Ohio 4-H Volunteer Application

I. GENERAL INFORMATION

Full Name: **Date of Birth (MM/DD/YY):**

Street Address:

City/State/Zip: **Length of time at this address (years):**

Phone: **Home:**   **Best Time to Call:**

             Cell: **Best Time to Call:**

             Work: **Best Time to Call:**

School District: **Email:**

Are You a 4-H Alumni: Yes   No   **If yes, what state and county:**
Demographic Information:
Occupation (optional)   **Level of Education** (optional)
Ethnicity
Race
Residence

Military Service
Branch of Service
Branch Component
Health Considerations/Notes (i.e. food allergy, diabetes, etc.…)

II. VOLUNTEER INTEREST

Why are you interested in volunteering for the Ohio State University Extension 4-H Program?

Type of 4-H Volunteer Position Applying:
    4-H Club:
    Project Area Interest:
    Committee Member – list committee:
    Camp (check all that apply)**:**   Residential   Day
    Special Interest/Emphasis Program – list program:
    After-School Program – list school site:
    Community Center/Youth Organizational Partner – list center/partner site:
    Other:
If you are applying to volunteer with a community/project club, will you be starting a new club or assisting with an existing club? Please check appropriate box.   New Club   Existing Club

Name of Existing Club:

Do you prefer to work directly with youth or adults?   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 initially desire?

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

ohio4h.org

PERMISSION TO USE PHOTOGRAPHIC FORM FOR PROMOTION CONTINGENT UPON COMPLETING VOLUNTEER PROCESS:
Ohio State University Extension would like to share the positive results of youth and volunteer participation in Extension and 4-H Youth Development events. However, in some cases, volunteers may prefer not to permit such publicity.

I GIVE   I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of myself. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (If not completed, OSU Extension will not use publicity about your participation).

Previous Work Experience: (List current or most recent experience first)

Employer	Position Title	Year

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

Organization	Volunteer Role	Year

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony?   YES   NO
If yes, please give date, nature, and disposition of offense.

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List **non-family members** who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and e-mail addresses.

Name: **Relationship:**

Street Address: **City/State/Zip:**

Email: **Home Phone:**   **Cell Phone:**

Name: **Relationship:**

Street Address: **City/State/Zip:**

Email: **Home Phone:**   **Cell Phone:**

Name: **Relationship:**

Street Address: **City/State/Zip:**

Email: **Home Phone:**   **Cell Phone:**

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and the Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: *Date:*

Return completed application to your OSU Extension County Office visit extension.osu.edu for your county's current address and more info.