



University of Florida IFAS Extension
Bradford County 4-H Volunteer Application for Service
(To be completed by 4-H Volunteer)

FOR OFFICE USE ONLY
Date received:
Club:
Screening
Reference check
Appointed? Yes or No

Type of volunteer position applying for:
Organizational Leader
Activity Leader
Project Leader
Resource Leader

Name First Middle Last

Mailing address Street City Zip

Birth Date Driver's License Number Social Security Number

Phone: Home Best time to call

Work/Cell/Alternate Best time to call

E-Mail: @

Were you in 4-H? Where? County/State

Have you ever been a 4-H Leader? YES NO If YES, how many years?

Where City County State

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

Do you prefer to volunteer directly with: Youth Adults Both

If you prefer to volunteer directly with youth, what grade level(s) do you prefer?

- Primary 4-H'ers-Grades K, 1, 2
Intermediate 4-H'ers - Grades 6, 7, 8
Junior - Grades 3, 4, 5
Senior 4-H'ers - Grades 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: (List current or most recent experience first)

Employer or Organization Position Title or Volunteer Role Years

Table with 3 columns: Employer or Organization, Position Title or Volunteer Role, Years. Multiple rows for listing experience.

(Over please)

Special Skills, Training, Education: _____

Please answer truthfully to the following questions:

1. Have you been convicted of a criminal offense in the last seven years?
() YES () NO
2. Have you been found guilty of a criminal offense even if adjudication was withheld?
() YES () NO
3. Have you pled nolo contendere?
() YES () NO

If YES to any of the above, please give date, nature of offense, and disposition:

The 4-H program is interested in protecting the youth of our community. A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to specifics of the position for which you have applied.

References: List two persons not related to you who have definite knowledge of your qualifications. Must have complete addresses:

Name _____ Phone _____

Address _____
Street City State Zip

Name _____ Phone _____

Address _____
Street City State Zip

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

Signature _____ Date _____