

4-H Volunteer Application

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



Montana State University Extension: 4-H Youth Development

I. General Information

Legal Last Name _____ First _____ Middle _____

Current Address _____

City _____ State _____ Zip _____

How long have you lived at this address? _____

Daytime Phone Number _____ Evening Phone Number _____

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

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

Where? _____ In what role? _____

List your prior addresses for the last 5 years, and length of time you lived at each.

Address _____

City _____ State _____ Zip _____ years at this address _____

Address _____

City _____ State _____ Zip _____ years at this address _____

II. Volunteer Interest

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

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)

<i>Organization</i>	<i>Location</i>	<i>Role</i>	<i>Contact</i>	<i>Year(s)</i>
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III. Personal Background

*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: _____

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

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 _____

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.

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.