



Youth Application to Volunteer with Extension 4-H Youth Programs

Youth who want to work as volunteers in University of Florida Extension programs must complete this application. Acceptance as an Extension youth volunteer is contingent on return of this form to the Alachua County Extension Office for submission and clearance through our screening process. These processes are in place to help ensure the safety and well-being of all Extension 4-H youth program participants (youth, parents, families, paid staff and volunteers).

General Information

Date: _____

Name _____ Male ___ Female ___ Date of Birth _____
First Middle Last

Address _____
Street City Zip

How long have you lived at this address? _____ years _____ months
(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)

Day Phone: _____ Evening Phone _____

Parent/Guardian Name(s): _____

Address (if different from above) _____
Street City Zip

List **work** experiences during the past 5 years, current/most recent experiences first. (Add page if needed.)

Employer	Your Position/Title	Town/State	Years
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- 1.
- 2.
- 3.

List **volunteer** experience during the past 5 years. Identify work with youth and community groups. List current/most recent first. (Add page if needed.)

Organization/Group	Youth Role/Title	Town/State	Years
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- 1.
- 2.
- 3.
- 4.

Volunteer Interest

Why are you interested in being a volunteer with the University of Florida Extension 4-H Youth Program?

Personal References

List three (3) references, who have knowledge of your qualifications, but are not related to you.

Print Name _____ Phone _____

Mailing Address: _____
Street City Zip

Mailing Address: _____
Street City Zip

Mailing Address: _____
Street City Zip

Have you been convicted of a criminal offense? ____ Yes ____ No

Have you been ever convicted of a crime involving a minor (including a deferred imposition of sentence)?
____ Yes ____ No

Note: a criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service to contact...to conduct a search...to release information... I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension 4-H program volunteer. Your signature and information below are necessary to process this application.

Date of Birth ____/____/____ Social Security # _____

Drivers License Number _____ State _____

Parent/Guardian Authorization (Required for youth volunteers under the age of 18.)

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida and Alachua County Extension Service.

I certify that the above information is correct. I authorize the University of Florida Extension Service to contact...to conduct a search...to release information... I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension 4-H program volunteer. Your signature and information below are necessary to process this application.

Signature _____ Date _____

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information.

Thank You for your application.

Return to: Alachua County 4-H Agent, 2800 NE 39th Avenue, Gainesville, FL 32609

The Florida Cooperative Extension Service is committed to the policy that all persons shall have equal access to its programs, activities, and employment without regard to race, color, religion, sex, age, national origin or disability