OHIO STATE UNIVERSITY EXTENSION
VOLUNTEER APPLICATION FORM
ADAMS COUNTY 4-H YOUTH DEVELOPMENT PROGRAM

I. GENERAL INFORMATION

Name: ____________________________  ____________________________  ____________________________
(First)  (Middle)  (Last)

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

Phone: Day: (___) ____________________________  Best Time to Call: ________
Eve: (___) ____________________________  Best Time to Call: ________

Length of time at this address (years): ________________  ____________________________  ____________________________

Date of Birth (MM/DD/YY)

Email: ____________________________________________

II. VOLUNTEER INTEREST

Why are you interested in volunteering for OSU Extension?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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

_____ Agricultural & Natural Resources  _____ Community Development
_____ 4-H Youth Development  _____ Master Gardener
_____ Family & Consumer Sciences  _____ other

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 ______

What time commitment do you initially desire?
___________________________________________________________________________________

Previous Work Experience: (List current or most recent experience first)

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<th>Employer</th>
<th>Position Title</th>
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Previous Volunteer Experience: (List current or most recent experience first)

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<tr>
<th>Organization</th>
<th>Volunteer Role</th>
<th>Year</th>
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III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____________
If yes, please give date, nature, and disposition of offense. ____________________________

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.

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: __________________________
Address: _______________________
(Street) (City) (State) (Zip)
Relationship Home Phone Work Phone

Name: __________________________
Address: _______________________
(Street) (City) (State) (Zip)
Relationship Home Phone Work Phone

Name: __________________________
Address: _______________________
(Street) (City) (State) (Zip)
Relationship Home Phone Work Phone

I authorize the contact of listed references and understand that I am required to submit to a BCI fingerprint criminal background check 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 Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio 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!
IV. CLUB AFFILIATION

Do you intend to work with an existing club or establish a new club within the community?
Existing _________ New _________

If planning to work with an existing club, please list name of club and obtain signature of current Organizational Advisor to verify their understanding of your intentions.

Club Name: _____________________________________________

Signature of Organizational (Head) Advisor: ____________________________

If planning to establish a new club within the community, please answer the following questions.

What communities/area(s) will this club serve? ____________________________

With what project area(s) will this club work? ____________________________

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

Thank you!

Ohio State University Extension
Adams County 4-H Youth Development
Attn: Volunteer Application
215 N Cross Street, Room 104
West Union OH 45693