



Ohio 4-H Volunteer Application



Please complete all areas on this application.
An incomplete response may delay your involvement as a 4-H volunteer.
We appreciate your thoroughness in providing accurate information to us.

General Information

Name: _____
First Middle Last

Mailing Address: _____
Street City Zip

How long have you lived at this address? _____ Date of Birth (Month/Day/Year) _____

Driver's License Number & State _____ Social Security Number _____

Phone Day () _____ Best Time to Call: _____

Evening () _____ Best Time to Call: _____

Are you a 4-H Alumnus? _____ Where were you in 4-H? _____

Have you ever been a 4-H volunteer? Yes No If yes, how many years? _____ Where? _____

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 9-12 Ages 13-19 No preference

What time commitment do you initially desire?

1-2 months/year 3-6 months/year 6-12 months/year Ongoing

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

Employer Position Title/Responsibility Year

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

Organization Volunteer Role Year

Type of position requested:

- Committee Member Community /Project Club Volunteer School Club/Group Volunteer
 Middle Manager Special Emphasis Group Volunteer Other (Latchkey programs, etc.)

If a 4-H club volunteer, is this a new club or are you helping with an existing club? _____

Name of club: _____

Name of organizational advisor: _____

Personal References

Have you 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.

References:

Name two persons **not related to you** who have knowledge of your qualifications. Please provide complete addresses and phone numbers.

1. Name: _____ Relationship: _____

Address: _____

Street

City

State

Zip

Phone: Day () _____ Evening () _____

2. Name: _____ Relationship: _____

Address: _____

Street

City

State

Zip

Phone: Day () _____ Evening () _____

I authorize the contact of listed references, previous employers and previous volunteer supervisors. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of The Ohio State University Extension and The Ohio 4-H Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant signature

Date

Please return this application at your earliest convenience. If you have any questions or wish further information, please contact us at 740-533-4322

Return to: Laura Jane Murphy
 Extension Agent, 4-H Youth Development
 1 Veteran's Square
 Ironton, Ohio 45638

Steps to Volunteering

- Completed Application, with DL#, SSN, reference info, and signature.
- Interview with 4-H agent.
- Submit a BCS background check.
- Attend volunteer orientation.
- References responded.

Thank You for your interest in the Lawrence County 4-H Program