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

____________________________________________________________________
(name)

____________________________________________________________________
(mailing address)

____________________________________________________________________
(home address if different from above)

____________________________________________________________________
(phone number)

____________________________________________________________________
(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