

# Application for a Teen Volunteer Position in 4-H/Youth Development

The mission of the Idaho 4-H program is to help youth acquire knowledge, life skills, and attitudes that enhance their lives.

Name \_\_\_\_\_  
First
Middle
Last

Mailing Address \_\_\_\_\_  
Street
City
State
Zip Code

Phone: Home \_\_\_\_\_ Best time to call \_\_\_\_\_  
 Phone: Cell \_\_\_\_\_ Best time to call \_\_\_\_\_

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

Name of 4-H club with which you will be working. \_\_\_\_\_

Do you prefer to work directly with youth?    yes    no   If yes, what age level(s) do you prefer?  
 Clover Bud (5-7 years)     Intermediate (12-14 years)  
 Junior (8-11 years)     Senior (15-18 years)

What time commitment do you desire initially?    1-3 months    3-6 months    6-12 months

When are you available to volunteer? \_\_\_\_\_ Evenings; \_\_\_\_\_ Mornings/afternoons; \_\_\_\_\_ Weekends

Describe your experience, training, or education related to working with youth: \_\_\_\_\_  
 \_\_\_\_\_

List community organizations/activities with which you have participated: \_\_\_\_\_  
 \_\_\_\_\_

List your hobbies, skills, and interests that can be shared with youth in 4-H: \_\_\_\_\_  
 \_\_\_\_\_

Previous volunteer/employed experience: (List current and most recent experience first)

Organization/employer	Position title or major responsibilities	From mo/yr to mo/yr
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References:** List Organizational Leader information below. **Please provide complete address, phone number and e-mail (if applicable).**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

The University of Idaho provides equal opportunity in education and employment on the basis of race, color, religion, national origin, gender, age, disability, or status as a Vietnam-era veteran, as required by state and federal laws.

**Idaho Cooperative Extension takes seriously its' obligation to provide a safe atmosphere for all persons involved in youth activities. Child abuse and neglect is of increasing concern to everyone. The purpose of this disclosure section is to protect the children we work with. It is not our intent to discourage volunteers -- Extension depends on your support. We do wish, however, to assure the well-being of youth participants.**

1. Have you or anyone living at your current or a previous residence ever been convicted of any crime against any person, child, or vulnerable adult? Such crimes include but are not limited to: assault, aggravated assault, battery, hazing, injury to children, sexual exploitation, lewd conduct, sexual battery, disseminating obscene material to or about minors, murder, manslaughter, kidnapping, rape, sex crimes, all as currently or later defined by Title 18 or the Idaho Code.  
 yes       no      If yes, explain below.

\_\_\_\_\_

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?  
 yes       no      If yes, explain below, include where & when.

\_\_\_\_\_

3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?  
 yes       no      If yes, explain below.

\_\_\_\_\_

4. Have you ever been denied the opportunity to work with minors or vulnerable adults?  
 yes       no      If yes, explain below.

\_\_\_\_\_

**If yes to any of the above, please give date, nature of the offense, disposition, and any further explanation you would like to provide in the space provided.**

If appointed, I agree to abide by the philosophies and code of conduct of 4-H to fulfill the volunteer responsibilities to the best of my ability.

**Teen Volunteer Applicant Signature** \_\_\_\_\_

Date \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

Date \_\_\_\_\_

Please return this completed application promptly to assure processing. Canyon County Extension Office, P O Box 1058, 501 Main Street, Caldwell, ID 83605 (208)459-6003.

**Thank You.**