

# Employee Application

## State 4-H Positions



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

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

### **SECTION I**

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<br/> <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<br/> <input type="checkbox"/> Horse Communications Coach<br/> <input type="checkbox"/> Horse Hippology Coach<br/> <input type="checkbox"/> Horse Judging Coach<br/> <input type="checkbox"/> Livestock Skillathon Coach<br/> <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<br/> <input type="checkbox"/> LifeSmarts Coach<br/> <input type="checkbox"/> Wildlife Judging Coach<br/> <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<br/> <input type="checkbox"/> Dairy Judging Coach<br/> <input type="checkbox"/> Livestock Judging Coach<br/> <input type="checkbox"/> Poultry Judging Coach<br/> <input type="checkbox"/> Engineering Coach<br/> <input type="checkbox"/> Horticulture Coach</p> |
|--|---|--|

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 |
|---------------------|----------------|-----------------|
|---------------------|----------------|-----------------|

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 |
|---------------------|------------------|---------------------|
|---------------------|------------------|---------------------|

## **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 a crime more serious than a parking offense 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 \_\_\_\_\_

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 |
|------|--------------------|------------------|----------------------------------|
|------|--------------------|------------------|----------------------------------|

**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 |
|------|---------------------|------------------|---------|
|------|---------------------|------------------|---------|

**SECTION III**

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

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

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

**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.

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

**SECTION V (To be completed by County/City/Area 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:

I give my approval and support for this individual to participate in this youth development activity as well as participation in any preparation and or follow-up that may be associated with this event.

County/City/Area 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**

*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.*