

## Kentucky Cooperative Extension Service Volunteer Application Form

The Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in youth activities. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interests with the appropriate position description and needs of the organization. Answers given by the applicant are to be verified in those instances where a legitimate question arises about the applicant's qualifications.

### I. GENERAL INFORMATION (Please complete in black ink.)

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Mailing Address: \_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) (STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

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

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

\_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (LENGTH OF STAY)

Phone: Day _____	Best time to call: _____ a.m./p.m.
Evening _____	Best time to call: _____ a.m./p.m.
Cell _____	Best time to call: _____ a.m./p.m.
E-mail: _____	Fax: _____

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
Race	<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White			

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you have any special needs? If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

If you were a 4-H participant, indicate County: \_\_\_\_\_ State: \_\_\_\_\_

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



If you have worked as a volunteer with youth (including 4-H), how long did you do this?

If yes, list City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

List Extension staff you have worked with. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## II. VOLUNTEER INTEREST

Why are you interested in being a volunteer? \_\_\_\_\_

\_\_\_\_\_

Do you prefer to work directly with:	<input type="checkbox"/> youth	<input type="checkbox"/> adults	<input type="checkbox"/> either
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If you prefer to work with youth, what age level(s) do you prefer?

<input type="checkbox"/> ages 9-12	<input type="checkbox"/> over 15	<input type="checkbox"/> ages 13-15	<input type="checkbox"/> no preference
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Describe your skills, abilities, hobbies, training, educational background, etc.

\_\_\_\_\_

What length of time are you willing to commit to volunteering?

<input type="checkbox"/> _____ hours/week	<input type="checkbox"/> 3 months	<input type="checkbox"/> 1 year
<input type="checkbox"/> _____ hours/month	<input type="checkbox"/> 6 months	<input type="checkbox"/> other (describe)

Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)
ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

## III. EDUCATION, TRAINING, LIFE EXPERIENCES

If a student, school attending: \_\_\_\_\_

Education and/or special training: \_\_\_\_\_

Languages spoken (other than English): \_\_\_\_\_

Have you had CPR training?	<input type="checkbox"/>	No ___	Yes ___ When _____
Have you had first aid training?	<input type="checkbox"/>	No ___	Yes ___ When _____

## IV. 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 and phone number.

NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

## V. PERSONAL INFORMATION

(This information will be kept in a confidential file and be accessible only to authorized personnel. A “yes” answer does not automatically exclude you from becoming a registered volunteer. If there are any changes in answers to these questions, the volunteer should immediately contact the local Extension office.)

1. The Kentucky Cooperative Extension Service is very concerned that volunteers and leaders be appropriate role models for youth participants.

Have you ever had problems with:

- a. Substance abuse?  No  Yes
- b. Criminal behavior?  No  Yes
- c. Child abuse or neglect?  No  Yes
- d. Suspension or revocation of your driving privileges?  No  Yes
- e. Indictment, conviction, imprisonment, or fines for any violation including DUI?
- f. If yes, to any of the above questions, give date(s), location(s) and complete name at the time(s).
- g. If yes, to any of the above questions, please describe what steps you have taken to correct the problem(s).

2. Other than the above, is there any other fact or circumstance involving you or your background that would affect your ability to be entrusted with the supervision, guidance, and care of youth under the age of 18? (IF YES, PLEASE EXPLAIN)  No  Yes
3. Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Kentucky?  No  Yes

## VI. BACKGROUND CHECK

Social Security Number: _____
Date of Birth: _____
Full Name: _____
Maiden or Alias Names: _____
Street Address/P.O. Box: _____
City, State, Zip Code: _____

*Please note:* A court record will not necessarily prevent an applicant from being a volunteer; the record will be considered as it relates to specifics of the volunteer position for which you are applying.

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 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, the University of Kentucky, 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: \_\_\_\_\_

## VII. Interest Checklist for 4-H Volunteers

(PLEASE INDICATE YOUR INTEREST BY CHECKING THE APPROPRIATE COLUMN)

<b>What I Like</b>	<b>A Lot</b>	<b>A Little</b>	<b>Not at All</b>
Speaking to groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing programs/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping records/doing paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing/computer/newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presiding at meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving on committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund-raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving in civic/volunteer organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping/recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Kentucky Cooperative Extension Program offers many opportunities for volunteer involvement. Please check below those items of interest to you. (CHECK ALL THAT APPLY)

Serve as a volunteer for an existing club     Yes     No

If yes, name of club: \_\_\_\_\_

Serve as a leader for a new club     Yes     No

Club Type:                      Community     Project     School

**Subject Matter Areas** (CHECK ALL THAT APPLY. SOME AREAS WILL REQUIRE CERTIFICATION.)

### *Animal Sciences*

- Beef
- Dairy
- Dairy Goats
- Dog
- Horse
- Horseless Horse
- Pets
- Poultry
- Rabbits
- Sheep
- Swine
- Other

Please list \_\_\_\_\_

\_\_\_\_\_

### *Family And*

#### *Consumer Science*

- Clothing Construction
- Clothing Buymanship
- Crocheting
- Family Studies
- Food Preservation
- Foods and Nutrition
- Home Environment
- Knitting
- Other:

Please list \_\_\_\_\_

\_\_\_\_\_

### *Natural Resources*

- Entomology
- Forestry
- Geology
- Shooting Sports
- Wildlife
- Other:

Please list \_\_\_\_\_

***Plant and Mechanical Science***

- Bicycle
- Crops
- Electric
- Horticulture/Garden
- Rocketry
- Small Engines
- Woodworking
- Other:  
Please list \_\_\_\_\_  
\_\_\_\_\_

***Others***

- Arts and Crafts
- Citizenship
- Exploring 4-H
- Leadership
- Photography
- Public Speaking
- Recreation
- Other:  
Please list \_\_\_\_\_  
\_\_\_\_\_

**Events and Activities (PLEASE CHECK ALL THOSE YOU ARE INTERESTED IN)**

***Local Clubs/Group Level***

- 4-H Day
- 4-H Week
- A helper
- Assist with transportation
- Banners, parades, floats, displays
- Camping
- Club achievement night
- Community service projects
- Enrollment fair
- Fund-raising
- New parent/family coordinator
- Organizational leader
- Parent's committee
- Parliamentary procedure
- Presentations
- Project leader
- Recognition/incentives
- Record keeping
- Other  
Please list: \_\_\_\_\_

***County Level***

- Ag in the classroom
- Communications day
- County 4-H day
- County camp (Residential)
- County day camp
- County fair
- County fund-raising
- County judging contests/activities
- County member/leader recognition
- County project leader/trainer  
List project: \_\_\_\_\_
- County teen activities
- County trip chaperone
- Membership recruitment
- Reality store
- School enrichment
- Volunteer management committee
- Volunteer
- Other  
Please list: \_\_\_\_\_

***District/State Level***

- Curriculum development committee  
\_\_\_Animal sciences  
\_\_\_Family and consumer sciences  
\_\_\_Natural resources  
\_\_\_Plant and mechanical sciences  
\_\_\_Volunteer development  
\_\_\_Other \_\_\_\_\_
- Kentucky 4-H Volunteer Forum
- Kentucky Award application evaluation

***District/State Level***

- Kentucky Volunteer Award Selection Committee
- Out-of-State chaperone
- Project Committee (please circle)  
Dog/horse/shooting sports
- Shows and contests
- State Fair
- Teen activities
- Other: Please list \_\_\_\_\_