

Department of 4-H Youth Development

New Jersey 4-H Volunteer Application

In order for 4-H to be successful, we need to match the most qualified person with the appropriate volunteer position. This application process will help us achieve this goal.

| County in which you are applying S | omerset |
|--|-------------------------------|
| First Name | Last Name |
| Street | Apt. # City |
| State Zip | Are you 18 years or older? |
| Home Phone () | e-mail address |
| Current Employer | Business Phone () |
| Occupation | Years at this position |
| 1. Are you a 4-H Alumnus? | □ No (County/State) |
| 2. Have you ever been a 4-H Volunteer? If yes, how many years? | |
| 3. Reason (s) for volunteering: | |
| | organizations (if any): |
| | |
| 5. Special training, interest, education, skil | lls, certifications (if any): |
| 6. Age range you prefer to work with: ☐ Grades K-3 ☐ Grades 4-13 (one year out of high so ☐ Adults | chool) |

(over)

| 7. Type of volunteer position you pref Leader of a new club | er: | | |
|--|--|--|--|
| Leader of an existing club (Club | o Name) | | |
| | | | |
| 8. References: Please list three people References should have known you references.) We will contact the ind short questionnaire. All responses v | for at least two years. (Paid 4-H statividuals listed below by phone or least | aff in your county may not serve as | |
| Name | Phone () | | |
| Street/Address | | Apt. # | |
| City | State | Zip | |
| Nature of relationship to you | EMail Address | | |
| ************************************** | | ************* | |
| Street/Address | | Apt. # | |
| City | State | Zip | |
| Nature of relationship to you | EMail Address | | |
| ************************************** | | | |
| Street/Address | | | |
| | | | |
| City | | Zip | |
| Nature of relationship to you | EMail Address | | |
| 9. Additional information: Have you en years? Yes No If yes Please note: A criminal record will not necessidered as it relates to specifics of the years. | s, please give date, nature and disponents of the control of the c | osition of offense. a 4-H Volunteer; a criminal record will be | |
| 10. I understand that the above informa application, and I hereby release from concerning me to the representative misrepresentation or omission of in volunteer. Upon satisfactory complete notified of my acceptance/rejection | om liability an persons or organizations of the NJ 4-H Youth Development formation requested is just cause for this application and complete to the complete complete to the complete complete to the complete com | ons that provide information at Program. I understand that the r non-appointment as a 4-H etion of the screening process, I will | |
| Your Signature | Date | | |

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