

Application For a Teen to Volunteer With Extension Youth Programs

Teens (14-18) will complete an application to directly with work with youth, on an ongoing basis, or for overnight activities. A parent or guardian is required to sign this application.

Print Name _____

Present Address _____
Street and/or P.O Box
City
State / Zip

Home Phone _____ Cell Phone _____

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.)

Employer	Your Position/Title	Town / State	Years
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- 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.)

Organization/Group	Your Role/Title	Town / State	Years
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- 1.
- 2.
- 3.
- 4.
- 5.

Volunteer Interest

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

MORE

Personal References

List three (3) references, who have knowledge of your qualifications, but are not related to you, and represent various activities in your life.

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 understand that serving as a volunteer and working directly with youth in University of Florida IFAS Extension programs, is a big responsibility. I will accept guidance from adults and experienced volunteers to focus on safety.

Signature _____ Date _____
Signature of Teen Volunteer

Signature _____ Date _____
Signature of Parent / Guardian

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information.

THANK YOU for your application.

Return to:

