



Florida 4-H Volunteer Application

New Enrollment
 Re-Enrollment
 Male
 Female
 Race(s)/Ethnicity: White Black Hispanic Asian Amer.Indian Pacific Island
Check all that Apply.

Name _____ Birth Date _____
Last First

Address _____ Home Phone _____
 City/State/Zip _____ Work Phone _____
 Email _____ Cell Phone _____

PAST 4-H EXPERIENCE

4-H Alumnus Location _____
 Past 4-H Leader How many years _____ Where _____
City County State

VOLUNTEER PREFERENCES

Why are you interested in becoming a 4-H volunteer _____

Do you prefer to work directly with Youth Adults Both

If you prefer to work directly with youth, what grade levels do you prefer Primary (K,1,2) Junior (3,4,5) Inter (6,7,8) Senior (9,10,11,12)

What time commitment do you initially desire 1-3 months 3-6 months 6-12 months

PREVIOUS WORK OR VOLUNTEER EXPERIENCE

| Employer or Organization | Position Title or Volunteer Role | Year |
|--------------------------|----------------------------------|------|
| | | |
| | | |
| | | |
| | | |

Have any of your previous jobs completed a background check? If so, which? What clearance was obtained? _____

HOBBIES, CERTIFICATIONS, & QUALIFICATIONS

REFERENCES - List two persons not related to you who have definite knowledge of your qualifications.

Name _____ Phone _____
Last First

Address _____
Street City State Zip

Name _____ Phone _____
Last First

Address _____
Street City State Zip

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Florida Cooperative Extension volunteer or for termination after appointment. If appointed as a volunteer, I agree to abide by the expectations of the Florida Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my ability

Signature _____ Date _____ Last Revision : August 2008