



North Carolina 4-H Volunteer Application

GENERAL INFORMATION

Last Name		First Name		M.I.	Name You Prefer
Mailing Address				How long at this address?	
City	State	Zip	County		
If less than a year, previous address				How long have you resided in the county?	
City	State	Zip	Email Address		
Daytime Phone		Evening Phone		Best Time to Call	

4-H EXPERIENCE

Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-Her?
Have you ever been a 4-H volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Why are you interested in a 4-H Volunteer position?		
What time commitments are you considering? _____ hrs./week _____ hrs./month	Have you ever worked with youth before? Please explain briefly. <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	

TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers license number and state DL# _____ State _____	Date of Expiration _____/_____/_____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		

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EMPLOYMENT AND VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra pages as necessary.)

Current Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To

EDUCATIONAL BACKGROUND

Name of Last High School Attended		State	County	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED		
Education Beyond High School (Please begin with current or most recent.)				
Institution/City/State	Dates Attended From: To:	Degree	Month/Year	Major
Institution/City/State	Dates Attended From: To:	Degree	Month/Year	Major

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REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.		
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship

WAIVED for Park and Recreation Staff

I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of the North Carolina Cooperative Extension and the North Carolina 4-H Program and to fulfill my volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

<u>For Office Use Only</u>
The reference check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Date of reference check: _____ Name of person conducting the check: _____
If unsatisfactory, please explain _____

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This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. 4-H policy prohibits unlawful discrimination based on race, sex, color, creed, religion, national origin, age, disability, or political affiliation.

DEMOGRAPHIC DATA

Last Name	First Name	M.I.
Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ Month Day Year
Ethnic Group		
A. Latino or Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Please choose all that apply:		
<input type="checkbox"/> White or Caucasian		
<input type="checkbox"/> Black or African-American		
<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
<input type="checkbox"/> Other _____		

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