



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. Consideration as a Purdue University Cooperative Extension Service volunteer is contingent on return of this form to your county Extension office, clearance through the national and state Sex and Violent Offender Registries, and recommendation of approval by the 4-H Youth Development Extension Educator.

I. GENERAL INFOR	RMATION						
Name:							
	(last)		(first)			middle)	
Former or other names:	Preferred name:_		Date of Birth:				
						`	/Day/Year)
Address: (St., RR, R	1 D A ()				IN	1	
How long have you lived at Telephone:	· · · · · · · · · · · · · · · · · · ·		Gender: Male		Not Listed		ot to respond
(home)		(work)		(cel	l)	(cell p	hone provider)
Township of residence:				I wish to re	ceive texts: Ye	es No	1
Residence: Farm	Rural (<10,000)	T	own (10K-50K)	Subu	b (<50K)	Central	City (>50K)
E-mail address: (please prin	t clearly)			Preferred	Communicatio	n:E-mail	Postal mail
Asia Ethnicity (Check one): Please indicate your education		Iispanic	Emergency Conta	nct Name/Nu	mber		
Do you have previous 4-H experience List previous <i>volunteer</i> experience You may attach additional page	ence. Identify work wi		<u> </u>				
Organization	Volunteer Role		City/Sta	ate			Years
Organization	Volunteer Role		City/5tt	***			1 0010
1							
2							

II.	VOLUNTEER INTEREST:	Why are you in	terested in a vo	lunteer p	position i	n Extension yout	th programs?	
Do y	ou prefer to work directly with:yout	h adults	both					
	u prefer to work directly with youth, what			Grad	es K-2 _	Grades 3-6	_ Grades 7-12 _	Any
Are	you applying to be a volunteer with a new	club or project?	Yes	No	Club/P	roject		
	you applying to help with an existing club				Name:			
List prev	PERSONAL REFERENCES: (Ithree persons not related to you who know lous experience as a volunteer, one referent all friends. Include complete mailing and It	v about your qua ce should be fro	lifications for v m that organiza	vorking tion. Yo	as a volu u may in	nteer in a youth		
Nam	e							
. (411	<u> </u>		Home Phone		Work	Phone	Cell Phon	e
Addı	St, RR, Box, Apt #							
		City		State	Zip	EMAIL a	address	
How	do you know this person?							
Nam	e		Home Phone		Work	Phone	Cell Phon	e
Addı	ress							
raa	St, RR, Box, Apt #	City		State	Zip	EMAIL a	address	
	do you know this person?							
Nam	e							
			Home Phone		Work	Phone	Cell Phon	e
Addı	St, RR, Box, Apt #							
		City		State	Zip	EMAIL a	address	
How	do you know this person?							
	VERIFICATION and CONSEN' e you been convicted of a crime (excluding			ER BA	CKGR No	OUND CHE	CK:	
	s, give date, nature of offense and dispositi							
NOT	E: A criminal record will not necessarily of	lisqualify an ann	licant: it will be	e consid	ered relat	ive to the specifi	cs of the position	
	tify that the above information is correc					-	-	
cond Viol I un	ucted. I authorize the Purdue University Cent Offender Registries and to release any iderstand the misrepresentation or omiss versity Cooperative Extension Service yo	Cooperative Extendinformation on the contraction of facts requality.	nsion Service to he Registries to uested is just c	o conducthe Pure	ct a searc due Univ	h of the current r ersity Cooperativ	national and state to we Extension Serv	Sex and ice.
If ac Univ Devo Univ	cepted as a volunteer, I agree to respect, adversity Cooperative Extension Service included plopment Program is part of the Purdue Coersity, and all Indiana counties share. As a small origin or ancestry, genetic information is as a veteran in educational experiences in	there to, and conding all laws reloperative Extens volunteer, I am, marital status, J	nply with the rulated to child absion Service, in committing to parental status,	ouse and which the involve sexual co	substanche United individua orientation	e abuse. I recogr I States Departm als regardless of a n, gender identity	nize that the 4-H Yent of Agriculture race, religion, color y and expression,	outh , Purdue or, sex, age
	icant signature:							
Pleas	se return the application at your earliest con		-			or wish to receiv	e further informat	ion.
			RDUE ERSITY	ension - 4-H Yo elopment	uth 🚱			

Purdue Extension is an Affirmative Action/Equal Opportunity Institution.