



POTENTIAL VOLUNTEER INFORMATION FORM

CONTACT INFORMATION			
Full Legal Name:		Date of Application:	
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:	

Return to Maricopa County 4-H by:
 Mail - Maricopa County 4-H, 4341 E Broadway Rd, Phoenix, AZ 85040
 Email - cwerkhoven@arizona.edu