



4-H Volunteer Screening Application

Name: _____
First (Legal Name) Last (Legal Name) Middle (Legal Name)

Present Address : _____
Street City State Zip

E-Mail Address (required) _____

Phone Numbers (Include area code): Home (____) _____ Cell: (____) _____ Birth date: _____
(mm/dd/yyyy)

Current Employer: _____ Work Phone: _____ Ext. _____

Occupation: _____ Years at this employment: _____

Business Address: _____
Street City State Zip

Are you a 4-H alumnus? Yes___ No___ Have you ever been a 4-H Volunteer? Yes___ No___ If yes,

how many year(s)?___ Where were you a 4-H Volunteer? _____

Previous 4-H Experience: (Org/Role, Years) _____

Type of Volunteer position you are interested in:

(circle all that apply)
 Organizational Leader Co-Organizational Leader Project Leader
 Cloverbud Leader Chaperone Resource Leader
 Other (please be specific) _____

What age group do you prefer to work with?

(please circle all that apply)
 age 5-7 14 and above
 age 8-10 adults
 age 11-13

Why are you interested in a 4-H volunteer position? _____

Are you applying to work with an existing 4-H Club? If so, what is the club name? _____

What experience do you have working with youth? _____

Do you have any special training, interests, education, skills? _____

What projects are you interested in leading? _____

Previous residences Information:

Address	City	State	Zip
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References *Note: 2 Positive References are required. Please list 3 people who are familiar with your character as it relates to working with youth. **(Do not include family members.)** References should have known you for at least two (2) years. Each will be contacted by email and asked to respond to a short questionnaire. All responses will be confidential. Please print the information.

Name	Email Address	Phone Number {include area code}

Additional information:

Do you illegally use drugs? _____

Have you ever been convicted of a criminal offense? (If yes, explain) _____

Have you ever been convicted of child neglect or abuse? _____

Has your driver's license ever been suspended or revoked? (If yes, explain) _____

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain)

I understand that the information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of 4-H Youth Development Extension of my County. In signing this application, I am that the information I have given herein is true and correct. If selected as a volunteer I understand I serve at the request of the Colorado State University Extension Program. That request can be withdrawn for any reason or no reason at any time. Colorado State University conducts background checks on all volunteers. I understand I serve as a volunteer at the request of Colorado State University Extension. A criminal record will not necessarily bar me as a volunteer but will be considered as it relates to the specifics of the volunteer position for which I have applied. I agree to abide by the 4-H Code of Conduct and to enforce the Code of Conduct with 4-H members I supervise.

Signature: _____ Date: _____