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/Sate

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.)

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<th>Employer or Organization</th>
<th>Position Title or Volunteer Role</th>
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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

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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