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:			_
Evening:	Best time t	o call:	
E-mail Address:			
Were you in 4-H?	If so, who	ere?	nte
Have you ever been a 4-H leader?		•	
Where?	County		State
Please use a separate sheet of par			
() Pre-school() Primary Grades: 1, 2() Junior Grades: 3, 4, 5	() Intermediate Grades: 6, 7, 8() Senior Grades: 9, 10, 11, 12		
Previous work or volunteer experie	ence: (List current or most recen	t experience first	.)
Employer or Organization	Position Title or Volunteer	Role	Year
Skills and Training			
Hobbies and interests			

(please make sure that at least one	e reference is outside of 4-H).		
Name:	Day Phone:		
Address:			
Street	City	St	Zip
Email:			
Name:	Day Phone:		
Address:			
Street Email:	City	St	Zip
	d from any references will be considered as		r application.
requested is cause for non-appoint abide by the expectations of Coop best of my ability. Updated 01/23/2025	ences. I understand that misrepresentation of tment or termination as a Cooperative Extension and to fulfill the volunted	nsion volunte er responsibil	er. I agree to
Volunteer Signature		Date	

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

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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.