

Club Name: _____

Leader Name: _____

**4-H YOUTH DEVELOPMENT
VOLUNTEER APPLICATION FORM -- PART A**
(To be completed by all potential volunteers and must accompany Part B)

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Length of time at current address: _____

Phone: Day: () _____ Best time to call: _____
Eve: () _____ Best time to call: _____

Email: _____

VOLUNTEER INTEREST

Why are you interested in volunteering for WSU Extension/4-H?

Please check all of the 4-H programs or projects you are interested in:

4-H Roles, Delivery Methods, and Project Areas of Interest

____ Club Leader ____ After School Programs
____ Project Leader ____ School Enrichment
____ Resource Leader ____ Home School Club

PROJECT AREAS

____ Mechanical Sciences ____ Plant Sciences
____ Social Sciences ____ Environment Stewardship
____ Challenge ____ Engineering & Technology
____ Expressive Arts ____ Family & Consumer Science
Animal Science ____ Equine

____ Small Animals (specify) _____

____ Large Animals (specify) _____

____ Other (please specify) _____

Age level(s) you prefer working with: 5-8 ____ 9-12 ____ 13-19 ____ Adult ____

When are you generally available to volunteer?

____ A.M. ____ P.M. ____ Weekend ____ Flexible

Specific skills and talents are sometimes needed to enhance the quality of our programs. Please check any skills you would be willing to contribute.

<input type="checkbox"/> Audiovisual operations	<input type="checkbox"/> Experimentation	<input type="checkbox"/> Writing, editing newsletters
<input type="checkbox"/> Web page design	<input type="checkbox"/> Grant writing/fundraising	<input type="checkbox"/> Leadership/management
<input type="checkbox"/> Nursing/First Aid	<input type="checkbox"/> Food service	<input type="checkbox"/> Public relations, marketing
<input type="checkbox"/> Photography/videography	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Facilitation
<input type="checkbox"/> Carpentry/woodworking	<input type="checkbox"/> Public speaking/ teaching	<input type="checkbox"/> Clerical/office Skills
<input type="checkbox"/> Research, data collection	<input type="checkbox"/> Accounting, bookkeeping	<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Computer skills (list software) _____		

Other skills: _____

Do you have a health or medical condition that we need to accommodate for training? Yes___ No___
 If yes, please explain: _____

If you are able to communicate in a language other than English (including American Sign Language), please list: _____

Work, Education, and Volunteer Experience (please list most current experience first).

<u>Employer/Organization</u>	<u>Position Title/Volunteer Role</u>	<u>Year(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Media Release

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that maybe used in whole or in part by WSU Cooperative Extension to promote the 4-H Youth Development Program.

Evaluations

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

Training

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Cooperative Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Persons with a disability requiring special accommodation while participating in 4-H may call your local WSU Cooperative Extension office. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

Cooperative Extension programs and policies are consistent with federal and state laws and regulations.

Name: _____
 (First) (Middle) (Last)

 (Former Name/s) (Legal or Preferred Name/s)

BACKGROUND DISCLOSURE

ANSWER _____ IF YES, EXPLAIN: _____

ANSWER _____ IF YES, EXPLAIN: _____

ANSWER _____ IF YES, EXPLAIN: _____

ANSWER _____ IF YES, EXPLAIN: _____

ANSWER _____ IF YES, EXPLAIN: _____

PC revision, September 2010

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER _____ IF YES, EXPLAIN: _____

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN: _____

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.

PERSONAL REFERENCES

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 and phone numbers.

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship Home Phone Work Phone Email

Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand a criminal background check will be completed 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 Washington State University Extension.

I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, let the local WSU Extension office know.