



## 4-H STEM Ambassadors

### 4-H STEM Ambassador Information Form:

Thank you for your interest in 4-H and Cooperative Extension. Please complete this form and return it to:

Jessica Brainerd  
University of Maine Cooperative Extension  
103 Libby Hall  
Orono, ME 04473

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(name)

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(mailing address)

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(home address if different from above)

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(phone number)

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(e-mail)

At what University are you a student?

Program of study/academic major?

Anticipated date of graduation?

Were you in 4-H?

Yes    No

If yes, where?

What grade level(s) of youth do you prefer working with?

- pre-school                       intermediate grades: 6, 7, 8  
 primary grades: 1, 2  senior grades: 9, 10, 11, 12  
 junior grades: 3, 4, 5

In what STEM areas are you most interested, or comfortable sharing with youth?

- physical science                       engineering  
 biological science                       math  
 chemistry                                   computer science/technology  
 other \_\_\_\_\_

**References:** List two persons not related to you who have definite knowledge of your qualifications. Current faculty at your university are acceptable as references. Include complete addresses and email for each:

(name) \_\_\_\_\_

(day phone) \_\_\_\_\_

(address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

(e-mail) \_\_\_\_\_

(name) \_\_\_\_\_

(day phone) \_\_\_\_\_

(address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

(e-mail) \_\_\_\_\_

May we contact other references suggested to us in the course of contacting the references listed above?

***Please note: Information received from any references will be considered as part of your application.***

Have you ever been convicted of any crime other than a minor traffic violation?

If yes, please describe.

I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment or termination as a Cooperative Extension volunteer. I agree to abide by the expectations of Cooperative Extension and to fulfill the volunteer responsibilities to the best of my ability.

Volunteer Signature:

Date