Virginia Cooperative Extension

4-H Volunteer Application/Enrollment Long Form VA-114

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PUBLICATION 388-003

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

	LAST		FIRST		MI
Mailing Addre	ess:			074 7 -	
	STREET, BOX, RO	,	CITY	STATE	ZIP
Residence: _	(Phys	ical location if diffe	erent than mailing ac	ldress)	
How long at t	his address:				
Date of Birth:		Social Securit	y Number:		
. CONTACT I	NFORMATION				
Phone: Dayti	me: ()				
Eveni	Evening: () E-mail:				
Best time to d	call: 🛯 Morning 🗳 After	noon 📮 Evening			
Emergency C	ontact: Name				
	me: ()				
. VOLUNTEE					
1. Years as a	a 4-H Volunteer counting	this year	2. 4-H Alumni: [Yes 🗅 No	
3. I am a 4-ł	H All-Star 🛛 Yes 🖵 No			Leader Association	
5. With whic Age:			L that apply)		
	□ Males [0			
Gender:		over 18			
	Either Inter Leader Types:	∎ over 18 7. Na <u>Code</u> 11	me of 4-H Club(s): _		
	 Either teer Leader Types: Organizational Project Leader Activity Leader 	7. Na <u>Code</u> 11 12 13 14 8. Pro	me of 4-H Club(s): _		
	 Either Either Organizational Project Leader Activity Leader Helper Master Volunteer Collaborator 	7. Na <u>Code</u> 11 12 13 14 8. Pro			
	 Either Either Organizational Project Leader Activity Leader Helper Master Volunteer Collaborator 	7. Na <u>Code</u> 41 42 43 44 8. Pro 45 46	Dject(s) to which you		*181

- 9. Describe your skills, abilities, and hobbies, as related to this volunteer position.
- 10. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position

D. AVAILABILITY

 For what length of time are you willing to volunteer? hours per week(please specify) hours per month (please specify) negotiable (please specify) 	 3 months 6 months 1 year 		
	When could you begin?		
	(mo/day/yr)		
3. When are you available to volunteer?			
Day Dekends Depending Times			
 negotiable (please specify) 3. When are you available to volunteer? 	 1 year other (describe) 		

E. EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization:		Supervisor Name and Phone #:
Paid or Volunteer Role/Duties:		
Organization:		Supervisor Name and Phone #:

F. REFERENCES

(Phone: Day & Night)	(F	Relationship)
Apt#) (City)	(State)	(Zip)
(Phone: Day & Night)	(F	Relationship)
Apt#) (City)	(State)	(Zip)
(Phone: Day & Night)	(F	Relationship)
Apt#) (City)	(State)	(Zip)
	(Phone: Day & Night) Apt#) (City) (Phone: Day & Night)	Apt#) (City) (State) (Phone: Day & Night) (F Apt#) (City) (State) (Phone: Day & Night) (F (Phone: Day & Night) (F

G. DRIVING INFORMATION (Complete only if applying for a position which requires driving)

Do you have a current and valid driver's license? If yes, issued in the state of	Yes D	No D	
Do you have a current commercial driver's license (CDL)? Do you currently have the minimum vehicle insurance	Q	u	
coverage as required by the Commonwealth of Virginia?	Q	Q	

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any criminal convictions related to:

a. alcohol or drug abuse? b. child abuse or neglect? c. spousal abuse? d. elder abuse or neglect?	Yes D D D D	No D D D
2. Have you ever been convicted of any violation(s) of law?	۵	Q
 If volunteering for a position that requires the operation of a vehicle, have you been convicted of any movin traffic violations within the last 5 years If "yes" to any of the above, please demonstration 	s?	

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Signature, Volunteer Applicant

Date (mo/day/yr)

I. DEMOGRAPHIC INFORMATION (For record keeping purposes only)

1. Gender: Female Male

2. Ethnicity: Hispanic

- 3. Race: U White
 - African American American Indian 🖵 Asian

- Not Hispanic
- 4. I Live (check one) On a farm
 - Rural area or town under 10,000
 - □ Town or city of 10,000 to 50,000
 - □ Suburb or city over 50,000
 - **City over 50,000**

5. Highest level of education:

J. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, VCE Volunteer

Date (mo/day/yr)

FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN	
Date Volunteer Application received by VCE	
This applicant: (pick one) was assigned to	position on (Date)
 Met qualifications for position and was archived Not offered position. 	
Signature, VCE Representative	Date (mo/day/yr)
B. RE-ENROLLMENT	
Re-enroll with no changes Date	
Re-enroll with the following changes Date	
Signature, VCE Volunteer	Signature, VCE Supervisor
4-H Plus Data Codes	
	LUB: TYPE: COMMUNITY: MAIL:
DATE://	N=No