



4-H POTENTIAL VOLUNTEER FORM

CONTACT INFORMATION			
Full Legal Name:		Application Date: mm/dd/yyyy	
Maiden name/Alias:		Male <input type="radio"/> Female <input type="radio"/>	
County:	Phone:	Date of Birth: mm/dd/yyyy	
Personal Email:			
4-H BACKGROUND (Please include membership information, 4-H volunteer experiences, etc.)			
Position	County	State	Years
Do you currently have children involved in 4-H? <input type="radio"/> Yes <input type="radio"/> No	If so what club?		
Do you hold a current Arizona DPS Level 1 Fingerprint Clearance Card?			
<input type="radio"/> Yes <input type="radio"/> No If yes, please provide expiration date: _____			
What type of volunteer position are you interested in?			
Why are you interested in a volunteer position?			
FOR OFFICE USE ONLY			
Received by:		Date:	

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.

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4-H Reference List Form

Please list five people (work related, from club/organizations, friends, neighbors), *NOT* related to you (which includes step-relatives) and *NOT* employed by Cooperative Extension, who have definite knowledge of your qualifications suitable to working as a 4-H youth development volunteer. *ONE* reference may be from a person under 18 years of age. Please give complete address including an email address. Please indicate preferred method of contact.

REFERENCE ONE

Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

REFERENCE TWO

Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

REFERENCE THREE

Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

REFERENCE FOUR

Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

REFERENCE FIVE

Name: _____ Mailing Address: _____

Email: _____ City: _____ State: _____ Zip: _____

I understand that volunteerism is a privilege, not a right. I authorize contact of the references listed and understand that information from these references or others contacted is confidential. I waive my right to review this information. I understand that until the application process is complete, I may be denied access to clientele. If appointed, I agree to abide by the philosophies of the 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

If under 18 years of age, a parent/guardian signature is required.