

# Volunteer Application

## State 4-H Positions



UNIVERSITY OF  
**MARYLAND**  
EXTENSION  
*Solutions in your community*

*University of Maryland Extension's  
4-H Youth Development Program*

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ 4-H County/City: \_\_\_\_\_

**I am applying for the following Maryland 4-H State Position(s) - Check all boxes that apply:**

<p><b><u>Applications due December 30th</u></b></p> <p><input type="checkbox"/> Shooting Sports Coach/archery  <input type="checkbox"/> Shooting Sports Coach/shotgun</p> <p><b><u>Applications due January 30th</u></b></p> <p><input type="checkbox"/> Horse Bowl Coach  <input type="checkbox"/> Horse Communications Coach  <input type="checkbox"/> Horse Hippology Coach  <input type="checkbox"/> Horse Judging Coach  <input type="checkbox"/> Livestock Skillathon Coach  <input type="checkbox"/> National 4-H Conference Group Coordinator/Chaperon</p>	<p><b><u>Applications due April 1st</u></b></p> <p><input type="checkbox"/> Forestry Judging Coach  <input type="checkbox"/> LifeSmarts Coach  <input type="checkbox"/> Wildlife Judging Coach  <input type="checkbox"/> Dairy Bowl Coach</p>	<p><b><u>Applications due July 1st</u></b></p> <p><input type="checkbox"/> National 4-H Congress Chaperon  <input type="checkbox"/> Dairy Judging Coach  <input type="checkbox"/> Livestock Judging Coach  <input type="checkbox"/> Poultry Judging Coach  <input type="checkbox"/> Engineering Coach  <input type="checkbox"/> Horticulture Coach</p>
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Are you 21 years or older at the time of completing this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 25 years or older at the time of completing this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any personal activity limitations required or accommodations needed to successfully accomplish this position:

List any special certificates/licenses (i.e. CPR, Defensive Driving, First Aid, WSI, teaching, day care, etc.) you have:

Certificate/License	Issued by Whom	Expiration Date

*University of Maryland Extension programs are open to all citizens without regard to race, color, gender, disability, religion, age, sexual orientation, marital or parental status, or national origin.*

List any educational certificates, degrees, courses or programs that provide a knowledge base for the subject areas in which you have applied to coach:

Degree, Certificate	Courses/Programs	Date Taken/Received
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**SECTION II**

Have you ever been exposed to an incident of child abuse or neglect? \_\_\_\_\_ No \_\_\_\_\_ Yes

*If yes, please explain details here:*

**Criminal Record:** A criminal record will not necessarily prevent an applicant from being selected; however, it will be considered as it relates to specifics of the position for which you are applying.

Have you ever been convicted of, pled nolo contendere to, or received a deferred or suspended sentence for crime more serious than a parking offence in this or any other state, territory, or county? \_\_\_\_\_ No \_\_\_\_\_ Yes

*If yes, please explain details here (including date, nature and disposition of the offense):*

**Driving Record:** A negative driving record will not necessarily prevent an applicant from being selected, however, it will be considered as it relates to specifics of the position for which you are applying.

***Please send a clear copy of your driver's license (front and back) & proof of insurance with this application.***

Valid Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ No \_\_\_\_\_ Yes  
*If yes, please explain details here:*

Have you ever had any license, permit or privilege suspended/revoked for a motor vehicle? \_\_\_\_\_ No \_\_\_\_\_ Yes  
*If yes, please explain details here:*

**Accident Record:**

How many motor vehicle accidents you have been involved in (regardless of fault) within the past five years: \_\_\_\_\_

*Please describe the accidents, if any:*

Date	Nature of Accident	Who Was at Fault	Describe Any Injuries/Fatalities
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**Traffic Violations Record:**

How many traffic violations (i.e. DWI, speeding, failure to stop, etc.) have you had within the past five years: \_\_\_\_\_

*Please describe the violations, if any:*

Date	Nature of Violation	Location (State)	Penalty
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**SECTION III**

Describe your experiences in caring for and traveling with small groups of teen youth in an overnight situation:

Describe your experiences and involvement in the Maryland 4-H program as a UME volunteer:

Why do you want to serve in this leadership role for the Maryland 4-H Youth Development Program?

**References:** List three people (not related to you) who have definite information about: your character and your knowledge and skills as they relate to the position for which you have applied. References may be employers, volunteer coordinators from other organizations, etc. (no UME employees)

Full Name	Mailing Address (including Zip)	Daytime Phone	E-mail Address

**SECTION IV**

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. I agree to inform the State 4-H Office of the University of Maryland Extension (UME) of any changes. I authorize University of Maryland Extension to request and receive any background information about or concerning me, including, but not limited to my Criminal History. I also authorize University of Maryland Extension to contact the listed references, previous employers and volunteer organizations, and to verify the information provided. I understand that misrepresentation or omission of facts requested is cause for non-appointment in this position and potential for dismissal in my role as a current UME volunteer. If appointed to this position, I agree to abide by the philosophies and policies of the University of Maryland Extension, as well as individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Send completed application along with a copy (front and back) of current driver's license and proof of insurance to the State 4-H Office. Section V, "Verification of UME Volunteer" must also be received from the UME county/city in which the Volunteer is enrolled.

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**SECTION V (To be completed by County/City Extension Educator, Director or Staff Volunteer Supervisor)**

The section needs to be completed by an UME employee located at the UME Unit where the applicant's UME volunteer's files are maintained.

**VERIFICATION OF UME VOLUNTEER STATUS**

I verify that \_\_\_\_\_ was appointed as a UME Volunteer on \_\_\_\_\_  
Applicant's Name Date

in \_\_\_\_\_ as a \_\_\_\_\_ with the term of appointment  
UME County/City Unit Position

from \_\_\_\_\_ to \_\_\_\_\_. This volunteer was reappointed as a UME Volunteer In Good  
Contract Appointment Dates

Standing on \_\_\_\_\_ by completing the renewal form and a 4-H Volunteer Enrollment Form for the year \_\_\_\_\_

**\*\*Please attach a copy of the volunteer's UME Volunteer Orientation Checklist.\*\***

Printed Name: \_\_\_\_\_ UME County/City: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any additional comments, recommendations or suggestions from the UME employee supervising, working with or knowing this volunteer regarding the applicant's ability to meet the responsibilities and qualifications described in the applicable position description.

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Send completed Verification along with application or Mail/Fax to the State 4-H Office:  
**Attention: Debbie Frey, Maryland 4-H Center - 8020 Greenmead Drive, College Park, MD 20740**  
**(301) 314-9070; Fax: (301) 314-7146**