

# Kentucky 4-H Enrollment Form



# Volunteer Leader Form

Today's Date \_\_\_\_\_  New Leader  Returning Leader

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residential Address \_\_\_\_\_

(If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have lived at this present address? \_\_\_\_\_ Years

If less than five years, list your prior addresses and length of time you lived there.

(Street, Box) (City) (State) (Length of stay)

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Occupation/Workplace: \_\_\_\_\_

Sex:  Male  Female

How Many years have you been a 4-H Leader? \_\_\_\_\_

Do you have a disability?  Yes  No If yes, describe the disability and any accommodations needed: \_\_\_\_\_

Residence (check one) Where do you live?

\_\_\_\_\_ Farm, \_\_\_\_\_ Out in the county, \_\_\_\_\_ City

Racial/Ethnic Group (check one)

\_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian Alaskan

Other \_\_\_\_\_

Are you a 4-H Alumnus?  Yes  No If yes, where were you in County \_\_\_\_\_ State \_\_\_\_\_

Have you volunteered with youth (including 4-H)?  No  Yes

If yes, for how long? \_\_\_\_\_ Where? City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Extension Staff you have worked with?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Volunteer Experience (List current/ most recent experience first)

Organization \_\_\_\_\_ Year(s) \_\_\_\_\_

Volunteer Role \_\_\_\_\_

Organization \_\_\_\_\_ Year(s) \_\_\_\_\_

Volunteer Role \_\_\_\_\_

Organization \_\_\_\_\_ Year(s) \_\_\_\_\_

Volunteer Role \_\_\_\_\_

Your role as volunteer leader:

Club leader (List clubs assisting) \_\_\_\_\_

Project leader (List projects assisting) \_\_\_\_\_

Council (management)

General/Other



Disabilities Accommodated with prior notification

Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, sex, religion, disability, or national origin.

UNIVERSITY OF KENTUCKY, KENTUCKY STATE UNIVERSITY, U.S. DEPARTMENT OF AGRICULTURE, AND KENTUCKY COUNTIES, COOPERATING

## **PERSONAL REFERENCES**

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address, phone number and email address.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address \_\_\_\_\_

How do you know this person? \_\_\_\_\_

## **Background Check**

For the protection of the 4-H members each volunteer is required to have background check. Please note a court record will not necessarily prevent an applicant from being a 4-H volunteer: the record will be considered as it relates to specifics of the volunteer position for which you are applying.

**Have you ever been indicted, convicted, imprisoned or fined for any violations including driving under the influence (DUI), other than traffic laws? \_\_\_ Yes \_\_\_ No**

**If yes, explain giving date(s) and location(s), and complete name at this time.** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Alias/Maiden Name** \_\_\_\_\_

I authorize the contact of the references listed above. I understand background checks will be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/termination/disengagement as a 4-H Volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that 4-H is part of the College of Agriculture Cooperative Extension Service, in which the United States Department of Agriculture Cooperative Extension, Kentucky State University, and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, age, sex, religion, disability, or national origin in educational experiences in cooperation with other Extension volunteers and Extension personnel.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

