



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

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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hispanic or Latino Ethnicity & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations) </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> OR </td> <td style="width: 40%; vertical-align: top;"> <input type="checkbox"/> Not Hispanic or Latino & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations) </td> </tr> </table>			<input type="checkbox"/> Hispanic or Latino Ethnicity & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)	OR	<input type="checkbox"/> Not Hispanic or Latino & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)
<input type="checkbox"/> Hispanic or Latino Ethnicity & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)	OR	<input type="checkbox"/> Not Hispanic or Latino & <input type="checkbox"/> White (only) <input type="checkbox"/> Black or African American (only) <input type="checkbox"/> American Indian or Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian or Pacific Island (only) <input type="checkbox"/> White & Black <input type="checkbox"/> White & American Indian or Alaska Native <input type="checkbox"/> Black & American Indian or Alaska Native <input type="checkbox"/> Black & Asian <input type="checkbox"/> Balance (other combinations)			

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BACKGROUND SCREENING CONSENT

Last Name	First Name	M.I.	*Social Security Number
Current Address		Since when?	Date of Birth ____/____/____
City	State	Zip	County
Home Phone	Drivers licenses number and state DL# _____ State _____	Date of Expiration ____/____/____	

List below previous residence(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address.)

Previous address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names

<p>Have you ever been convicted of a misdemeanor or felony other than a misdemeanor traffic violation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give date, nature, county/state, and disposition of offense. (Information should include any situation in which the applicant was sentenced for a crime, unless the sentence was reversed on appeal. A criminal record will not necessarily prevent an applicant from becoming a 4-H volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)</p>
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I hereby authorize the 4-H agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

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 _____

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

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The criminal background check was: Satisfactory Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

Prepared by: Harriett C. Edwards, Ed.D