



Adams County 4-H Volunteer Application

Name: _____
First Name Last Name

Address: _____
Street City State Zip

Phone: () _____ Birthdate: _____

E-Mail: _____

Current Employer: _____ Work phone: () _____

Occupation: _____ Years at this employment: _____

Bus. Address: _____
Street City State Zip

1. Previous 4-H experience: Year(s): _____
Position: _____
Location(s): _____

2. Reason for volunteering: _____

3. Experience working with youth in other organizations: _____

4. Special interests, training, education, skills, certifications: _____

5. Current memberships, volunteer and /or professional: _____

6. Age group with whom you prefer to work:
_____ a. ages 5 – 7 _____ c. ages 12 – 14 _____ e. adults
_____ b. ages 8 – 11 _____ d. 15 and above

7. Type of volunteer position you prefer:
_____ a. Club Organizational Leader _____ f. Camp Counselor
_____ b. Club Project Leader _____ g. 4-H Leaders' Association
_____ c. Event Coordinator _____ h. Expansion Review Committee
_____ d. Jr. Council Advisor _____ i. Other (please be specific)
_____ e. Sr. Council Advisor _____

8. Previous residences (for last 5 years):
Date: _____
Street City State Zip
Date: _____
Street City State Zip
Date: _____
Street City State Zip

9. **References:** Please list at least **three** people who are familiar with your character as it relates to working with youth. **(Do not include family members or current 4-H staff.)** References should have known you for at least two (2) years. Each will be contacted by letter and asked to respond to a short questionnaire. All responses will be confidential. **Please print complete address.**

Name	Email	Phone #
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1. _____

Mailing Address: _____

2. _____

Mailing Address: _____

3. _____

Mailing Address: _____

10. Additional information:
- a. Do you use illegal drugs? No _____ Yes _____
 - b. Have you ever been convicted of a criminal offense? No _____ Yes _____ (If yes, explain below)

 - c. Have you ever been convicted of child neglect or abuse? No _____ Yes _____ (If yes, explain below)

 - d. Has your driver's license ever been suspended or revoked? No _____ Yes _____ (If yes, explain below)

 - e. Other than the above, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?
No _____ Yes _____ (If yes, explain) _____

11. I understand that:
The information that I have provided may be verified by contacting persons or organizations named in this application and I hereby release from liability any person or organization that provides information concerning me to the representatives of 4-H Youth Development Extension of Adams County. In signing this application, I affirm that the information I have given herein is true and correct.

If selected as a volunteer, I understand I serve at the request of the Colorado State University Extension Program. That request can be withdrawn for any reason or no reason at any time. Colorado State University conducts background checks on all volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

Signature: _____ **Date:** _____

PLEASE RETURN TO:
Adams County Extension Office
c/o Julia Hurdelbrink
9755 Henderson Road
Brighton, CO 80601
(303) 637-8100