

WASHINGTON STATE UNIVERSITY 4-H YOUTH DEVELOPMENT VOLUNTEER APPLICATION FORM

(To be completed by all potential volunteers) PART A

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:			
	operative Extension programs you're	e interested in:	
4-H Youth Development Program Club Leader Project Leader After School Programs Challenge School Enrichment Other (please specify)	4-H Project Areas of Interest Clothing & Textiles Environment Equine Expressive Arts Foods & Nutrition Large Animals Mechanical Sciences Plant Sciences Small Animals Social Sciences Technology Other (please specify)	Agricultural & Natural Resources Programs Master Gardeners Beach Watchers Livestock Advisors Other Family & Community Development Programs Food \$ense Clothing & Textile Advisors Food Safety Advisors Other (please specify)	
Age level(s) you prefer working w	vith: 5-8 9-12 13- ²	19 Adult	
Specific skills and talents are scheck any skills you would be		e quality of our programs. Please	
Audiovisual operations Photography/videography Graphic arts Grant writing/fundraising Public speaking, teaching Writing, editing newsletters Public relations, marketing	Web page design Carpentry/woodworking Clerical/office skills Food service Accounting, bookkeeping Leadership/management Facilitation	Nursing/First Aid Research, data collection, experimentation Advocacy Computer skills (list software)	

If you are able to communicate in a language other than English, please list:							
Work, Education and Volunteer Experience (please list most current experience first).							
Employer/Organization	Position Title/Volunteer Role	Year(s)					

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 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 Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.

WASHINGTON STATE UNIVERSITY EXTENSION VOLUNTEER APPLICATION FORM

(To be completed by all potential volunteers) PART B

Name:					
	(First)	(Middle)	(Last)		
	(Former Name (s))		(Legal or Preferred Name (s))		
	Date of Birth (MM/	DD/YY)	Driver's License Number		
BACKO	GROUND DISCLOSUE	RE			
	YES or NO to each liste or finding, the date, and to		ES to any item, explain in the area provided, indicating the		
		nst children or other person IF YES, EXPLAIN			
		to financial exploitation if IF YES, EXPLAIN	the victim was a vulnerable adult. BELOW:		
		to drugs as defined in RCV			
phy	nd in any dependency ac sically abused any minor		to have sexually assaulted or exploited any minor or to have BELOW:		
min	or or to have physically a		der Title 26 RCW to have sexually abused or exploited any BELOW:		

6.	Found in any disciplinary board developmentally disabled person ANSWER	or to have abused or fina	incially exploited an		any minor or			
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 BELOW:							
crii	ase note: A criminal record will be cominal record may prevent an individu	considered as it relates to spe			ou are applying. A			
Re sho	ferences: List non-family member ould have worked with you on propalifications. Please provide complete.	jects and activities and/or	have direct experien					
Na	me:	Relationship	Home Phone	Work Phone	Email			
Ad	dress:(Street)	(City)	(State)	(Zip)	_			
Na	me:	Relationship	Home Phone	Work Phone	Email			
Ad	dress:(Street)	(City)	(State)	(Zip)	_			
Na	me:	Relationship	Home Phone	Work Phone	Email			
Ad	dress:(Street)	(City)	(State)	(Zip)	_			
coi jus the	uthorize the contact of listed refernsideration of my application to vot cause for non-appointment as a pleasure of the Washington State iversity Extension and individual	olunteer. I understand the volunteer with Washingto University Extension and	at misrepresentation n State University E l agree to abide by t	or omission of requ extension. I underst he policies of Wash	uired information is and that I serve at ington State			
Ap,	plicant Signature:			Date:				

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

Extension programs and employment are available to all without discrimination. Evidence of

noncompliance may be reported through your local Extension office.