

**CONFIDENTIAL
INFORMATION**

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EXTENSION VOLUNTEER APPLICATION

(To be completed by volunteers in University of Illinois Extension youth programs)

Name _____ E-mail _____
Last First Middle

Club/Group Volunteering for _____

Sex: ___ Male ___ Female Residence: ___ Town under 10,000 or rural non-farm ___ Town/city of 10,000-50,000
___ Farm ___ Suburbs of a city over 50,000 ___ City w/population over 50,000

Ethnicity: (select 1) ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: (select one or more) ___ White ___ Black/African American ___ American Indian/Alaskan Native
___ Asian ___ Native Hawaiian/Pacific Islander

Address _____
Street City State Zip

Date of birth _____
Month/Day/Year

Phone: Day __(__)____ Evening: __(__)____ Best time to call: _____

Have you been in 4-H? _____ If so, where? _____

Have you been an Extension youth program leader? ___ Yes ___ No County/State
What year(s)? _____

Where? _____
City County State

Why are you interested in this youth program volunteer position? _____

If you prefer to work directly with youth, what age level(s) do you prefer? _____

Describe your present and previous work experience: (List current or most recent experience first.)

EMPLOYER	JOB TITLE	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe volunteer roles with youth and community groups: (List current or most recent experience first.)

ORGANIZATION	VOLUNTEER ROLE	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

List skills, training, and education: _____

References: List three persons we may contact who have definite knowledge of your qualifications representing personal character, employment or volunteer-related work and family relationships. Include complete addresses. (Put an S in the left margin if the reference letter should be in Spanish.)

Personal/Character Reference:

Name _____ Phone () _____

Address _____
Street, R.R.#, Box #, Apt. # City State Zip

Work or Volunteer Reference:

Name _____ Phone () _____

Address _____
Street, R.R.#, Box #, Apt. # City State Zip

Family Member Reference:

Name _____ Phone () _____

Address _____
Street, R.R.#, Box #, Apt. # City State Zip

Will you be driving a motor vehicle as part of your volunteer assignment?
_____ Yes _____ No (If yes, a copy of your valid driver's license and proof of liability insurance must be on file in the University of Illinois Extension Unit Office.)

Have you ever been convicted of a criminal offense?
_____ Yes _____ No (If yes, please attach a sheet to explain.) A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

Volunteer Behavior Guidelines:

Families and other youth-serving programs place trust in U of I Extension to provide quality leadership and care for participating youth. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. For these reasons, the following behavior guidelines are expected of volunteers working in U of I Extension 4-H youth development programs.

1. Treat others in a courteous, respectful manner demonstrating behaviors appropriate to a positive role model for youth.
2. Obey the laws of the locality, state and nation and U of I Extension policies and guidelines.
3. Make all reasonable effort to assure that 4-H youth programs are accessible to youth without regard to race, color, national origin, sex, religion, or disability.
4. Recognize that verbal and/or physical abuse and/or neglect of youth is unacceptable in 4-H youth programs and report suspected abuse to the authorities.
5. Do not participate in or condone neglect or abuse, which happens outside the program to 4-H youth participants and report suspected abuse to authorities.
6. Treat animals humanely and teach 4-H youth to provide appropriate animal care.
7. Operate motor vehicles (including machines or equipment) in a safe and reliable manner when working with 4-H youth, and only with a valid operator's license and the legally required insurance coverage.
8. Do not consume alcohol or illegal substances while responsible for youth in 4-H activities nor allow 4-H youth participants under supervision to do so.

I have read, understand and agree to U of I Extension Volunteer Behavior Guidelines.

I authorize the University of Illinois to contact listed references, the State Police for a criminal conviction investigation, and the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as an Extension volunteer. I agree to fulfill the responsibilities of this volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this position.

Signature _____ Date _____

Return the application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information.

**Return to: University of Illinois Extension-DuPage Unit
Attn: Volunteer Coordinator
1100 E. Warrenville RD, Suite 170
Naperville IL 60563**