

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: Hispanic Non-hispanicRace: White Black American Indian/Alaskan Native Hawaiian/Pacific Islander AsianResidence: Farm Town/Rural (<10,000) Town (10,000-50,000) Suburb (< 50,000) City (> 50,000)Military Service: No one in my family is currently serving My Parent serves My Sibling serves
 My Son/Daughter serves I/my spouse/partner serveBranch of Service: Air Force Army Coast Guard Marines NavyBranch Component: Active 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?



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

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

Type of 4-H Volunteer Position:

- 4-H Club:** Organizational Leader Cloverbud Leader Project Leader Resource Leader
- Project Area Interests:** _____
- Committee Member – list committee:** _____
- Camp** (check all that apply): Residential Day
- Special Interest/Emphasis Program – list program:** _____
- After-School Program – list site:** _____
- Community Center/Youth Organizational Partner – list site:** _____
- Other:** _____

If you are applying to volunteer with a community/project club, will you be requesting to start a new club or assisting with an existing club? New Existing

If existing, name of club: _____

What time commitment do you initially desire to give?

Previous Work Experience (list current or most recent experience first):

Employer	Position Title	Year
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Previous Volunteer Experience (list current or most recent experience first):

Employer	Position Title	Year
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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: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Street Address: _____ **City/State/Zip:** _____

Email: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Street Address: _____ **City/State/Zip:** _____

Email: _____ **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 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.

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).

Applicant Signature: _____ **Date:** _____