

## Application for an Adult to Volunteer With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants (youth, volunteers, families, and staff).

**General Information**

Date \_\_\_\_\_

Name \_\_\_\_\_ County \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Former or Other Names \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Box / Street / Apartment

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months  
*(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)*

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

List **work** experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

<u>Employer</u>	<u>Your Position/Title</u>	<u>Town / State</u>	<u>Years</u>
1.			
2.			
3.			
4.			
5.			

List **volunteer** experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

<u>Organization/Group</u>	<u>Your Role/Title</u>	<u>Town / State</u>	<u>Years</u>
1.			
2.			
3.			
4.			
5.			

MORE

**Volunteer Interest**

Why are you interested in being a volunteer with University of Florida Extension programs?

**Personal References**

List three (3) references, who have knowledge of your qualifications, but are not related to you.

1. Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Box / Street / Apartment \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Box / Street / Apartment \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Box / Street / Apartment \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you been accused or convicted of a criminal offense in the past seven (7) years?

Yes  No If yes, explain: \_\_\_\_\_

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?

Yes  No If yes, explain: \_\_\_\_\_

*Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.*

**I certify that the above information is correct. I authorize the University of Florida Extension Service, to request information for conducting a background check and to contact references. I authorized a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

THANK YOU for your application. Return this application to the address below at your earliest convenience, to assure prompt processing. Contact us for questions or information.

Return to: