

Volunteer Application Form

Name:

Date:

Mailing Address:
(Street / City / Zip)

Length of time at current address:

Phone: Day: ()
Eve: ()

Best time to call:
Best time to call:

Date of Birth:

Email:

Please check all of the topics you might be interested in mentoring youth in:

Mentoring Tracks

- Forestry
- Health/Nutrition
- Leadership
- Civic Engagement
- School Success
- Life Skills
- Other (please specify)

Are you a certified 4-H volunteer?

Yes No

If you are able to communicate in a language other than English, please list:

Work, Education and Volunteer Experience (please list most current experience first).

| Employer/Organization | Position Title/Volunteer Role | Year(s) |
|-----------------------|-------------------------------|---------|
| | | |
| | | |
| | | |

Personal References

List **three non-family members** who have knowledge of your skills, abilities, and qualifications. Please provide **complete and accurate** mail and e-mail addresses.

Reference #1:

Name: _____ Relationship: _____

Email Address: _____

Reference #2:

Name: _____ Relationship: _____

Email Address: _____

Reference #3:

Name: _____ Relationship: _____

Email Address: _____

Media Release

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that maybe used in whole or in part by WSU Extension to promote the 4-H Youth Development Program

Evaluations

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

Training

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

I authorize the contact of listed references and understand the criminal background check must be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of WSUE and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature _____ Date _____

This application is due to phoebe.jud@wsu.edu by Monday, November 23rd, 2020.