



**MASSACHUSETTS 4-H BOARD VOLUNTEER APPLICATION FORM**

Date Completed: \_\_\_\_\_ Date Received in 4-H Office: \_\_\_\_\_

**I. Personal Information (Please print clearly)**

NAME

MAILING ADDRESS: STREET / P.O. BOX NUMBER

TOWN / CITY / STATE / ZIP CODE

TELEPHONE (DAY)

TELEPHONE (NIGHT)

CELL PHONE

BEST TIME TO CALL

FAX

EMAIL

IN CASE OF EMERGENCY, PERSON TO CONTACT

CONTACT'S TELEPHONE

Please check "yes" or "no": My name and address may be shared with the MA 4-H Foundation for *The Compass* newsletter.

- Yes  No

I reside in Essex County and agree to share my name and address with the Essex County 4-H Foundation for their news/updates.

- Yes  No

**II. Please tell us about yourself (optional)**

**Ethnicity: Please check one:**      ↓ check one here      OR here ↓

Race	Hispanic Ethnicity	Not Hispanic Ethnicity
White Only		
Black or African American Only		
American Indian or Alaskan Native Only		
Asian Only		
Native Hawaiian or Other Pacific Islander Only		
White & Black or African American		
White & American Indian or Alaskan Native		
White and Asian		
Balance – Other Combinations		

<b>Age</b> <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61+	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Highest Level of Education</b> _____ _____	

Were you ever a 4-H member?  Yes     No    If so, when and where? \_\_\_\_\_

Do you currently have (and/or have previously had) children involved in 4-H?  Yes     No  
If so, when, where and what type of involvement did your children have? \_\_\_\_\_

**III. Interests and Experiences**

1. My special interest/talents include:

(continued on next page)

4. My volunteer experience is (include previous 4-H experiences):

5. Special considerations regarding my availability, length of commitment, etc. are:

6. Factors that motivate me in a volunteer role are: *Check all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Satisfaction   | <input type="checkbox"/> Recognition by Youth  |
| <input type="checkbox"/> Public Recognition<br>(e.g., news articles, etc.)               | <input type="checkbox"/> Organizational Recognition<br>(pins, news articles, banquets, etc.) |
| <input type="checkbox"/> Resume/Skill Building   | <input type="checkbox"/> Professional Opportunities  |
| <input type="checkbox"/> Preparing Youth for Future                                      | <input type="checkbox"/> Community Involvement   |
| <input type="checkbox"/> Access to UMass Extension<br>Educational Resources and Training | <input type="checkbox"/> Other: _____  |

**IV. Massachusetts 4-H Volunteer Applicant Agreement** *(please sign below)*

The Massachusetts 4-H Program recommends that volunteers not drive 4-H youth to 4-H sponsored activities and events. However, under certain circumstances, I understand that this may occur. I therefore verify that I have a valid driver's license, car registration, inspection sticker, and automobile insurance as required by the state. I understand that if I ever lack any of the above requirements, I will not drive 4-H youth to 4-H sponsored activities and events. I agree to abide by the 4-H Volunteer Code of Conduct.

By signing below, I affirm that I have not at any time, been convicted of, pleaded guilty to, pleaded no contest to, or admitted to any felony, any offense involving a minor, motor vehicle offense, or DWI (driving while intoxicated). NOTE: *You should NOT provide information about:*

- 1) An arrest or detention which did not result in a conviction;
- 2) A first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; or
- 3) A misdemeanor conviction more than five years old, or for which you were released from incarceration more than five years ago, whichever is more recent, unless you have been convicted of another offense within the last five years.

I understand that there are risks inherent in carrying out the duties and responsibilities of a volunteer. I agree to release the University of Massachusetts, its trustees, officers, agents, employees and volunteers from all claims or causes of action as a result of any personal injury or property damage sustained by me due to my performance as a volunteer, including my operation of a motor vehicle. I further waive any rights to review confidential communications conducted by the 4-H Extension Educator or Advisory Council/Board regarding my application.

\_\_\_\_\_  
**Massachusetts 4-H Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**

**V. References:** *Please list three individuals (not relatives or Massachusetts 4-H Program staff) who can be contacted to provide references.*

<b>Name</b>	<b>Complete Mailing Address</b>	<b>Telephone</b>	<b>Email Address</b>
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1.

2.

3.

**Please return to your local Massachusetts 4-H Extension Educator.**