

## **UF** Extension F832

## SHORT-TERM, ADULT VOLUNTEER APPLICATION FORM

## **Mission of Tennessee 4-H Youth Development**

To provide research-based Extension educational experiences that will stimulate young people to gain knowledge, develop life skills and form positive attitudes to prepare them to become capable, responsible and compassionate adults.

## Vision of Volunteer Involvement in Tennessee 4-H Youth Development

Volunteers will be woven into the fabric of Tennessee 4-H Youth Development, playing a key role in fulfilling the mission of the organization. Caring and knowledgeable volunteers will deliver quality programs that enhance life skill development for Tennessee's youth. This group of diverse volunteers will be vital to the organization, providing innovative ideas and serving as key resources and 4-H ambassadors in their local communities. The effective engagement of trained volunteers will multiply the efforts and accomplishments of UT Extension personnel.

UT Extension aims to provide a safe environment for all persons involved in 4-H Youth Development activities. This application is designed for enrolling short-term volunteers. It is to be used when it is not appropriate to follow application and reference checking as for long-term volunteers. Adults who have been screened and have a current application on file need not complete this form. Do not use this form for adult volunteers who will be responsible for youth at overnight events or who will at any time be responsible for youth without other adults present.

Name					
		rst	M.I.	Name you prefer	
Home Address					
	Street, Box, Route, Apt.	#			
City		State	Zip	County	
City		State	Ζιμ	County	
Mailing Address (If different)					
E mail address					
E-mail address					
Phone Daytime					
*Social security number or personal tax identification nu	mber is required by UT Risk Management for any vol	Evening unteer or friend of UT. Your social security	number will be used only	SSN (required)* once for the assignment of a special UT personne	el number. Your SSN wil
not be released and will remain confidential.					
Gender: Male	Female Date of Birth _	/		_	
Ethnicity: 🔲 Hispanic 🔲 Not Hispanic					
Race: White	Black 🔲 Alaskan/Am	erican Indian	Asian	Hawaiian/Pacific Island	
Are you a 4-H Alumnus?	Yes 🔲 No				
If yes, where?					
	City	County		State	
If yes, what year(s) were you a 4-H'er?			_ Have you ever been a 4-H volunteer? 🔲 Yes 🔲 No		
Have you ever been convicted of	a misdemeanor or felony other	than a misdemeanor tra	affic violation?	Yes 🔲 No	

I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as a 4-H volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension and the Tennessee 4-H Youth Development program and to fulfill my volunteer responsibilities to the best of my ability. I also understand that UT Extension may contact other individuals as needed to verify my fitness and experience in working with youth.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

Applicant Signature

Date

E12-5015 05-0398

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.