth program volunteer. I waive any right to review those references.

Applicant Signature

Date

Please return this form at your earliest convenience. Contact us if you have any questions or would like further information. Thank you!

Return to: Your local WVU Extension Service office

** The information asked for in this form will be used solely to determine how you can best fit into West Virginia University Extension Service 4-H/Youth programs. It is understood that no discrimination is implied.