



Maryland 4-H Volunteer Application

_____ **County/City**

Name: _____
Last First Middle

Name(s) previously used, including maiden name: _____

Address: _____
Street Address City State Zip

Phone: Home _____ Best time to call _____

Office _____ Best time to call _____

Mobile _____ Best time to call _____

Email: _____ Preferred method of communication: _____

Valid driver's license number: _____ **Date of Birth:** _____

In case of emergency contact: _____
Name Phone Number

List the volunteer position(s) for which you are applying: _____

List the tasks or responsibilities you prefer: _____

Check those with whom you prefer to work:

Youth Young Adults Adults Senior Citizens

Volunteer Experience: (List most recent experience first.)

Organization	Volunteer role(s)	From month/year	To month/year	Contact person address and phone number

Work Experience: (List most recent experience first.)

Employer	Position or title	From month/year	To month/year	Contact person address and phone number

List your skills, interests and hobbies: _____

List organizations or clubs in which you are active: _____

List languages in which you are fluent: _____

Have you ever been convicted of, pled nolo contendere to, received a deferred or suspended sentence, or placed in a diversion program for a crime more serious than a parking offense in Maryland or any other state, territory, or country?
 _____ No _____ Yes If yes, please give date, nature of offense, and disposition: _____

(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. Give all the facts so that a decision can be made.)

References: List three people who have definite knowledge of your character and skills. Complete addresses are required. Do not list family members or Extension staff.

Name _____ Phone: _____

Address _____
Street address City State Zip

Email Address _____

Name _____ Phone: _____

Address _____
Street address City State Zip

Email Address _____

Name _____ Phone: _____

Address _____
Street address City State Zip

Email Address _____

I authorize University of Maryland Extension to request and receive any background information about or concerning me, including, but not limited to my Criminal History. I also authorize University of Maryland Extension to contact the listed references, previous employers and volunteer organizations, and to verify the information provided. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. If appointed as a volunteer, I agree to abide by the philosophies and policies of the University of Maryland Extension, as well as individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____

Date: _____