

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 (check one) Hispanic Not Hispanic

Race (check all that apply) White Black American Indian/Alaskan Native Hawaiian/Pacific Islander Asian

Residence (check one) Farm Town/Rural Town Suburb City
(Less than 10,000) (10,000 to 50,000) (More than 50,000) (More than 50,000)

I and/or my spouse/partner My parent(s) I have a sibling(s) I have a dependent(s)

Branch of Service Air Force Army Coast Guard Marines Navy

Branch Component Active Duty National Guard Reserves

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 (check one) Organizational Club Leader Cloverbud Leader Project Leader Resource Leader

Project Area Interest: _____

Committee Member – list committee: _____

Camp: check which one(s) 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? _____



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)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>

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

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>

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.