THE UNIVERSITY OF ARIZONA
Cooperative Extension

VOLUNTEER APPLICATION

Full legal Name		Date of application
Other names used (maiden/ alias)	Gender	
Date of birth	County of interest	
Phone	Personal email	

Experience related to the job you want to do in 4-H		
Dates	Tasks or experience	Working for/with

Do you hold a current, valid Arizona Department of Public Safety Level 1 Fingerprint Clearance Card? ◯ Yes ◯ No	If you do, please provide the date the card expires:
What 4-H volunteer job are you interested in?	
What makes this job interesting to you?	
Which club do you prefer to work with?	

REFERENCES	
Name	Email
	Phone
Name	Email
	Phone
Name	Email
	Phone

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Edward C. Martin, Interim Director, Extension, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona. The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities.

Information we need to know when considering this application, but that we didn't know to ask you for:

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Edward C. Martin, Interim Director, Extension, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona. The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities.