MSU Extension Volunteer Application Form

Name:						
(Last Name)		(First Name)			(Middle Initial)	
Address:			City)			
(Street)		((Zip)			
Telephone:						
(Home)	()	Vork)		(Cell)		
Email:						
County of Residence:						
County in which you want to volunteer:						
Do you have a valid Driver's License?	Yes	No				
Do you have a valid automobile insurar	nce policy?	Yes	No			
Why do you want to be an MSU Extens	ion 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).

I prefer: (Check all that apply)
Working with youth: aged 5-8 aged 9-12 aged 13-19
Working with adults Working with adults with disabilities
Working with youth with disabilities
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? Yes No
If so, please identify them for us:
Other Michigan counties:
Other States (and counties):

volunteer with MSU Extension programs. (Name) (Address) Telephone _____ (Other) (Name) _____ (Address) Email _______ Telephone _____ (Other) (Address) Email _____ Telephone ______(Cell) (Cell) (Other) Have you ever been turned down as a volunteer with another organization? Yes No 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? Yes If yes, please explain: _____ I understand that my enrollment as a volunteer is contingent upon successful completion of the Volunteer Selection Process. I give my permission for the above-names 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, gender, gender identity, religion, age, height, weight, 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. Thank you for your willingness to share your talents!

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

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.

MSU Extension Criminal History Check Permission Form

To protect your privacy, this form will be seen only by Michigan State University Extension staff.

Last Name		First Name	Middle Initial	
	e Black A	sian or Pacific Islander	American In	dian or Alaskan Native
	e Female	Date of Birth	Month	Year
Other La	st Name	Other First Name		Other Middle Initial
Other La	st Name	Other First Name		Other Middle Initial
Other La	st Name	Other First Name		Other Middle Initial
•		felony or a misdemeanor? _		
		sion permission to check my or risdictions in which I have lived		ory with national, state
Signature			Date	

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.