



Please complete in ink or on a computer and print a copy. Return the completed application to your county ISU Extension & Outreach office.

Iowa 4-H Youth Development is committed to creating and maintaining the safest possible environment for youth participating in the program. Submitting this application is one-step in the process of selecting and placing qualified volunteers in appropriate positions within Iowa 4-H Youth Development.

General Information

Name _____ Email _____
(First) (Middle Initial) (Last)

Mailing Address _____
(Street, Box, Route, Apt #) (City) (State) (Zip)

Physical Address (If Different) _____
(Street, Box, Route, Apt #) (City) (State) (Zip)

Check the best number to use. Home _____ Work _____
 Cell _____ Text OK? Yes No

Experience

Current Employer _____

Position/duties _____

Previous Work Experience (List most recent experience first)

Employer _____ Position/title _____ Year(s) _____

Employer _____ Position/title _____ Year(s) _____

Please list other volunteer experiences you have had

Organization _____ Volunteer Role _____ Year(s) _____

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Volunteer Interest

Check here if you do not have a volunteer role selected and need more information about possible opportunities. Please fill out the volunteer interest form to help in identifying the best opportunities.

Do you wish to serve as a volunteer for an existing group? Yes No

If yes, name of group and role _____

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

Which county or state? _____

What year? _____

Are you a 4-H alumnus? Yes No

Where? _____

Why are you interested in volunteering with 4-H?

References

List three persons, not related to you, who have knowledge of your abilities and skills. At least one reference should include someone familiar with your work and/or volunteer experience (ie, current supervisor, volunteer direct report, etc). Information received from references is confidential and will not be accessible to applicants.

1. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

2. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

3. _____
(Name) (Association to you)

(Street, City, State, Zip)

(Email address) (Phone)

Volunteer Eligibility Criteria

To be considered for a volunteer role with Iowa 4-H Youth Development, you must:

- Meet the age requirements of the specific volunteer role (birthdate: _____).
- 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.
- Be a safe driver with a valid license (if serving as a driver for participating youth).

I certify that this information is true and accurate and that I authorize representatives of ISUEO to verify the information included on this application. I understand that misrepresentation or omission of information requested may prevent me from becoming an Iowa 4-H Youth Development program volunteer.

(Signature)

(Signature Date)

(Parent/Guardian Signature if under age 18)

IOWA STATE UNIVERSITY

Extension and Outreach

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