

(To be completed by all *potential* volunteers) **PART A**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Length of time at current address: \_\_\_\_\_

Phone: Day: ( ) Best time to call: \_\_\_\_\_  
Eve: ( ) Best time to call: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all of the WSU Extension Programs you're interested in being a part of:

- 4-H Youth Development Program**  
 Club Leader  
 Project Leader  
 Out of School Time Programs  
 Challenge  
 School Enrichment  
 Other (please specify)  
\_\_\_\_\_

- 4-H Project Areas of Interest**  
 Clothing & Textiles  
 Environment  
 Equine  
 Expressive Arts  
 Foods & Nutrition  
 Large Animals  
 Mechanical Sciences  
 Plant Sciences  
 Small Animals  
 Social Sciences  
 Technology  
 Other (please specify)  
\_\_\_\_\_

- Agricultural & Natural Resources Programs**  
 Master Gardeners  
 Beach Watchers  
 Livestock Advisors  
 Other  
\_\_\_\_\_  
**Family & Community Development Programs**  
 Food \$ense  
 Clothing & Textile Advisors  
 Food Safety Advisors  
 Other (please specify)  
\_\_\_\_\_

What age level(s) do you prefer working with: 5-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ 13-19 \_\_\_\_\_ Adult \_\_\_\_\_

**Specific skills and talents are sometimes needed to enhance the quality of our programs. Please check any skills you would be willing to contribute.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Audiovisual operations       | <input type="checkbox"/> Web page design         | <input type="checkbox"/> Nursing/First Aid                          |
| <input type="checkbox"/> Photography/videography      | <input type="checkbox"/> Carpentry/woodworking   | <input type="checkbox"/> Research, data collection, experimentation |
| <input type="checkbox"/> Graphic arts                 | <input type="checkbox"/> Clerical/office skills  | <input type="checkbox"/> Advocacy                                   |
| <input type="checkbox"/> Grant writing/fundraising    | <input type="checkbox"/> Food service            | <input type="checkbox"/> Computer skills (list software)            |
| <input type="checkbox"/> Public speaking, teaching    | <input type="checkbox"/> Accounting, bookkeeping | _____   |
| <input type="checkbox"/> Writing, editing newsletters | <input type="checkbox"/> Leadership/management   | _____   |
| <input type="checkbox"/> Public relations, marketing  | <input type="checkbox"/> Facilitation            | _____   |
- Other skills: \_\_\_\_\_

If you are able to communicate in another language other than English, please list: \_\_\_\_\_

**Work, Education and Volunteer Experience** (please list most current experience first).

Employer/Organization

Position Title/Volunteer Role

Year(s)

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**Media Release**

I understand that photos and video/audio recordings of me may be made during 4-H meetings, events and activities that maybe used in whole or in part by WSU Extension to promote the 4-H Youth Development Program

**Evaluations**

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

**Training**

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to complete the basic orientation and training program required of all WSU Extension 4-H Volunteers. In addition, I understand that additional training requirements may vary in each county and with specific volunteer positions.

Persons with a disability requiring special accommodation while participating in 4-H may call your local WSU Extension office. If accommodation is not requesting in advance, we cannot guarantee the availability of accommodation on site.

Extension programs and policies are consistent with federal and state laws and regulations.

**WASHINGTON STATE UNIVERSITY EXTENSION  
VOLUNTEER APPLICATION FORM**  
(To be completed by all *potential* volunteers)

**PART B**

Name: \_\_\_\_\_

**(First)**

**(Middle)**

**(Last)**

\_\_\_\_\_  
(Former/Maiden Name (s))

\_\_\_\_\_  
(Legal or Preferred Name (s))

\_\_\_\_\_  
**Date of Birth (MM/DD/YY)**

\_\_\_\_\_  
**Driver's License Number**

**BACKGROUND DISCLOSURE**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of any crime against children or other persons.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_

*continued on next page*

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER \_\_\_\_\_ IF YES, EXPLAIN BELOW:

\_\_\_\_\_

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.

**PERSONAL REFERENCES**

**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 Email

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship Home Phone Work Phone Email

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_  
Relationship Home Phone Work Phone Email

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

*I authorize the contact of listed references and understand a criminal background check will be completed 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 Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington 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!

If anything in this application changes, let the local WSU Extension office know.