Volunteer Application

UNIVERSITY OF MARYLAND EXTENSION
Solutions in your community

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

_____ **County/City**

Name: _____
Last First Middle

Name(s) previously used, including maiden name: _____

Address: _____
Street Address City State Zip

Phone: Home _____ Best time to call _____

Office _____ Best time to call _____

Mobile _____ Best time to call _____

Email: _____ Preferred method of communication: _____

Valid driver's license number: _____ **Date of Birth:** _____

In case of emergency contact: _____
Name Phone Number

List the volunteer position(s) for which you are applying: _____

List the tasks or responsibilities you prefer: _____

_____

Check those with whom you prefer to work:
( ) Youth ( ) Young Adults ( ) Adults ( ) Senior Citizens

Volunteer Experience: (List most recent experience first.)

Organization	Volunteer role(s)	From month/year	To month/year	Contact person address and phone number

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.

Work Experience: (List most recent experience first.)

Employer	Position or title	From month/year	To month/year	Contact person address and phone number

List your skills, interests and hobbies: _____

List organizations or clubs in which you are active: _____

List languages in which you are fluent: _____

Have you ever been convicted of, pled nolo contender to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory, or country? _____ No _____ Yes

If yes, please give date, nature of offense, and disposition: _____

_____

(A criminal record will not necessarily prevent an applicant from being a 4-H Volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. Give all the facts so that a decision can be made.)

References: List three people who have definite knowledge of your character and skills. Complete addresses are required. Do not list family members or Extension staff.

Name _____ Phone: _____

Address _____
Street address City State Zip

Name _____ Phone: _____

Address _____
Street address City State Zip

Name _____ Phone: _____

Address _____
Street address City State Zip

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 nonappointment or dismissal as a volunteer. If appointed as a volunteer, 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 Signature: _____ Date: _____

Revised by LMD and ALR 2010

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.