

## 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?**

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

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
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**Previous Volunteer Experience** (list current or most recent experience first):

<i>Employer</i>	<i>Position Title</i>	<i>Year</i>
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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:

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**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:** \_\_\_\_\_