



Iowa 4-H Youth Development Program
Volunteer Application

Return this completed application to
 your county ISU Extension office.

Confidential

General Information

Name _____
Last Name First Name Middle Name or Initial

Home address _____

City _____ State _____ Zip _____ - _____

Mailing address _____

City _____ State _____ Zip _____ - _____

How long have you lived at this address? _____

If fewer than 7 years, then list your addresses for the past 7 years.

Mailing address _____

City _____ State _____ Zip _____ - _____

Mailing address _____

City _____ State _____ Zip _____ - _____

Mailing address _____

City _____ State _____ Zip _____ - _____

Home telephone _____ - _____ - _____ Best time to call _____

Work telephone _____ - _____ - _____ Best time to call _____

Emergency telephone _____ - _____ - _____ E-mail address _____

Names previously used (include married, maiden, birth names, and other names you have used)

Birth place _____
City State Country

Driver's license number _____ Social Security number _____

Employer _____ Supervisor _____

Employer's address _____

City _____ State _____ Zip _____ - _____

Employer's phone number _____ - _____ - _____

Your position title and duties _____

IOWA STATE UNIVERSITY
 University Extension

For Office Use Only:		
	Sent	Received
References	_____	_____
DOT	_____	_____
DCI	_____	_____
Sex Offender	_____	_____

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

Year

Why are you interested in a 4-H Youth Development volunteer position?

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, 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 _____

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 _____

ISU and ISU Extension 4-H Youth Development program are committed to providing the safest possible environment for participating youth. Therefore, it is necessary for volunteer applicants to provide the following information to determine eligibility.

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 on page 3, 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 in the next two weeks to:

and justice for all . . .

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