FORM 2: Although county identification and other county information can be added to this form, the content should not be changed.

**MSU Extension Volunteer Application Form**

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities must complete this application.

Name: ________________________________
  (Last) (First) (Middle)

Address: ________________________________
  (Street) (City) (Zip)

Telephone: (_________)__________________________ (_________)____________________
  (Home) (Work)

Email: ________________________________

Cell Phone: (_____) _______________________

Do you have a valid driver’s license? _____ Yes _____ No

Do you have a valid automobile insurance policy? _____ Yes _____ No

Why do you want to be an MSU Extension volunteer? _______________________________________

Describe briefly your volunteer experience, work you have done with youth, vulnerable adults and/or community groups, and training you’ve received as part of that/those volunteering experience(s).

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
List your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I prefer:  ____ working with youth:  ____ aged 5 to 8  ____ aged 9 to 12  ____ aged 13 to 19
____ Working with adults  ____ working with adults with disabilities
____ Working with youth with disabilities

(check all that apply)

How much time are you willing to spend as an MSU Extension volunteer?
Weekly________ hours       Monthly________ hours

Have you volunteered in other counties within Michigan or in other states? If so, please identify them for us.

Other Michigan counties:________________________, ________________________, ______________________
Other states (and counties):________________________, ________________________, ______________________
List three references. Include business associates, employers or social friends. (Do not list relatives.) Be sure you include persons who can provide information about your qualifications and suitability for working as a volunteer with MSU Extension programs.

1. ____________________________________________________________
   Name
   Address
   Telephone: (__________) __________________________ (__________) __________________________
   (Home) (Work)
   Email: ________________________________

2. ____________________________________________________________
   Name
   Address
   Telephone: (__________) __________________________ (__________) __________________________
   (Home) (Work)
   Email: ________________________________

3. ____________________________________________________________
   Name
   Address
   Telephone: (__________) __________________________ (__________) __________________________
   (Home) (Work)
   Email: ________________________________

Have you ever been turned down as a volunteer with another organization?
   _____ No   _____ Yes — If yes, please explain: ________________________________________________

Have you applied to become a volunteer (or have you volunteered) in another county or state in 4-H, another youth organization or any other organizations? _____ No _____ Yes
If yes, please explain: ___________________________________________________________________
____________________________________________________________________________________

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, disability, political beliefs, sexual orientation, marital status, family status, or veteran status and that this application will be handled in a confidential manner.
I agree to serve as a volunteer for Michigan State University Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

Signature ___________________________ Date_______________________

Return this form to: (YOUR LOCAL 4-H PROGRAM COORDINATOR OR EDUCATOR)

Thank you for your willingness to share your talents!

MSU is an affirmative action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.