When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

A. GENERAL INFORMATION (please print)

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: __________________</td>
<td>STREET, BOX, ROUTE, APT #</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Residence: ________________________</td>
<td>(Physical location if different than mailing address)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long at this address: _________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth: ___________________</td>
<td>Social Security Number: ___________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Phone: ___________________________</th>
<th>Daytime: (______)</th>
<th>FAX: (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening: (______)</td>
<td>E-mail: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Best time to call: ☐ Morning ☐ Afternoon ☐ Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact: Name ____________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: ___________________________</td>
<td>Daytime: (______)</td>
<td>Evening: (______)</td>
</tr>
</tbody>
</table>

C. VOLUNTEER POSITION

1. Years as a 4-H Volunteer counting this year ______
2. 4-H Alumni: ☐ Yes ☐ No
3. I am a 4-H All-Star ☐ Yes ☐ No
4. I belong to 4-H Leader Association ☐ Yes ☐ No ☐ Please send information
5. With which groups do you prefer to work? (check ALL that apply)
   Age: ☐ Youth ☐ under age 5
   ☐ Adults ☐ age 5-8
   ☐ Either ☐ age 9-11
   Gender: ☐ Males ☐ age 12-13
   ☐ Females ☐ age 14-18
   ☐ Either ☐ over 18
7. Name of 4-H Club(s): ____________________________
6. 4-H Volunteer Leader Types: Code
   ☐ Organizational 41
   ☐ Project Leader 42
   ☐ Activity Leader 43
   ☐ Helper 44
   ☐ Master Volunteer 45
   ☐ Collaborator 46
   ☐ Teen Leader 48
8. Project(s) to which you give leadership: ____________________________

www.ext.vt.edu
Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Polytechnic Institute and State University
Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.
VT/1006W/388003

*18 USC 707
9. Describe your skills, abilities, and hobbies, as related to this volunteer position.
____________________________________________________________________________________

10. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position
____________________________________________________________________________________

11. Does the 4-H group with which you work have a website? Yes ____ No ____
If so, what is the website address?
____________________________________________________________________________________

D. AVAILABILITY

1. For what length of time are you willing to volunteer?  2. Over what time period? (mark all that apply)
   - hours per week (please specify) _______________
   - hours per month (please specify) _______________  
   - negotiable (please specify) _________________
   - 3 months
   - 6 months
   - 1 year
   - other (describe) ____________________________
   - When could you begin? ____________ (mo/day/yr)

3. When are you available to volunteer?
   - Day  
   - Weekends  
   - Specific Times ______________________________
   - Evening  
   - I’m flexible

E. EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization: ____________________  Supervisor Name and Phone #: ____________________________
   - Paid or  Volunteer  Role/Duties: _________________________________________________________
   - ______________________________

Organization: ____________________  Supervisor Name and Phone #: ____________________________
   - Paid or  Volunteer  Role/Duties: _________________________________________________________
   - ______________________________

F. REFERENCES

1. ____________________________________________  (Name)  (Phone: Day & Night)  (Relationship)
   (Street, Route, Box, Apt#)  (City)  (State)  (Zip)

2. ____________________________________________  (Name)  (Phone: Day & Night)  (Relationship)
   (Street, Route, Box, Apt#)  (City)  (State)  (Zip)

3. ____________________________________________  (Name)  (Phone: Day & Night)  (Relationship)
   (Street, Route, Box, Apt#)  (City)  (State)  (Zip)
G. DRIVING INFORMATION  *(Complete only if applying for a position which requires driving)*

Do you have a current and valid driver’s license?  [ ] Yes  [ ] No
If yes, issued in the state of ___________
Do you have a current commercial driver’s license (CDL)?  [ ] Yes  [ ] No
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?  [ ] Yes  [ ] No

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A “yes” answer does not automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:
   a. alcohol or drug abuse?  [ ] Yes  [ ] No
   b. child abuse or neglect?  [ ] Yes  [ ] No
   c. spousal abuse?  [ ] Yes  [ ] No
   d. elder abuse or neglect?  [ ] Yes  [ ] No

2. Have you ever been convicted of any violation(s) of law?  [ ] Yes  [ ] No

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years?
   If “yes” to any of the above, please describe.
   ____________________________________________________________
   ____________________________________________________________

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

______________________________                      _______________________
Signature, Volunteer Applicant        Date (mo/day/yr)

I. DEMOGRAPHIC INFORMATION  *(For record keeping purposes only)*

1. Gender:
   [ ] Female
   [ ] Male

2. Ethnicity:
   [ ] Hispanic
   [ ] Not Hispanic

3. Race:
   [ ] White
   [ ] African American
   [ ] American Indian
   [ ] Asian

4. I Live (check one)
   [ ] On a farm
   [ ] Rural area or town under 10,000
   [ ] Town or city of 10,000 to 50,000
   [ ] Suburb or city over 50,000
   [ ] City over 50,000

5. Highest level of education: ________________________________________
J. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, VCE Volunteer                                      Date (mo/day/yr)

FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN

Date Volunteer Application received by VCE

This applicant: (pick one)
- was assigned to __________________________ position on ________ (Date)
- Met qualifications for position and was archived for future positions.
- Not offered position.

Signature, VCE Representative                                      Date (mo/day/yr)

B. RE-ENROLLMENT

- Re-enroll with no changes   Date _______________________
- Re-enroll with the following changes   Date _______________________

Signature, VCE Volunteer                                      Signature, VCE Supervisor

4-H Plus Data Codes

UNIT: ID NUMBER: CLUB: TYPE: COMMUNITY: MAIL:

DATE: ____/____/____

Y=Yes N=No