



When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

A. GENERAL INFORMATION (please print)

Name: _____
LAST FIRST MI

Mailing Address: _____
STREET, BOX, ROUTE, APT # CITY STATE ZIP

Residence: _____
(Physical location if different than mailing address)

How long at this address: _____ Date of Birth: _____

B. CONTACT INFORMATION

Phone: Daytime: (_____) _____ FAX: (_____) _____
 Evening: (_____) _____ E-mail: _____

Best time to call: Morning Afternoon Evening

Emergency Contact: Name _____

Phone: Daytime: (_____) _____ Evening: (_____) _____

C. VOLUNTEER POSITION

1. Years as a 4-H Volunteer counting this year _____ 2. 4-H Alumni: Yes No
3. I am a 4-H All-Star Yes No 4. I belong to 4-H Leader Association
 Yes No Please send information

5. With which groups do you prefer to work? (check **ALL** that apply)

- Age: Youth under age 5
 Adults age 5-8
 Either age 9-11
- Gender: Males age 12-13
 Females age 14-18
 Either over 18

6. 4-H Volunteer Leader Types: Code
- | | |
|---|----|
| <input type="checkbox"/> Organizational | 41 |
| <input type="checkbox"/> Project Leader | 42 |
| <input type="checkbox"/> Activity Leader | 43 |
| <input type="checkbox"/> Helper | 44 |
| <input type="checkbox"/> Master Volunteer | 45 |
| <input type="checkbox"/> Collaborator | 46 |
| <input type="checkbox"/> Teen Leader | 48 |

7. Name of 4-H Club(s): _____

8. Project(s) to which you give leadership:

9. Describe your skills, abilities, and hobbies, as related to this volunteer position.

10. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position

11. Does the 4-H group with which you work have a website? Yes ____ No ____

If so, what is the website address? _____

D. AVAILABILITY

1. For what length of time are you willing to volunteer?

- hours per week (please specify) _____
- hours per month (please specify) _____
- negotiable (please specify) _____

2. Over what time period? (mark all that apply)

- 3 months
- 6 months
- 1 year
- other (describe) _____
- When could you begin? _____
(mo/day/yr)

3. When are you available to volunteer?

- Day Weekends Specific Times _____
- Evening I'm flexible

E. EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization: _____ Supervisor Name and Phone #: _____

Paid or Volunteer Role/Duties: _____

Organization: _____ Supervisor Name and Phone #: _____

Paid or Volunteer Role/Duties: _____

F. REFERENCES

1. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

2. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

3. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

G. DRIVING INFORMATION (Complete only if applying for a position which requires driving)

| | Yes | No |
|---|--------------------------|--------------------------|
| Do you have a current and valid driver's license? If yes, issued in the state of _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a current commercial driver's license (CDL)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? | <input type="checkbox"/> | <input type="checkbox"/> |

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:

| | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever been convicted of any violation(s) of law? Yes No

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years? Yes No

If "yes" to any of the above, please describe.

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

_____ Signature, Volunteer Applicant _____ Date (mo/day/yr)

I. DEMOGRAPHIC INFORMATION (For record keeping purposes only)

| | |
|---|--|
| 1. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | 2. Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic |
| 3. Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian | 4. I Live (check one) <input type="checkbox"/> On a farm <input type="checkbox"/> Rural area or town under 10,000 <input type="checkbox"/> Town or city of 10,000 to 50,000 <input type="checkbox"/> Suburb or city over 50,000 <input type="checkbox"/> City over 50,000 |
| 5. Highest level of education: _____ | |

J. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, VCE Volunteer

Date (mo/day/yr)

FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN

Date Volunteer Application received by VCE _____

This applicant: (pick one)

was assigned to _____ position on _____
(Date)

Met qualifications for position and was archived for future positions.

Not offered position.

Signature, VCE Representative

Date (mo/day/yr)

B. RE-ENROLLMENT

Re-enroll with no changes Date _____

Re-enroll with the following changes Date _____

Signature, VCE Volunteer

Signature, VCE Supervisor

4-H Plus Data Codes

UNIT: ID NUMBER: CLUB: TYPE: COMMUNITY: MAIL:

DATE: ____/____/____

Y=Yes
N=No