OHIO STATE UNIVERSITY EXTENSION
Short-Term Volunteer Information Form

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

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

Length of time at this address (years): _____

School District of Residence: _____

Phone Number(s): _____

Email Address: _____

Date of Birth (MM/DD/YY):_____

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

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

_____

Emergency Contact Name & Phone Number:_____

I authorize the contact of potential references and understand that I may be required to submit to a fingerprint criminal background check prior to final consideration of my application to volunteer or at anytime during my volunteer service. I understand that Ohio State University Extension will conduct a sexual offender data-base check utilizing both state and national resources. 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.

Signature: _____ *Date:* _____

To be completed by Extension Professional

Location of volunteer service: _____

Dates of service:_____

Program area of service: _____

Data Base Search Completed:_____Signature:_____
(Date)