



GILA COUNTY 4-H POTENTIAL VOLUNTEER 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:	

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.