



Iowa 4-H Youth Development Program Volunteer Interest Form

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

Check the best number to use. Home _____ Cell _____

Please share who referred you to this county Extension office or how did you learn about volunteer opportunities?

Have you ever been a 4-H volunteer? Yes No If yes, when? _____

Where? _____

Indicate the grade/age group you prefer to work with:

K-3 (Ages 5-9) 4-6 (Ages 10-12) 7-12 (Ages 13-19) Adults No Preference

What is the length of time commitment that you initially desire?

Short term 3-6 months 6-12 months Ongoing

What types of volunteer opportunities are of interest to you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Committee member | <input type="checkbox"/> Middle manager volunteer | Specify:
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Committee chair | <input type="checkbox"/> School volunteer | |
| <input type="checkbox"/> Community/project club volunteer | <input type="checkbox"/> Short-term project coordinator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 4-H club/group leader | <input type="checkbox"/> 4-H club assistant leader | |
| <input type="checkbox"/> 4-H club/group helper | <input type="checkbox"/> Event coordinator | |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Clover Kids | |

Special interest group volunteer Name your area of special interest. _____

Is there a specific 4-H club/group you are interested in volunteering with? Yes No If yes:

Name of club/group? _____

City _____

Please complete the interest checklist on the back of this sheet. By checking the boxes on the back to indicate your interests and skills, you will help us match your volunteer interest to our volunteer needs.

IOWA STATE UNIVERSITY
Extension and Outreach

Date Submitted: _____

Date Followed-Up: _____

