



## 4-H VOLUNTEER APPLICATION FORM

ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Address (If Different) \_\_\_\_\_ City/St./Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone/Contact Information:

Day (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

If joining an existing 4-H club, what is the club or volunteer name: \_\_\_\_\_

4-H project areas of interest: \_\_\_\_\_

Address(es) for previous 5 years:

Name(s) previously used (including maiden name): \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

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### 1. PLEASE TELL US ABOUT YOUR SKILLS AND INTERESTS:

Educational Background:

Current Occupation:

Hobbies, Interests:

Special Skills and Training:

Previous Work with Youth:

Previous Volunteer Experience:

4-H Experience:      member \_\_\_\_\_      county \_\_\_\_\_      state \_\_\_\_\_  
                                 volunteer \_\_\_\_\_      county \_\_\_\_\_      state \_\_\_\_\_

☐ Check the box if you would like to receive the 4-H Alumni Newsletter via email.

**2. WHAT TYPE OF POSITION(S) DO YOU PREFER?**

\_\_\_ club organizational leader      \_\_\_ advisory group member      \_\_\_ club project leader  
\_\_\_ activity/event leader      \_\_\_ 4-H camp volunteer      \_\_\_ other (please be specific)

**3. WITH WHICH AGE GROUP(S) DO YOU PREFER TO WORK?**

\_\_\_ 5-7      \_\_\_ 12-13      \_\_\_ 8-11      \_\_\_ 14-18      \_\_\_ adults      \_\_\_ mixed ages

**4. IF YOU WANT TO TEACH A 4-H PROJECT, WHICH AREA(S) DO YOU PREFER?**

\_\_\_ citizenship & civic education      \_\_\_ communications & expressive arts      \_\_\_ family & consumer science  
\_\_\_ healthy lifestyle education      \_\_\_ personal development & leadership      \_\_\_ plant & animal sciences  
\_\_\_ science & technology      \_\_\_ natural resources  
\_\_\_ other (please specify): \_\_\_\_\_

**5. BRIEFLY EXPLAIN WHY YOU WOULD LIKE TO BE A 4-H VOLUNTEER:**

**6. ADDITIONAL INFORMATION:**

*The 4-H Youth Development program has a responsibility to provide a safe and healthy environment for all youth. Because of this responsibility, we ask for the following information.*

If you answer "yes" to any of the questions, please explain below.

- a. Do you use illegal drugs?      yes \_\_\_      no \_\_\_
- b. Have you ever been convicted of, pled nolo contendere to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory, or country?      yes \_\_\_      no \_\_\_
- c. Other than the above, is there any fact or circumstance that would cause questions about having you supervise, guide and care for young people?      yes \_\_\_      no \_\_\_

Please explain any "yes" answers here:

## 7. REFERENCES:

Please list 4 people who have known you for at least 2 years. They should be familiar with your character as it relates to working with young people. Please do not include family members. Each will be asked by phone or by letter to complete a short questionnaire. All responses will be held confidential. PLEASE INCLUDE COMPLETE ADDRESS, PHONE NUMBER and EMAIL (if known).

Name	Mailing Address (City/St/Zip)	Phone Number	Email
(1) _____	_____	_____	_____
	_____		
(2) _____	_____	_____	_____
	_____		
(3) _____	_____	_____	_____
	_____		
(4) _____	_____	_____	_____
	_____		

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The NH 4-H Youth Development program has a responsibility to provide a safe and healthy environment for all youth. All applicants will be subject to a background check. Persons with a history of violent behavior, child or current drug / alcohol abuse need not apply.

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application and accompanying resume (optional) or interviews will be sufficient cause for cancellation of this application and / or termination from the University System of New Hampshire. I authorize the University System of New Hampshire to investigate all information provided and to secure additional information about me for personnel decisions. I freely release from liability the University System of New Hampshire and its representatives for seeking such information and all other persons, schools, corporations, or organizations for furnishing such information.

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The University of New Hampshire Cooperative Extension is a public institution with a longstanding commitment to equal opportunity for all. It is the policy of UNHCE to abide by all United States and New Hampshire state laws and University System of New Hampshire and University of New Hampshire policies applicable to discrimination and harassment. It does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran's status, gender identity or expression, sexual orientation, marital status, or disability in admission or access to, or treatment or employment in, its programs, services, or activities.*