



## Maine 4-H Youth Development Volunteer Application

Thank you for your interest in 4-H and Cooperative Extension. Please complete this application and return it to your University of Maine Cooperative Extension county office.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Day: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Evening: \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Were you in 4-H? \_\_\_\_\_ If so, where? \_\_\_\_\_  
County/State

Have you ever been a 4-H leader? \_\_\_\_ Yes \_\_\_\_ No If yes how many years? \_\_\_\_\_

Where? \_\_\_\_\_  
City County State

**Please use a separate sheet of paper to explain why you are interested in a 4-H Volunteer position.**

Do you prefer to work directly with: ( ) youth ( ) adults ( ) both

If you prefer to work with youth, what grade level(s) do you prefer?

( ) Pre-school ( ) Intermediate Grades: 6, 7, 8

( ) Primary Grades: 1, 2 ( ) Senior Grades: 9, 10, 11, 12

( ) Junior Grades: 3, 4, 5

Previous work or volunteer experience: (List current or most recent experience first.)

Employer or Organization	Position Title or Volunteer Role	Year

Skills, Training, Education  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and interests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the 4-H volunteer program? \_\_\_\_\_

References: List two persons not related to you who have definite knowledge of your qualifications. Include complete addresses.

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City St Zip

Email: \_\_\_\_\_

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

Published and distributed in furtherance of Acts of Congress on May 8 and June 30, 1914, by the University of Maine Cooperative Extension, the Land Grant University of the State of Maine and the U.S. Department of Agriculture cooperating. Cooperative Extension and other agencies of the U.S.D.A. provide equal opportunities in programs and employment.

If you are a person with a disability and will need any accommodations to participate in this program, please call the county Extension office to discuss your needs. Please contact us at least 10 days prior to the event to assure the fullest possible attention to your needs.

The University of Maine, U.S. Department of Agriculture, and local governments cooperating.

2/15/24

