



VOLUNTEER APPLICATION INSTRUCTION LETTER

Thank you for your interest in 4-H Youth Development. As a 4-H volunteer leader, with the University of Arizona, Maricopa County Cooperative Extension, you will have the opportunity to work with young people and help prepare them for tomorrow's world and beyond. The focus of the program is youth development, education, and FUN! It can be a very rewarding experience for both you and the youth you work with.

To become a 4-H volunteer leader, it is necessary to complete the State application process. This action has been implemented to help protect not only the youth you'll be working with, but you as a volunteer under the direction and guidance of the University of Arizona.

Complete the Volunteer Application form, sign and date it on both sides and return to the Maricopa 4-H Office at the address below along with a copy of your driver's license and proof of insurance.

Three references are required before we may proceed with the application. Please send a blank copy of the reference form to three individuals and ask them to complete and return the reference form to the 4-H Office.

With your Application, include the completed Background Check form and a check for \$20.

After we review your paperwork and complete the Background Check, you will be contacted to schedule an interview and given a date for training.

**University of Arizona Cooperative Extension
4-H Youth Development
4341 East Broadway Road
Phoenix, AZ 85040**

To check the status of your application, please do not hesitate to call the Extension Office.

**We sincerely appreciate your interest in 4-H Youth Development
and hope to hear from you soon!**



Volunteer Position Application



Name: _____
First Middle Last Name You Use

Residence: _____
Street City State Zip

Mailing Address (if different): _____

Day Phone: _____ Best Time to Call _____

Evening Phone: _____ Best Time to Call _____

Home Email Address: _____

Date of Birth (MM/DD/YR) _____ DL# _____ State Exp. Date _____

Personal Liability Insurance? YES NO Auto Liability Ins.? YES NO

Current Place of Employment: _____ Title: _____

Employment Address: _____
Street City State Zip

Please include the following contact methods that are OK to use:

Work Email: _____ Phone: _____

An arrest or conviction record *will not necessarily bar an applicant, but it will be considered as it relates to the specifics of the position for which you apply.*

Have you ever been arrested? YES NO If yes, please give the date, location, nature and disposition of the offense. _____

Why are you interested in being a 4-H Volunteer? _____

What project(s) are you interested in? _____

Who do you prefer to work with directly? Youth Adults Both

For youth, what age levels do you prefer? 5-8 9-13 14-19

If you've previously been a 4-H Volunteer, how many years have you volunteered? _____

Where were you most recently a 4-H Volunteer? _____
Town County State

What other youth organizations have you volunteered for? _____

If you were a 4-H Member, what county and state? _____

If your children have been in 4-H, what county and state? _____

I understand that volunteerism is a privilege, not a right. I authorize contact of the references listed on the next page and understand information from these references or other contacted is confidential. I waive my right to review this information. I understand that falsification or omission of facts requested is cause for non-appointment or dismissal as a volunteer. I further understand that until the application process is complete, I may be denied access to clientele. If appointed, I agree to abide by the philosophies of the 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

