



Application For a Teen to Volunteer With Extension Youth Programs



Teens (13-18) will complete an application to directly with work with youth, on an ongoing basis, or overnight activities. A parent or guardian is required to sign this application.

Print Name _____

Present Address _____

Street and/or P.O Box _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

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.)

List **work** experience during the past three (3) years, current/most recent experiences first.
(Add page if needed.)

	Employer	Your Position/Title	Town	State	Years
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

List **volunteer** experience during the past three (3) 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
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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, 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?
___ No ___ Yes If yes, explain: _____

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?
Yes If yes, explain: _____ No ___

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

Signature of Parent / Guardian Date _____

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: Okaloosa County 4-H OR mismith@ufl.edu OR Fax to: 850-689-5727
3098 Airport Rd.
Crestview, FL 32539



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