

Have you applied to be a 4-H volunteer in any other county? _____ Yes _____ No

If yes, which county? _____ What year _____

If yes, was an Iowa State University 4-H Youth Development background review conducted? _____ Yes _____ No

REFERENCES

List three persons who have knowledge of your abilities and skills – one professional, one personal and one of your choice.

1- Name _____
Last Name First Name Middle Name or Initial

Home Address _____

City _____ **State** _____ **Zip** _____ -- _____

Home Phone _____ **Work Phone** _____ **Relationship** _____

2 - Name _____
Last Name First Name Middle Name or Initial

Home Address _____

City _____ **State** _____ **Zip** _____ -- _____

Home Phone _____ **Work Phone** _____ **Relationship** _____

3 - Name _____
Last Name First Name Middle Name or Initial

Home Address _____

City _____ **State** _____ **Zip** _____ -- _____

Home Phone _____ **Work Phone** _____ **Relationship** _____

I certify that this information is true and accurate and that I authorize representatives of ISU Extension to verify the information included on this application. This information will be verified through the Iowa Department of Criminal Investigation, Iowa Department of Transportation – Office of Driver Services, employment verification, and reference checks. I understand that misrepresentation or omission of information requested will prevent me from becoming a Youth and 4-H program volunteer.

Your signature _____ Date _____

Volunteer Eligibility Criteria

- Be 18 or older. (Your birthdate is _____.)
- Be willing to provide a child with a safe and positive environment.
- Be free of any charge or conviction of any offense involving harm or abuse of a child.
- Be free of criminal involvement for at least 7 years.
- If serving as a driver for participating youth, be a safe driver with a valid license.

With exception of abuse, most offenses beyond seven years are not considered when your background is reviewed.

Please respond to the following questions related to the criteria above.

1. Do you use, or have you used, illegal drugs within the last 7 years? Yes No (If yes, please explain.)

2. Have you ever been convicted and/or charged with child abuse or neglect? Yes No (If yes, please explain.)

3. Have you been convicted of a misdemeanor or a felony within the last 7 years or have you been under the supervision of the corrections system in the last 7 years? Yes No (If yes, please explain.)

4. If serving as a driver, has your driver's license been suspended or revoked within the last 7 years? Yes No (If yes, please explain.)

Other than items 1 through 4, is there any fact or circumstance involving you or your background that would limit your ability to supervise, guide and care for youth? Yes No (If yes, please explain.)

Contact us if you have any questions or wish further information. Please return this completed application by September 15th 4:00 pm.

Mailing Address: Cedar County Extension Office
107 Cedar Street
Tipton IA 52772

Attention: Lori

and justice for all . . .

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COMPLETE AND RETURN TO THE EXTENSION OFFICE BY SEPTEMBER 15TH AT 4:00 PM

APPLICANT _____

What is your previous work experience (List Current or most recent experience first)

Employer	Position title	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experiences and Interest

Please list other volunteer experiences you have had. (List the most recent experience first)

Organization	Volunteer role	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

County Youth Committee Role

What is the CCYC role in promoting and developing life skills and empowering young people?

What ideas do you have to grow the 4-H program in Cedar County?

Youth or 4-H Involvement: (shows, clinics, etc) _____

Areas of interest I could share with the youth program _____

Why I would be an asset to the Cedar County 4-H Youth Committee? _____
