

Volunteer Application

I. GENERAL INFORMATION

Full Name: _____ Date of Birth (MM/DD/YY): _____

Street Address: _____

City/State/Zip: _____ Length of time at this address (years): _____

Phone: Day: _____ Cell: _____

Evening: _____ Best Time to Call: _____

Email: _____

II. VOLUNTEER INTEREST

Why are you interested in volunteering for Ohio State University Extension?

Select the Ohio State University Extension program area you want to volunteer with below:

- Agricultural & Natural Resources Community Development
- 4-H Youth Development Master Gardener
- Family & Consumer Sciences other

Do you prefer to work directly with youth or adults? 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?

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

Employer	Position Title	Year



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

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

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____ YES _____ NO

If yes, please give date, nature, and disposition of offense.

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____ **Relationship:** _____

Street Address: _____ **City/State/Zip:** _____

Email: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Street Address: _____ **City/State/Zip:** _____

Email: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Street Address: _____ **City/State/Zip:** _____

Email: _____ **Phone:** _____

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ *Date:* _____