



4-H STEM Ambassadors Application

Thank you for your interest in the 4-H STEM Ambassador position with the University of Massachusetts Extension 4-H Youth Development Program. Complete both sides of this form and return to:

Dr. Linda Horn, UMass 4-H Extension Office, 101 University Drive, Suite A-4, Amherst, MA 01002
or email to ma4hset@gmail.com

Completed application must be postmarked or emailed no later than midnight Friday, April 19, 2019. A cover letter with more details about yourself and your qualifications may be added if desired, but is not required.

(Name)

(Mailing address)

(Home address if different from above)

(Cell phone number)

(E-mail)

Emergency Contact Information: Name of Contact: _____

Relationship with contact (parent/sibling/spouse, etc.): _____

Contact's Phone number: _____ Contact's Email: _____

1. List the University where you are currently enrolled.
2. What is your program of study/academic major?
3. What is your anticipated date of graduation?
4. Were you ever a member of the 4-H Program? (Circle one)
Yes No

If yes, please indicate information regarding the state where you were enrolled and your major project areas.



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5. Do you have a current, valid driver's license?

6. Are you able to provide your own transportation to and from work each day?

ADDITIONAL REQUIREMENTS: A CORI background investigation will be required for the successful candidate. The CORI Application form must be signed and notarized or completed in person at any UMass Extension 4-H office. This will be provided to you if you are selected.

References: List three persons not related to you who have definite knowledge of your qualifications. At least one work related reference is required; current faculty at your university are acceptable as additional references. Include **complete** address and email for each:

(Name) _____

(Day phone) _____

(Address) _____

(City, State, Zip) _____

(E-mail) _____

(Name) _____

(Day phone) _____

(Address) _____

(City, State, Zip) _____

(E-mail) _____

(Name) _____

(Day phone) _____

(Address) _____

(City, State, Zip) _____

(E-mail) _____

May we contact other references suggested to us in the course of talking with the references listed above?

Yes No

Please note: Information received from any references will be considered as part of your application.

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Massachusetts 4-H intern employee. I agree to abide by the expectations of Cooperative Extension and to fulfill the intern responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____



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