



# 4-H VOLUNTEER APPLICATION

This form should be used when applying to be a new 4-H volunteer.

## I. General Information

Legal Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a 4-H Alumnus? Yes  No  If yes, where were you a 4-H member? \_\_\_\_\_

Have you previously been a 4-H Volunteer? Yes  No  If yes, how many years? \_\_\_\_\_

Where were you a volunteer? \_\_\_\_\_ In what role? \_\_\_\_\_

Are you an employee of MSU? Yes  No  If yes, what campus and department? \_\_\_\_\_

### List your prior addresses for the last 7 years and length of time you lived at each:

Address: \_\_\_\_\_ Years at this address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ Years at this address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## II. Volunteer Interest

Please describe why you are interested in a 4-H volunteer position.

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I prefer to work with:  Youth  Adults  Both

What type of volunteer position are you interested in? \_\_\_\_\_

### Volunteer Experience (list current or more recent roles)

Organization	Location	Role	Contact	Year(s)



**III. Personal Background**

Do you have a current/valid driver's license?  Yes  No

**If you answer yes to any of the following, please explain on the lines provided below**

- a. Have you been convicted of a criminal offense in the past seven years?  Yes  No
- b. Have you ever been charged with child abuse or neglect?  Yes  No
- c. Have you ever been reported to a child protection agency for child abuse or neglect?  Yes  No
- d. Has your driver's license ever been suspended or revoked?  Yes  No
- 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?  Yes  No

Explanation (include year, county, and state of incident):

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**IV. References**

Please provide names, addresses, and phone numbers of three persons not related to you who have knowledge of your character and qualifications. Please indicate your association with these individuals.

Name: \_\_\_\_\_ Association: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Association: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Association: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**V. Signature and Authorization**

I authorize MSU Extension to conduct checks of my Personal Background. I understand that misrepresentation or omission of information requested is just cause for non-appointment or removal as a 4-H volunteer. I also understand that this information will be reviewed by 4-H personnel in order to make decisions regarding my 4-H volunteer capacity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form at your earliest convenience to the Extension Office. Feel free to contact us if you have any questions or wish further information. Thank you.*