OHIO STATE UNIVERSITY EXTENSION
VOLUNTEER APPLICATION FORM
Deadline to Submit – March 1 of current 4-H year

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: __________________________________________________________

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)

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<th>Employer</th>
<th>Position Title</th>
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12.31.2014
Previous Volunteer Experience: (List current or most recent experience first)

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<tr>
<th>Organization</th>
<th>Volunteer Role</th>
<th>Year</th>
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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: __________________________

Address: __________________________

(Street)  (City)  (State)  (Zip)

Name: __________________________

Address: __________________________

(Street)  (City)  (State)  (Zip)

Name: __________________________

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!