



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

If yes, which county or state? \_\_\_\_\_ What year \_\_\_\_\_

### References

List three persons, not related to you, who have knowledge of your abilities and skills. Please provide complete addresses and phone numbers.

1. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nature of relationship \_\_\_\_\_

### Volunteer Eligibility Criteria

- Be 18 or older. (Your birthdate is \_\_\_\_\_ .)
- Be willing to provide a child with a safe and positive learning environment.
- Agree to ISUEO Volunteer Background Screening.
- Be free of any charge or conviction of any offense involving harm or abuse of a child.
- If serving as a driver for participating youth, be a safe driver with a valid license.

I certify that this information is true and accurate and that I authorize representatives of ISU Extension & Outreach to verify the information included on this application. I understand that misrepresentation or omission of information requested may prevent me from becoming a Youth and 4-H program volunteer.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

## IOWA STATE UNIVERSITY

### Extension and Outreach

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