Thank You for Your Interest in Becoming a Michigan 4-H Volunteer

Please return the attached forms to the MSU Extension 4-H Office. We will complete the initial steps of our Volunteer Selection Process, and contact you for an interview. If you have any questions, please don’t hesitate to call the Crawford office at (989) 344-3264, the Roscommon office at (989) 275-5043, e-mail persing@msu.edu, or message us on the Crawford/Roscommon County 4-H Facebook page.

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 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 or Cell)                          (Work)

E-Mail: _____________________________________________________________________________

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 community groups, and training you've received.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

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 with disabilities _____ youth with disabilities

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

Weekly________ hours          Monthly________ hours
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 ___________________________
   E-Mail ___________________________ Telephone (______)____________________

2. 
   Name ___________________________ Address ___________________________
   E-Mail ___________________________ Telephone (______)____________________

3. 
   Name ___________________________ Address ___________________________
   E-Mail ___________________________ Telephone (______)____________________

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: ______________________________________________________

*Use back for additional information

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 or family 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:

Crawford County MSU Extension  
4-H Program Instructor  
persing@msu.edu  
501Norway,Suite #2  
Grayling, MI 49738

Roscommon County MSU Extension  
500 Lake Street  
Roscommon, MI 48653

Thank you for your willingness to share your talents!

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MSU Extension Criminal History Check Permission Form

To protect your privacy, this form will be seen only by Michigan State University Extension staff. Please return the completed form in the attached confidential envelope.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Race  
- ___ White  
- ___ Black  
- ___ Asian or Pacific Islander  
- ___ American Indian or Alaskan Native  
- ___ Unknown/Other

Sex  
- ___ Male  
- ___ Female

Date of Birth  
Month Date Year

Michigan Driver License Number  

Other Last Name  
Other First Name  
Other Middle Initial

Other Last Name  
Other First Name  
Other Middle Initial

Other Last Name  
Other First Name  
Other Middle Initial

Have you ever been convicted of a felony or a misdemeanor?  
- ___ No  
- ___ Yes

If yes, please explain:

__________________________________________________________________________

I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

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.

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### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>John</td>
</tr>
<tr>
<td>Last Name</td>
<td>Doe</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>01/01/1980</td>
</tr>
<tr>
<td>Phone Number</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Address</td>
<td>123 Main St, Anytown, USA</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>123-45-6789</td>
</tr>
</tbody>
</table>

### RECIPIENT INFORMATION

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>John Doe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Address</td>
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</tr>
<tr>
<td>Social Security Number</td>
<td>123-45-6789</td>
</tr>
</tbody>
</table>

### EMPLOYER INFORMATION

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>John Doe Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Address</td>
<td>123 Main St, Anytown, USA</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

### BACKGROUND CLEARANCE

- [ ] Child Welfare Agency
- [ ] Child Protective Services
- [ ] Elder Care Agency
- [ ] Elder Protective Services
- [ ] Educational Agency
- [ ] Foster Care Agency
- [ ] Health Care Agency
- [ ] Human Rights Agency
- [ ] Indian Tribe
- [ ] Juvenile Justice Agency
- [ ] Public Health Agency
- [ ] Social Services Agency
- [ ] Other

### INSTRUCTIONS

- Please complete and sign this form.
- Submit to the appropriate agency.
- All fields must be completed and signed.
- Return a copy for your records.