

**4-H Volunteer Application/Enrollment Form
Onondaga County**

Club or Program Name: _____

Circle One: G- Regular 4-H Leader P-Project or Activity Leader
 R- Resource Volunteer

Last Name: _____ First Name _____ M.I. _____

Address: _____ City _____
 ST _____ Zip _____

Phone#: Home _____ Work (if we can call you at work) _____
 Cell _____

*Soc. Sec. No. _____ *Birthday ____/____/____

Driver's License# _____ *Sex _____

Do you have a valid automobile insurance policy? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please explain:

*Ethnic (circle one): White Black Am. Indian/Alaskan Hispanic Asian
Residence (circle one): Farm Rural Under 10,000 Town 10,000-50,000 Over 50,000
I want the Extension Office to be aware of the following disability:

Why do you want to be a 4-H volunteer?

Please describe briefly your volunteer experience, work you have done with youth and community groups, and training you've received: _____

*Optional

(over)

Please list your interests and skills (for example: what area of equitation you've been involved with, do you have experience in showmanship, etc.) _____

I prefer: _____ Working with youth _____ Working with adults
_____ Grades 3-6 (ages 8-12)
_____ Grades 7-12 (ages 13-19)

Please list three references. Include business associates, employers, and social friends (do not list relatives). Be sure you include persons who can provide information about your qualifications suitable for working as a volunteer in a youth organization.

PLEASE GIVE COMPLETE MAILING ADDRESSES!

1. _____
Name _____ Address _____
____()_____ _____
Home Phone _____ Work Phone _____

2. _____
Name _____ Address _____
____()_____ _____
Home Phone _____ Work Phone _____

3. _____
Name _____ Address _____
____()_____ _____
Home Phone _____ Work Phone _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above named references to release information about me.

I understand the Cornell Cooperative Extension does not discriminate on the basis of race, color, national origin, sex, disability, age or religion, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Cornell Cooperative Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform Cornell Cooperative Extension of any changes.

Signature

Date