

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

Please check all of the WSU Cooperative Extension programs you're interested in:

- |   |   |   |
|---|---|---|
| <b>4-H Youth Development Program</b><br><input type="checkbox"/> Club Leader<br><input type="checkbox"/> Project Leader<br><input type="checkbox"/> After School Programs<br><input type="checkbox"/> Challenge<br><input type="checkbox"/> School Enrichment<br><input type="checkbox"/> Other (please specify)<br>_____ | <b>4-H Project Areas of Interest</b><br><input type="checkbox"/> Clothing & Textiles<br><input type="checkbox"/> Environment<br><input type="checkbox"/> Equine<br><input type="checkbox"/> Expressive Arts<br><input type="checkbox"/> Foods & Nutrition<br><input type="checkbox"/> Large Animals<br><input type="checkbox"/> Mechanical Sciences<br><input type="checkbox"/> Plant Sciences<br><input type="checkbox"/> Small Animals<br><input type="checkbox"/> Social Sciences<br><input type="checkbox"/> Technology<br><input type="checkbox"/> Other (please specify)<br>_____ | <b>Agricultural &amp; Natural Resources Programs</b><br><input type="checkbox"/> Master Gardeners<br><input type="checkbox"/> Beach Watchers<br><input type="checkbox"/> Livestock Advisors<br><input type="checkbox"/> Other<br>_____<br><br><b>Family &amp; Community Development Programs</b><br><input type="checkbox"/> Food \$ense<br><input type="checkbox"/> Clothing & Textile Advisors<br><input type="checkbox"/> Food Safety Advisors<br><input type="checkbox"/> Other (please specify)<br>_____ |
|---|---|---|

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

**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<br><input type="checkbox"/> Photography/videography<br><input type="checkbox"/> Graphic arts<br><input type="checkbox"/> Grant writing/fundraising<br><input type="checkbox"/> Public speaking, teaching<br><input type="checkbox"/> Writing, editing newsletters<br><input type="checkbox"/> Public relations, marketing | <input type="checkbox"/> Web page design<br><input type="checkbox"/> Carpentry/woodworking<br><input type="checkbox"/> Clerical/office skills<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Accounting, bookkeeping<br><input type="checkbox"/> Leadership/management<br><input type="checkbox"/> Facilitation | <input type="checkbox"/> Nursing/First Aid<br><input type="checkbox"/> Research, data collection, experimentation<br><input type="checkbox"/> Advocacy<br><input type="checkbox"/> Computer skills (list software)<br>_____<br>Other skills: _____ |
|---|---|--|

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**

**BACKGROUND DISCLOSURE**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

*continued on next page*

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 BELOW:

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:

*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!

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