



OHIO STATE UNIVERSITY EXTENSION VOLUNTEER APPLICATION FORM



I. GENERAL INFORMATION

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (City) (Zip)

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Length of time at this address (years): _____
Date of Birth (MM/DD/YY)

Email: _____

II. VOLUNTEER INTEREST

Why are you interested in volunteering for O.S.U. Extension?

Which OSU Extension program area do you want to volunteer with:
_____ Agricultural & Natural Resources _____ Community Development
_____ 4-H Youth Development _____ Master Gardener
_____ Family & Consumer Sciences _____ other

Do you prefer to work directly with youth or adults: ___ Youth ___ Adults ___ Both

If you prefer to work directly with youth, what age level(s) do you prefer?
Ages 5-8 _____ Ages 9-12 _____ Ages 13-19 _____ No Preference _____

What time commitment do you initially desire?

Previous Work Experience: (List current or most recent experience first)

<u>Employer</u>	<u>Position Title</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Volunteer Experience: (List current or most recent experience first)

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year</u>

III. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date, nature, and disposition of offense. _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____
Relationship _____ Home Phone _____ Work Phone _____

Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references and understand that I am required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of the Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!