Application for an Adult to Volunteer
With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

**General Information**

Date __________________________

Name __________________________________________ County __________________________

Male ___ Female ___ Former or Other Names __________________________

Mailing Address: ________________________________________________________________

Box / Street / Apartment __________________________

Town __________________________ State __________________________ Zip __________

How long have you lived at this address? Years ______ Months ______

*(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)*

Day Phone __________________________ Evening Phone __________________________

E-mail Address: __________________________

List work experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

<table>
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<tr>
<th>Employer</th>
<th>Your Position/Title</th>
<th>Town/State</th>
<th>Years</th>
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List volunteer experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

<table>
<thead>
<tr>
<th>Organization/Group</th>
<th>Your Position/Title</th>
<th>Town/State</th>
<th>Years</th>
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The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A. & M. University Cooperative Extension Program, and Boards of County Commissioners Cooperating.
Volunteer Interest
Why are you interested in being a volunteer with University of Florida Extension programs?

Personal References
List three (3) references, who have knowledge of your qualifications, but are not related to you.

1. Print Name ___________________________________ Phone ____________________________
   Mailing Address: ____________________________________________
   Box / Street / Apartment
   Town ___________________________ State ___________ Zip _________

2. Print Name ___________________________________ Phone ____________________________
   Mailing Address: ____________________________________________
   Box / Street / Apartment
   Town ___________________________ State ___________ Zip _________

3. Print Name ___________________________________ Phone ____________________________
   Mailing Address: ____________________________________________
   Box / Street / Apartment
   Town ___________________________ State ___________ Zip _________

Have you been accused or convicted of a criminal offense in the past seven (7) years?
   ___ No   ___ Yes
   If yes, explain:

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?
   ___ No   ___ Yes
   If yes, explain:

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I certify that the above information is correct. I authorize the University of Florida Extension Service, to request information for conducting a background check and to contact references. I authorized a check of my driver’s license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.

Signature ___________________________ Date _________________
Date of Birth: ______ / ______ / _______  Social Security #: _______ / _______ / _______
Driver’s License Number ___________________________ State _____________________

THANK YOU for your application. Return application to the address below at your earliest convenience, to assure prompt processing. Contact us for questions or information at (941) 764-4340.

RETURN TO:  Extension Services - 4-H Program
            25550 Harbor View Road, Suite 3
            Port Charlotte, FL 33980