



Extension

Fremont County Extension Office
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4-H Volunteer Screening Application

Name: First (Legal Name) Last (Legal Name) Middle (Legal Name)

Present Address: Street City State Zip

E-Mail Address (required)

Phone Numbers (Include area code): Home () Cell: () Birth date: (mm/dd/yyyy)

Current Employer: Work Phone: Ext.

Occupation: Years at this employment:

Business Address: Street City State Zip

Are you a 4-H alumnus? Yes No Have you ever been a 4-H Volunteer? Yes No If yes,

how many year? Where were you a 4-H Volunteer?

Previous 4-H Experience: (Org/Role, Years)

Type of Volunteer position you are interested in:

Organizational Leader Co-Organizational Leader Project Leader
Cloverbud Leader Chaperone Resource Leader
Other (please be specific)

What age group do you prefer to work with?

age 5-7 age 8-10 age 11-13 14 and above adults

Why are you interested in a 4-H volunteer position?

Are you applying to work with an existing 4-H Club? If so, what is the club name?

What experience do you have working with youth?

Do you have any special training, interests, education, skills? _____

What projects are you interested in leading? _____

Previous residences Information:

Address City State Zip

References *Note: 2 Positive References are required. Please list 3 people who are familiar with your character as it relates to working with youth. **(Do not include family members.)** References should have known you for at least two (2) years. Each will be contacted by email and asked to respond to a short questionnaire. All responses will be confidential. Please print the information.

Name	Email Address	Phone Number (include area code)

Additional information:

Do you illegally use drugs? _____

Have you ever been convicted of a criminal offense? (If yes, explain) _____

Have you ever been convicted of child neglect or abuse? _____

Has your driver's license ever been suspended or revoked? (If yes, explain) _____

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain)

I understand that the information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of 4-H Youth Development Extension of my County. In signing this application, I affirm that the information I have given herein is true and correct. If selected as a volunteer, I understand I serve at the request of the Colorado State University Extension Program. That request can be withdrawn for any reason or no reason at any time. Colorado State University conducts background checks on all volunteers. I understand I serve as a volunteer at the request of Colorado State University Extension. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied. I agree to abide by the 4-H Code of Conduct and to enforce the Code of Conduct with 4-H members I supervise.

Signature: _____ Date: _____