



4-H YOUTH DEVELOPMENT VOLUNTEER APPLICATION

(to be completed by an individual who wishes to volunteer with the Indiana 4-H Youth Development Program)

Individuals who want to volunteer with the Indiana 4-H Youth Development Program must complete this application and show evidence of a government-issued photo ID to the 4-H Youth Development Extension Educator.

I. GENERAL INFORMATION

Name: (last) (first) (middle)
Former or other names: Preferred name: Date of Birth: (Month/Day/Year)
Address: (St., RR, Rd., Box, Apt.) (city) IN (zip)
How long have you lived at this address? years Gender: Male Female Not Listed Prefer not to respond Non-Binary
Telephone: (home) (work) (cell) (cell phone provider)
Township of residence: I wish to receive texts: Yes No
Residence: Farm Rural (<10,000) Town (10K-50K) Suburb (<50K) Central City (>50K)
E-mail address: (please print clearly) Preferred Communication: E-mail Postal mail
Military background: Yes No Branch
Race (Check one): White or Caucasian Black or African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander Multiple races Undetermined
Ethnicity (Check one): Hispanic Non-Hispanic Emergency Contact Name/Number
Please indicate your education, experience, talents, interests, and skills that might be related to the 4-H program:

Do you have previous 4-H experience as a member or volunteer? Please describe (include the county of participation)

List previous volunteer experience. Identify work with youth and community groups (current or most recent experience first). You may attach additional pages.

Table with 4 columns: Organization, Volunteer Role, City/State, Years. Rows 1, 2, 3.

**II. VOLUNTEER INTEREST:** Why are you interested in a volunteer position in Extension youth programs?

Do you prefer to work directly with: \_\_\_ youth \_\_\_ adults \_\_\_ both

If you prefer to work directly with youth, what grade level(s) do you prefer? \_\_\_ Grades K-2 \_\_\_ Grades 3-6 \_\_\_ Grades 7-12 \_\_\_ Any

Are you applying to be a volunteer with a new club or project? \_\_\_ Yes \_\_\_ No

Are you applying to help with an existing club or project? \_\_\_ Yes \_\_\_ No

|                                   |
|-----------------------------------|
| Club/Project Name: _____<br>_____ |
|-----------------------------------|

**III. PERSONAL REFERENCES:** (Local Extension staff may not serve as references)

List three persons **not related** to you who know about your qualifications for working as a volunteer in a youth organization. If you have previous experience as a volunteer, one reference should be from that organization. You may include business associates, employees or social friends. **Include complete mailing and Email addresses as well as phone numbers.**

|                                    |            |            |            |               |
|------------------------------------|------------|------------|------------|---------------|
| Name _____                         | _____      | _____      | _____      | _____         |
|                                    | Home Phone | Work Phone | Cell Phone |               |
| Address _____                      | _____      | _____      | _____      | _____         |
| St, RR, Box, Apt #                 | City       | State      | Zip        | EMAIL address |
| How do you know this person? _____ |            |            |            |               |

|                                    |            |            |            |               |
|------------------------------------|------------|------------|------------|---------------|
| Name _____                         | _____      | _____      | _____      | _____         |
|                                    | Home Phone | Work Phone | Cell Phone |               |
| Address _____                      | _____      | _____      | _____      | _____         |
| St, RR, Box, Apt #                 | City       | State      | Zip        | EMAIL address |
| How do you know this person? _____ |            |            |            |               |

|                                    |            |            |            |               |
|------------------------------------|------------|------------|------------|---------------|
| Name _____                         | _____      | _____      | _____      | _____         |
|                                    | Home Phone | Work Phone | Cell Phone |               |
| Address _____                      | _____      | _____      | _____      | _____         |
| St, RR, Box, Apt #                 | City       | State      | Zip        | EMAIL address |
| How do you know this person? _____ |            |            |            |               |

**IV. VERIFICATION and CONSENT FOR 4-H VOLUNTEER BACKGROUND CHECK:**

Have you been convicted of a crime (excluding minor traffic violations)? \_\_\_ Yes \_\_\_ No

If yes, give date, nature of offense and disposition.

NOTE: A criminal record will not necessarily disqualify an applicant; it will be considered relative to the specifics of the position.

**I certify that the above information is correct.** I authorize contact of the references listed above. I understand background checks will be conducted. I authorize the Purdue University Cooperative Extension Service to conduct a search of the current national and state Sex and Violent Offender Registries and to release any information on the Registries to the Purdue University Cooperative Extension Service.

**I understand the misrepresentation or omission of facts requested is just cause for non-appointment (or dismissal) as a Purdue University Cooperative Extension Service youth program volunteer.**

If accepted as a volunteer, I agree to respect, adhere to, and comply with the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service including all laws related to child abuse and substance abuse. I recognize that the 4-H Youth Development Program is part of the Purdue Cooperative Extension Service, in which the United States Department of Agriculture, Purdue University, and all Indiana counties share. As a volunteer, I am committing to involve individuals regardless of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran in educational experiences in cooperation with other Extension volunteers and Extension personnel.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application at your earliest convenience. Contact us if you have any questions or wish to receive further information.



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