



Application for an Adult to Volunteer With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

General Information

Date _____

Name _____ County _____

Male ___ Female ___ Former or Other Names _____

Mailing Address _____

Box / Street / Apartment

Town State 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 _____

E-Mail Address _____

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

Employer	Your Position/Title	Town / State	Years
----------	---------------------	--------------	-------

- 1.
- 2.
- 3.
- 4.
- 5.

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

Organization/Group	Your Role/Title	Town / State	Years
--------------------	-----------------	--------------	-------

- 1.
- 2.
- 3.
- 4.
- 5.

MORE

Volunteer Interest

Why are you interested in being a volunteer with University of Florida Extension programs?

Personal References

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

1. Print Name _____ Phone _____

Mailing Address

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

2. Print Name _____ Phone _____

Mailing Address

_____ Box / Street / Apartment

_____ Town _____ State _____ Zip

3. Print Name _____ Phone _____

Mailing Address

_____ Box / Street /

_____ Town _____ State _____ Zip

Have you been accused or convicted of a criminal offense in the past seven (7) years?

No Yes

If yes, explain: _____

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?

No Yes

If yes, explain: _____

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 request information for conducting a background check and to contact references. I authorized a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature _____ Date _____

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

Driver's License Number _____ State _____

THANK YOU for your application. Return application to the address below at your earliest convenience, to assure prompt processing. Contact us for questions or information.

RETURN TO: 4-H Youth Development 1455 NW 107th Avenue, Suite 906 Miami, FL 33172