



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

**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: \_\_\_\_\_  age 12-13  
 age 14-18  
 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) (Email) (Relationship)

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

2. \_\_\_\_\_  
(Name) (Phone: Day & Night) (Email) (Relationship)

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

3. \_\_\_\_\_  
(Name) (Phone: Day & Night) (Email) (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. VOLUNTARY DISCLOSURE**

This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for Virginia Cooperative Extension programs.

Have you ever had any criminal convictions including moving traffic violations? 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: _____	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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial
3. Age: <input type="checkbox"/> <18 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+	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. MEDIA RELEASE STATEMENT**

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALs) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: Yes \_\_\_\_\_ No \_\_\_\_\_

## H. ENROLLMENT/AGREEMENT

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Sign 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