



# Employee Application State 4-H Positions

*See Specific Position Application Deadlines Below*

**Special Note:**

If you previously served in a position within the last five years and are applying for that same position for this year, you **ONLY NEED TO COMPLETE** Section I, update any changed information in Section II and sign in Section IV.

**SECTION I**

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

**I am applying for the following position(s) - check all boxes that apply. Note Application Deadlines.**

<p><b><u>Applications Due February 15<sup>th</sup></u></b></p> <input type="checkbox"/> Dairy Bowl Coach <input type="checkbox"/> Dairy Judging Coach <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 Judging Coach <input type="checkbox"/> Poultry Judging Coach	<p><b><u>Applications Due April 1<sup>st</sup></u></b></p> <input type="checkbox"/> Engineering Coach <input type="checkbox"/> Forestry Judging Coach <input type="checkbox"/> Horticulture Coach <input type="checkbox"/> LifeSmarts Coach <input type="checkbox"/> Natural Resource Camp (state) <input type="checkbox"/> Sports Fishing Coordinator <input type="checkbox"/> Sports Fishing Team Member <input type="checkbox"/> Wildlife Judging Coach	<p><b><u>Applications Due June 1<sup>st</sup></u></b></p> <input type="checkbox"/> National 4-H Congress Chaperon <p><b><u>Applications Due November 1<sup>st</sup></u></b></p> <input type="checkbox"/> National 4-H Conference Group Coordinator/Chaperon (Note: Trip occurs following year)
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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. Please refer to the Position Description for this position for a complete listing of responsibilities and qualifications.

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

MCE - Employee Application - State 4-H Positions (Cont.)      Applicant's Name: \_\_\_\_\_  
 Equal opportunity employer and equal access programs.

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 a misdemeanor or a felony?  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 \_\_\_\_\_

*MCE - Employee Application - State 4-H Positions (Cont.)* Applicant's Name: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  No  Yes

Equal opportunity employer and equal access programs.

*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 MCE Employee:

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

**SECTION IV**

I certify the above information is correct.

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

**SECTION V (To be completed by County/City Extension Director or other appropriate individual)**

Please list any comments, recommendations or suggestions regarding this employee's capacity to meet the responsibilities described in the position description for the position they are applying:

County/City Extension Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

**Maryland 4-H Center - 8020 Greenmead Drive, College Park, MD 20740  
(301) 314-9070 Fax: (301) 314-7146**