ADULT VOLUNTEER APPLICATION FORM

Mission of Tennessee 4-H Youth Development
To provide research-based Extension educational experiences that will stimulate young people to gain knowledge, develop life skills and form positive attitudes to prepare them to become capable, responsible and compassionate adults.

Vision of Volunteer Involvement in Tennessee 4-H Youth Development
Volunteers will be woven into the fabric of Tennessee 4-H Youth Development, playing a key role in fulfilling the mission of the organization. Caring and knowledgeable volunteers will deliver quality programs that enhance life skill development for Tennessee’s youth. This group of diverse volunteers will be vital to the organization, providing innovative ideas and serving as key resources and 4-H ambassadors in their local communities. The effective engagement of trained volunteers will multiply the efforts and accomplishments of UT Extension personnel.

UT Extension aims to provide a safe environment for all persons involved in 4-H Youth Development 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 may be verified.

GENERAL INFORMATION

Name ____________________________________________

Last First M.I. Name you prefer

Home Address ____________________________________________

Street, Box, Route, Apt. # How long at this address? __________

City __________________________ State __________ ZIP ________

County __________________________

Mailing Address (if different) __________________________

Email Address __________________________ How long have you resided in this county? __________

Phone __________________________

Daytime __________________________ Evening __________________________

Last Four Digits of Social Security Number (required)*

*The last four digits of your social security number or personal tax identification number is required by UT Human Resource Management for any employee or client of UT. The last four digits of your social security number will be used only once for the assignment of a special UT personnel number. Your SSN will not be released and will remain confidential.

4-H EXPERIENCE

Are you a 4-H alumnus/alumna? □ Yes □ No

If yes, where? __________________________ City __________________________ County State

If yes, what year(s) were you a 4-H’er? __________________________

Have you ever been a 4-H volunteer? □ Yes □ No

If yes, where? __________________________ City __________________________ County State

Why are you interested in a 4-H volunteer position? __________________________

Have you ever worked with youth before? □ Yes □ No
If yes, please explain briefly. ____________________________________________________________

What time commitment and duration are you considering?

_______ Hrs./week _________ Hrs./month  □ 1-3 months  □ 3-6 months  □ 6-12 months

Do you prefer to work directly with  □ youth  □ adults  □ both

If you prefer to work directly with youth, what age level(s) do you prefer? (Check all that apply.)

□ Explorer (4th grade)  □ Junior (5th & 6th)  □ Junior High (7th & 8th)  □ Senior:  □ Level I (9th & 10th)  □ Level II (11th & 12th)

TRANSPORTATION

Do you have access to a car?  □ Yes  □ No  Do you have a valid driver license?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Driver License Number</th>
<th>State</th>
<th>Date of Expiration</th>
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Have you ever been cited for a traffic violation?  □ Yes  □ No

If yes, please explain. ____________________________________________________________

EMPLOYMENT AND VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra pages as necessary.)

1.  
   Current Occupation/Volunteer Position ________________________________  Employer/Organization Name ________________________________
   Employer/Organization Address ________________________________  Employer/Organization Telephone ________________________________
   City/State/ZIP ________________________________  Email Address ________________________________  Employed From/To ________________________________

2.  
   Previous Occupation/Volunteer Position ________________________________  Employer/Organization Name ________________________________
   Employer/Organization Address ________________________________  Employer/Organization Telephone ________________________________
   City/State/ZIP ________________________________  Email Address ________________________________  Employed From/To ________________________________

3.  
   Previous Occupation/Volunteer Position ________________________________  Employer/Organization Name ________________________________
   Employer/Organization Address ________________________________  Employer/Organization Telephone ________________________________
   City/State/ZIP ________________________________  Email Address ________________________________  Employed From/To ________________________________

4.  
   Previous Occupation/Volunteer Position ________________________________  Employer/Organization Name ________________________________
   Employer/Organization Address ________________________________  Employer/Organization Telephone ________________________________
   City/State/ZIP ________________________________  Email Address ________________________________  Employed From/To ________________________________

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EDUCATIONAL BACKGROUND

Name of Last High School Attended

State

County

Did you graduate? □ Yes □ No

If not, please circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED

Education Beyond High School (Please begin with current or most recent.)

<table>
<thead>
<tr>
<th>Institution/City/State</th>
<th>Attended From (Month/Year) To (Month/Year)</th>
<th>Degree</th>
<th>Major</th>
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<td>Attended From (Month/Year) To (Month/Year)</td>
<td>Degree</td>
<td>Major</td>
</tr>
<tr>
<td>Languages Spoken (other than English)</td>
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Other Educational or Special Training (CPR training, First Aid training, etc.)

REFERENCES

Please list three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.

1. Name
   Street Address
   City/State/ZIP
   Day Phone Number
   Evening Phone Number
   Email Address
   Relationship

2. Name
   Street Address
   City/State/ZIP
   Day Phone Number
   Evening Phone Number
   Email Address
   Relationship

3. Name
   Street Address
   City/State/ZIP
   Day Phone Number
   Evening Phone Number
   Email Address
   Relationship

I authorize contacting the references listed on page 3, previous employers and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension and the Tennessee 4-H Youth Development program and to fulfill my volunteer responsibilities to the best of my ability. I also understand that UT Extension may contact other individuals as needed to verify my fitness and experience in working with youth.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature

Date

THE UNIVERSITY
OF TENNESSEE INSTITUTE OF AGRICULTURE

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.
BACKGROUND DISCLOSURE FORM

UT Extension aims to provide a safe environment for all persons involved in 4-H Youth Development activities. This form is designed to be an information-gathering aid in order to successfully match the applicant with a volunteer position.

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. Have you ever had problems with
   a. Substance abuse?  □ Yes □ No
   b. Criminal behavior?  □ Yes □ No
   c. Child abuse or neglect?  □ Yes □ No
   d. Suspension or revocation of your driving privileges?  □ Yes □ No

2. Have you ever had an indictment, conviction, imprisonment or fine for any criminal violation including, but not limited to, DUI, substance abuse, child abuse or child neglect?  □ Yes □ No

3. If yes, to any of the above questions, give date(s), location(s) and complete name at the time(s).

4. If yes, to any of the above questions, please describe what steps you have taken to correct the problem(s).

5. 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?  □ Yes □ No  (If yes, please explain.)

6. Do you currently have the minimum vehicle insurance coverage required by the State of Tennessee?  □ Yes □ No
**BACKGROUND SCREENING CONSENT**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>&quot;Last Four Digits of Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address</td>
<td>How long?</td>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP</td>
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<td>County</td>
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</tr>
<tr>
<td>Home Phone</td>
<td>Driver License Number</td>
<td>State</td>
<td>Date of Expiration</td>
</tr>
</tbody>
</table>

*The last four digits of your social security number are collected for the sole purpose of conducting background clearances. Providing the information is optional; however, for those positions that require criminal background checks, this information is necessary for program participation.*

List below any previous residence(s) (beginning with the most recent) and any alias, maiden or other names for the past seven years. (Include city, state and zip code.)

1. Previous Street Address | How Long at This Address |
| City | State | ZIP |
| Alias, Maiden or Other Names |

2. Previous Street Address | How Long at This Address |
| City | State | ZIP |
| Alias, Maiden or Other Names |

3. Previous Street Address | How Long at This Address |
| City | State | ZIP |
| Alias, Maiden or Other Names |

Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation? □ Yes □ No

If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. A criminal record will not necessarily prevent an applicant from becoming a 4-H volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)

I hereby authorize the 4-H agent or authorized representative of the organization bearing this application to obtain a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

**Applicant Signature**

**Date**

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13-0104 10/12
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