

**VOLUNTEER APPLICATION FORM**

Please Print.

Date Filled Out: _____ Date Received: _____

I. Personal Information

NAME _____

MAILING ADDRESS: STREET / P.O. BOX NUMBER _____

TOWN / CITY / STATE / ZIP CODE

()

()

TELEPHONE (DAY)

TELEPHONE (NIGHT)

BEST TIME TO CALL

()

FAX

E-MAIL

()

IN CASE OF EMERGENCY, PERSON TO CONTACT

CONTACT'S TELEPHONE

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

I reside in Essex County and agree to share my name and address with Essex County 4-H Foundation for their news/updates. Yes No

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

- 14-20 21-30
 31-40 41-50
 51-60 61+

Ethnic Data

- Black American Indian Other
 Hispanic Asian
 Multi-racial White

Gender

- Female Male

Highest Level of Education:

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

Do you currently have (a/o 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: Please check those areas that you have experience with and circle those you are additionally interested in.

1. Working directly with youth: ages 5-8 ages 9-13 ages 14-19 Other: _____

2. Working directly with adults in the following capacities:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fairs | <input type="checkbox"/> Out of school programs | <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> Summer programs | <input type="checkbox"/> Camps | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Club/group leader | <input type="checkbox"/> Advisory Board Member | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Committee member | <input type="checkbox"/> Donor/Fundraiser | <input type="checkbox"/> Special Project |
| <input type="checkbox"/> Other _____ | | |

3. My special interests/talents include:

(continued on next page)

4. My volunteer experience is (including 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
(e.g., news article, etc.) | <input type="checkbox"/> Organizational recognition
(pins, news articles, banquet, 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
educational resources and training | <input type="checkbox"/> Other: _____ |

IV. Massachusetts 4-H Volunteer Applicant Agreements

Please sign below.

The 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 Member Code of Conduct. *See attached lists.*

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 that five years old, or for which you were released from incarceration more than five years ago, whichever is most 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 regarding my application.

MASSACHUSETTS 4-H VOLUNTEER APPLICANT SIGNATURE

 DATE

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

Name	Complete Mailing Address	Telephone
1.		
2.		
3.		

I understand that upon submission of my three references I will need to authorize UMass Extension 4-H Program to conduct a criminal history records check (CORI) on me as required by Massachusetts state law. A mailing will be sent to me upon my acceptance into the program.

Please return to your local 4-H Extension Educator.