



## 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 submit a government-issued photo ID (of which a copy will be made). 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 INFO	ORMATION					
Name:						
	(last)		(first)	(middle)		
Former or other names: _				Date of	Birth: (Month/	
					(Month/	Day/Year
Address:(St., RR			(city)		_ IN	
					(zip)	
How long have you lived			Gender: Male	Female		
Telephone:(home)				11)		
			(ce	11)		
Township of residence: _						
Race (Check one): V	Asian Native H	awaiian or other Pa	cific Islander Multi			
E-mail address: (please pr	rint clearly)					
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Do you have previous 4-H e	xperience as a membe	er or volunteer? Please	e describe (include the cour	nty of particip	pation)	
List previous <i>volunteer</i> expe You may attach additional p		with youth and com	munity groups (current or r	most recent ex	xperience first).	
Organization	Volunteer Role		City/State			Years
1						
2						
3						

Do you prefer to work directly with:youthadultsboth  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  III. PERSONAL REFERENCES: (Local Extension staff map 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	II. VOLUNIEER INTERESI:	why are you in	iterested in a vol	unteer p	osition in I	Extension you	ith programs?	
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  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 ne 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?  Name Home Phone Work Phone Cell Phone  Address  St, RR, Box, Apt # City State Zip EMAIL address  How do you know this person?  No  No  St, RR, Box, Apt # City State Zip EMAIL address  Fig. RR, Box, Apt # City State Zip EMAIL address  St, RR, Box, Apt # City State Zip EMAIL address  No  No  No  No  No  No  No  No  No	Do you prefer to work directly with: yo	uthadults	both					
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Are you applying to help with an existing club or project?  YesNo    Name:	Are you applying to be a volunteer with a nev	w club or project?	Yes	No	Club/Proj	ject		
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Home Phone Work Phone Cell Phone Address  St, RR, Box, Apt # City State Zip EMAIL address  How do you know this person?  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)? YesNo  If yes, give date, nature of offense and disposition.  It 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 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 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 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, and comply with the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service, in which the United States Department of Agriculture, Purdue University, an industrial in part of the Purdue Cooperative Extension Service, in which the United States Department of Agriculture, Purdue University, an industrial stat	List three persons <b>not related</b> to you who knows the state of the previous experience as a volunted to you have previous experience.	ow about your qua er, one reference sl	difications for whould be from the	orking at orga	as a volunte nization. Y	eer in a youth ou may inclu	de business	
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Please return the application at your earliest convenience. Contact us if you have any questions or wish to receive further information.							0.4.0	.·

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to 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. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.