

8. Previous residences (for last 5 yrs):

Date: _____
Address City State Zip

Date: _____
Address City State Zip

Date: _____
Address 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.) References should have known you at least two (2) years. Each will be contacted by phone or letter and asked to respond to a short questionnaire. All responses will be confidential.

Name	Complete Address	Phone Number

10. Additional information:

a. Do you use illegal drugs? _____

b. Have you ever been convicted of a criminal offense? (If yes, explain) _____

c. Have you ever been convicted of child neglect or abuse? _____

d. Has your driver's license ever been suspended or revoked? (If yes, explain) _____

e. Other than the above, is there any 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? (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 Cooperative Extension of _____ 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 Cooperative Extension Program. That request can be withdrawn for any reason or no reason at any time. I may be required to undergo a background check through the Colorado Bureau of Investigation and/or the Central Registry of Child Protection. A criminal record will not necessarily bar me as volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied.

Signature: _____

Date: _____