

**DELAWARE 4-H**  
**VOLUNTEER APPLICATION FORM**  
(To be completed by all *potential* 4-H volunteers)

**I. GENERAL INFORMATION:**

**Name:**

\_\_\_\_\_ (First) (Middle) (Last)

**Mailing Address:**

\_\_\_\_\_ (Street) (City) (Zip)

**Email Address:** \_\_\_\_\_ **Alt. Email Address:** \_\_\_\_\_

**Phone:** Day: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

**Length of time at this address (years):** \_\_\_\_\_

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

**Are you a 4-H Alumnus?** \_\_\_\_\_ **Where Were You in 4-H?** \_\_\_\_\_  
(County/State)

**Have You Ever Been a 4-H Volunteer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, how many years?** \_\_\_\_\_ **Where?** \_\_\_\_\_  
(City) (County) (State)

**Do you have First Aid/CPR or Life Guard certification? Yes / No**

**If so, Which?** \_\_\_\_\_

**II. VOLUNTEER INTEREST:**

**Why Are You Interested in a 4-H Volunteer Position?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do You Prefer to Work Directly with:** Youth \_\_\_\_\_ Adults \_\_\_\_\_ Both \_\_\_\_\_

**If You Prefer to Work Directly With Youth, What Age Level(s) Do You Prefer?**

Ages 5-8 \_\_\_\_\_ Ages 13-19 \_\_\_\_\_ No Preference \_\_\_\_\_  
Ages 9-12 \_\_\_\_\_ Adults \_\_\_\_\_

**What Time Commitment Do You Initially Desire?**

1-2 months/yr \_\_\_\_\_ 3-6 months/yr \_\_\_\_\_ 6-12 months/yr \_\_\_\_\_ On-going \_\_\_\_\_

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Adapted with permission from the Ohio 4-H Program, (8/01).

Which projects do you wish to Lead/Teach? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Aerospace/Electric/Electronics/Computer Tech. | <input type="checkbox"/> Entomology and Bees             |
| <input type="checkbox"/> Arts and Crafts                               | <input type="checkbox"/> Fishing                         |
| <input type="checkbox"/> Bicycle Safety                                | <input type="checkbox"/> Food /Nutrition/ Health         |
| <input type="checkbox"/> Career Exploration and Employability          | <input type="checkbox"/> Horses                          |
| <input type="checkbox"/> Child Development                             | <input type="checkbox"/> Horticulture                    |
| <input type="checkbox"/> Citizenship/Community Service                 | <input type="checkbox"/> Leadership Skills/Personal Dev. |
| <input type="checkbox"/> Clothing/Textiles                             | <input type="checkbox"/> Livestock                       |
| <input type="checkbox"/> Conservation/Water Quality                    | <input type="checkbox"/> Recycling/Composting            |
| <input type="checkbox"/> Consumer/Financial Education                  | <input type="checkbox"/> Radio/TV/Photography/Video      |
| <input type="checkbox"/> Crops and Weeds                               | <input type="checkbox"/> Shooting Sports                 |
| <input type="checkbox"/> Critical Thinking                             | <input type="checkbox"/> Theatre Arts                    |
| <input type="checkbox"/> Dogs/Cats/Small Animal Care                   | <input type="checkbox"/> Tractors/Engines                |
| <input type="checkbox"/> Environmental /Wildlife/Forestry              | <input type="checkbox"/> Veterinary Science              |
|  | <input type="checkbox"/> Wood Science                    |

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Volunteer Experience: (List current or most recent experience first)

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any comments about your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

If you become a 4-H club volunteer, is this a new club? \_\_\_\_\_ Yes \_\_\_\_\_ No, it's an existing club:

Name of club: \_\_\_\_\_

Name of organizational advisor: \_\_\_\_\_

### III. BACKGROUND INFORMATION

Do we have your permission to conduct a background check? Yes: \_\_\_ No: \_\_\_  
Have you ever been convicted of a crime involving offenses against children? Yes: \_\_\_ No: \_\_\_  
Have you ever been convicted of a crime involving physical harm to another person? Yes: \_\_\_ No: \_\_\_  
Have you ever been convicted of a crime involving a firearm? Yes: \_\_\_ No: \_\_\_  
Within the past 10 years, have you been convicted of a crime involving theft or dishonesty? Yes: \_\_\_ No: \_\_\_  
Within the past 10 years, have you been convicted of a crime involving possession  
of a controlled substance? Yes: \_\_\_ No: \_\_\_  
If yes, please explain: \_\_\_\_\_  
Have you ever been convicted of a misdemeanor or a felony in the last seven years? \_\_\_\_\_  
If yes, please give date, nature, and disposition of offense. \_\_\_\_\_

*Please Note:* A criminal record will not necessarily prevent an applicant from being a 4-H volunteer. A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.

**IV. PERSONAL REFERENCES:** List two persons **not related to you** who have knowledge of your qualifications. Please provide complete addresses and phone numbers. Please have them complete and return the attached reference forms to our office. The office address is listed on the reference form.

Name: _____	Relationship _____	Home Phone _____	Work Phone _____
Address: _____ (Street)	(City)	(State)	(Zip)
Name: _____	Relationship _____	Home Phone _____	Work Phone _____
Address: _____ (Street)	(City)	(State)	(Zip)

### PLEASE READ THE FOLLOWING BEFORE SIGNING:

- I have read, understand and agree to abide by the Delaware 4-H Adult Volunteer Expectations.
- I understand that the information I have provided may be verified by contacting persons or organizations identified in this application.
- I affirm that the information given in this application is true.

*I authorize the contact of listed references. I understand that the misrepresentation or omission of information required is just cause for non-appointment as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of University of Delaware Cooperative Extension and the Delaware 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.*

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed application to the Kent County Extension Office, 69 Transportation Circle, Dover, DE 19901. Thank you!**