



**WASHINGTON STATE UNIVERSITY
EXTENSION**

VOLUNTEER APPLICATION FORM

(To be completed by all *potential* volunteers)

PART A

GENERAL INFORMATION

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?

Which WSU Extension program area do you want to volunteer with:

Agricultural & Natural Resources

_____ Master Gardeners
_____ Water Stewardship
_____ Livestock Advisors
_____ Other (please specify)

4-H Youth Development

_____ Club Leader
_____ Project Leader
_____ Out of School Time Program
_____ Challenge
_____ School Enrichment
_____ Other (please specify)

Family & Community Development

_____ Food Sense
_____ Clothing and Textile Advisors
_____ Food Safety Advisors
_____ Other (please specify)

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 _____

When are you generally available to volunteer?

_____ am _____ pm _____ weekend _____ flexible

Previous Work, Education, and Volunteer Experience: (List current or most recent experience first)

Employer/Organization

Position Title/Volunteer Role

Year (s)

Additional Skills, Interests, or Experiences: We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check the items below, which will add to your effectiveness as a WSU Extension volunteer.

- | | | |
|--|--|---|
| <input type="checkbox"/> Audiovisual Operations | <input type="checkbox"/> Web page design | <input type="checkbox"/> Nursing / First Aid |
| <input type="checkbox"/> Photography/videography | <input type="checkbox"/> Carpentry/ woodworking | <input type="checkbox"/> Research, data collection, experimentation |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Clerical/Office skills | <input type="checkbox"/> Other skills |
| <input type="checkbox"/> Grant Writing/fundraising | <input type="checkbox"/> Food service | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Public Speaking, teaching | <input type="checkbox"/> Accounting, bookkeeping | <input type="checkbox"/> Computer skills: list software _____ |
| <input type="checkbox"/> Writing, editing, newsletters | <input type="checkbox"/> Leadership/management | _____ |
| <input type="checkbox"/> Public relations, marketing | <input type="checkbox"/> Facilitation | |

Do you have a health or medical condition, which we need to accommodate for training? Yes ___ No ___

Please explain if you answered yes. _____

If you are able to speak, read, or write a language other than English, please list (including American Sign Language).

Extension programs and employment are available to all without discrimination. Evidence of non compliance may be reported through your local extension office.