



# OHIO STATE UNIVERSITY EXTENSION VOLUNTEER APPLICATION FORM



## I. GENERAL INFORMATION

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: Day: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Length of time at this address (years): \_\_\_\_\_

Date of Birth (MM/DD/YY)

Email: \_\_\_\_\_

4-H Club you will be volunteering with: \_\_\_\_\_

## II. VOLUNTEER INTEREST

Why are you interested in volunteering for O.S.U. Extension?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which OSU Extension program area do you want to volunteer with:

- \_\_\_\_\_ Agricultural & Natural Resources      \_\_\_\_\_ Community Development
- \_\_\_\_\_ 4-H Youth Development                      \_\_\_\_\_ Master Gardener
- \_\_\_\_\_ Family & Consumer Sciences              \_\_\_\_\_ other

Do you prefer to work directly with youth or adults:    \_\_\_ Youth    \_\_\_ Adults    \_\_\_ Both

If you prefer to work directly with youth, what age level(s) do you prefer?

Ages 5-8 \_\_\_\_\_ Ages 9-12 \_\_\_\_\_ Ages 13-19 \_\_\_\_\_ No Preference \_\_\_\_\_

What time commitment do you initially desire?

\_\_\_\_\_

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>

**Previous Volunteer Experience: (List current or most recent experience first)**

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>

**III. PERSONAL REFERENCES**

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_\_

If yes, please give date, nature, and disposition of offense. \_\_\_\_\_

**Please note:** A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

**References:** List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!