

VOLUNTEER APPLICATION INSTRUCTION LETTER

Thank you for your interest in 4-H Youth Development. As a 4-H volunteer leader, with the University of Arizona, Maricopa County Cooperative Extension, you will have the opportunity to work with young people and help prepare them for tomorrow's world and beyond. The focus of the program is youth development, education, and FUN! It can be a very rewarding experience for both you and the youth you work with.

To become a 4-H volunteer leader, it is necessary to complete the State application process. This action has been implemented to help protect not only the youth you'll be working with, but you as a volunteer under the direction and guidance of the University of Arizona.

- Completely fill the Volunteer Application form, sign and date it both sides and return to the Maricopa 4-H Office at the address below.
- Three references are required, before we may proceed with the application. Please send a blank copy of the reference form to three individuals and ask them to complete and return the reference form to the 4-H Office.
- As soon as the completed application and references forms have been received in the 4-H Office, you will be contacted to schedule an interview and orientation(s). We do our best to accommodate your schedule.

**University of Arizona Cooperative Extension
4-H Youth Development
4341 East Broadway Road
Phoenix, AZ 85040**

To check the status of your application, please do not hesitate to call the Extension Office.

We sincerely appreciate your interest in 4-H Youth Development and hope to hear from you soon!

APPLICATION FOR A VOLUNTEER POSITION

UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION: 4-H YOUTH DEVELOPMENT

OFFICE USE ONLY Date Received: _____ References Completed: _____ Initial: _____

PLEASE PRINT LEGIBLE AND COMPLETELY:

Name: _____
First Middle Last Name you use

Address: _____
Street or P.O. Box City State Zip

Mailing Address (if different): _____

Phone: Day # _____ Best time to call: _____ Night # _____ Best time to call: _____

_____ Date of Birth (Month/YR) Social Security Number Driver's License Number/State/Expiration Date

Do you have personal liability Insurance? Yes No Automobile Liability Insurance? Yes No

C u r r e n t P l a c e o f
Employment: _____ Position/Title: _____

Employment Address: _____ OK to call at work? Yes No
Email Address (Home): _____ Work: _____

An arrest or conviction record will not necessarily bar an applicant, but will be considered as it relates to the specifics of the position for which you are applying for.

Have you ever been arrested in Arizona or another State? () Yes () No. If yes, please give the date, location, nature of offense, and disposition: _____

Why are you interested in being a 4-H Volunteer? _____

I understand that volunteerism is a privilege, not a right. I authorize contact of the references listed on the back and understand that information from these references or others contacted is confidential. I waive my right to review this information. I understand that falsification or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I further understand that until the application process is complete, I may be denied access to clientele. If appointed, I agree to abide by the philosophies of the 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Signature of Applicant: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

If applicatn is under the age of 18, a parent/guardian signature is required

Do you prefer to work directly with () Youth () Adults () Both?

If you prefer to work directly with youth, what age level(s) do you prefer?

() Cloverkids - 5-8 year olds () Juniors - 9-13 years of age () Senior - 14-19 years of age

Have you previously been a 4-H Volunteer? Yes No If yes, 4-H? _____ Other youth organization? _____

If yes, how many years? _____ Where? _____

_____ Town Country State

Were you a 4-H Member? _____ If so, where? _____

If you have children, have they been involved in 4-H? Yes No If so, where: _____

References: List five people (work related, from clubs/organizations, friends, neighbors, NOT related to you, this includes step-relatives) and NOT employed by Cooperative Extension, who have direct/definite knowledge of you qualifications suitable to working as a youth development volunteer. ONE reference may be from a person under 18 years of age. Please give complete address. Additionally, please provide them with a blank reference form that they are to fill out personally and return to the 4-H Office.

Name: _____ Mailing Address: _____

Phone #: _____

City State Zip

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Name: _____ Mailing Address: _____

Phone #: _____

City State Zip

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Phone #: _____

City State Zip

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Name: _____ Mailing Address: _____

Phone #: _____

City State Zip

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Name: _____ Mailing Address: _____

Phone #: _____

City State Zip

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Applicant's Education: ___ Grammar School ___ High School ___ College ___ Graduate School

Applicant's Employment Experience: (Please list current or most recent first)

Organization/Employer	Position/Major Responsibilities	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community organizations/activities (Please list):

Please return the application at your earliest convenience to assure prompt processing. Please contact the Cooperative Extension, 4-H Youth Development Office if you have questions or wish further information.

**Return to: University of Arizona Cooperative Extension Service
4-H Youth Development
4341 East Broadway Road
Phoenix, AZ 85040**