

Extension

4-H VOLUNTEER APPLICATION

Le	gal Name:						
First Name			Last Name				
A	idress: Street	City	State	Zip			
En	nail:			- -P			
	one: (<u>)</u> Cell:		Rirth dota:				
	arrent Employer:						
	ecupation:			yment:			
Βι	usiness Address: Street	City	State	Zip			
1.	Previous 4-H Experience: Yea Position:	r(s):					
	Location(s):						
2.	Reason for Volunteering:						
3.							
4.	3,	ation, skills, certification					
5.	Age group with whom you pre-	fer to work:					
	a. age 5-7		_d. 15 and above				
	b. age 8-11		_ e. adults				
	c. age 12-14	•					
6.	Type of volunteer position you	prefer:					
	a. Club Organizational Leader	*	_f. Camp Counselor				
	b. Club Project Leader		g. 4-H Leader's Assoc	iation			
	c. Event Coordinator		h. Expansion Review	Committee			
	d. Jr. Council Advisor		i. Other (please be spe	cific):			
	e. Sr. Council Advisor	***************************************	_	,			
		<u></u>	(optional)				
7.	Current memberships, volunteer	r and/or professional:					

8.	Previous residences (for last 5 yrs):							
	Date:Ad	fress	City	State	Zip			
	Date:Ad		•					
			City	State	Zıp			
	Date:Ad	iress	City	State	Zīp			
	References. Please list at least three people who are familiar with your character as it relates to working with youth. (Do not include family members.) References should have known you for at least two (2) years. Each will be contacted by phone or letter and asked to respond to a short questionnaire. All responses will be confidential.							
	Name Complete Address		Phone	Phone Number				
					200			
	b. Have you ever been convicted of a criminal offense? (If yes, explain below) c. Have you ever been convicted of child neglect or abuse? d. Has your driver's license ever been suspended or revoked? (If yes, explain) 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? (If yes, explain)							
11.	application, and I hereby concerning me to the rep In signing this application If selected as a volunteer Program. That request conducts background chewill be considered as it is	release from liability and resentatives of 4-H Yout on, I affirm that the information of the research of the research of the release of the r	fied by contacting persons y person or organization the Development Extension nation I have given herein the request of the Colorado reason or no reason at any A criminal record will not the volunteer position for the results of th	of	ation County. Extension the University as volunteer, but			
	Signature:		Date					