## 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)	(0):	<b>/-</b> : )
	(City)	(Zip)
Telephone: ()(Home)	(	)(Work)
Email:	Cell Phone: (	
Do you have a valid driver's license?	Yes No	
Do you have a valid automobile insura	nce policy? Yes	No
Why do you want to be an MSU Exter	nsion volunteer?	
Describe briefly your volunteer experie community groups, and training you've		

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.					
Na	Name		Address		
Telephone: (	))	(	)		
	(Home)			(Work)	
Email:					
2					
Na	ıme	Address			
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Telephone: (	) (Home)	(	)	(Work)	
Con all.	•			(VVOIR)	
Emaii:		_			
Have you ever been turn	ed down as a volunteer with	n another organiz	zation?		
No Ye	es — If yes, please explain:				
Have you applied to become	ome a volunteer (or have yo	u volunteered) ii	n another cou	ntv or state in 4-H.	
	on or any other organization			,	
If yes, please explain:					
Lundaratand that my onr	allmont on a valuntaar is aa	atingont upon ou	oooooful oomr	plation of the	
	ollment as a volunteer is cor e my permission for the abo				
me and for my criminal h	istory to be verified.				
understand that MSU E	xtension does not discrimina	ate on the basis	of race, color.	national origin, sex	
disability, age, religion, d	isability, political beliefs, sex	ual orientation,	marital status,		
	nis application will be handle			1.0 4.20	
nagree to serve as a volumay cancel this relations	unteer for Michigan State Ur hin at any time	niversity Extension	on. I understai	nd that either party	
•	•	to inform MCII o	of any shange	_	
•	formation is correct. I agree		n any change	S.	
Signature			Date		
Return this form to: (YO	UR LOCAL 4-H PROGRAM	COORDINATOR	R OR EDUCA	TOR)	
Т	hank you for your willingr	ness to share ye	our talents!		

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