

New Leaders

MSU EXTENSION VOLUNTEER APPLICATION PACKET

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional handicapping conditions must complete this application.

Name:

_____ (last) (first) (middle)

Address:

_____ (street) (city) (zip)

Telephone: home () work ()

Community club _____ Community Leader signature _____ (required)

Do you have a valid driver's license? ____yes ____no

Do you have a valid automobile insurance policy? ____yes ____no

Why do you want to be a youth volunteer? _____

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

Please list your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

I prefer: ____ Working with youths: ____ Working with adults
____ ages 5 to 8 ____ Working with adults with disabilities
____ ages 9 to 12 ____ Youth with disabilities
____ ages 13 to 19

How much time are you willing to spend as an MSU Extension volunteer?

Weekly _____ hours Monthly _____ hours

List three references. Include business associates, employers or social friends (do not list relatives). Be sure you include persons who can provide information about your qualifications suitable for working as a volunteer with MSU Extension programs.

1. _____
Name Address

() ()
Home Telephone Work Telephone

2. _____
Name Address

() ()
Home Telephone Work Telephone

3. _____
Name Address

() ()
Home Telephone Work Telephone

Have you ever been turned down as a volunteer with a youth-serving organization? Check yes or no.

No _____ Yes _____

If yes, please explain:

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- 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 and for my criminal history to be verified.
 - I understand that MSU Extension does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, political beliefs, sexual orientation, marital status or family status, and that this application will be handled in a confidential manner.
 - I agree to serve as a volunteer for Michigan State University 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 MSU Extension of any changes.

Signature Date

Return this form to:
Ingham County 4-H Office, 121 East Maple Street, PO Box 319, Mason, MI 48854

Thank you for your willingness to share your talents with young people!

MSU Extension programs and materials are open to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status, or family status.