

Other 4-H volunteer roles this year (Circle if this is the first time you've served in this role):

- Direct Volunteer – Teacher, Project or Club Leader, Camp Counselor
- Indirect Volunteer – member of a Council, Board, or Committee beyond this Unit
- Middle Manager – serving or leading other volunteers

Are you a member of the 4-H Volunteer Leaders Association? Yes No

Are you a member of the 4-H Alumni Association? Yes No

Extension lists are considered open to the public.

If you do *not* want your name included on the publicly available mailing list, check here:

Additional Information

(To be completed by first time volunteers only.)

1. Experience working with youth in other organizations. _____

2. Current membership (religious, community, business, labor, or professional organizations). _____

3. References. Please list those who are familiar with your character as it relates to working with youth.

Name	Address	Phone
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1. _____

2. _____

3. _____

4. Additional information. (Attach explanation for any questions to which you responded yes.)

Yes	No
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- | | | |
|-------|-------|--|
| _____ | _____ | a. Have you ever used illegal drugs? |
| _____ | _____ | b. Have you ever been convicted of a criminal offense? |
| _____ | _____ | c. Have any criminal charges involving child abuse, neglect, or sexual exploitation ever been filed against you? |
| _____ | _____ | d. Has your driver's license ever been suspended or revoked? |
| _____ | _____ | e. Have you ever been reported to a child protection agency for child abuse or neglect? |
| _____ | _____ | f. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? |

I understand that:

- a. The information that I have provided may be verified, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me including inquiries of law enforcement and social service agency records. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Arkansas Cooperative Extension Service, Arkansas 4-H, and the officers, employees, and volunteers thereof.
- b. In signing this application, I affirm that the information I have given is true and correct and that I have reviewed the current Arkansas 4-H Policy Handbook (C-411).

Signature of applicant

Date

APPROVAL: We are unaware of any information contrary to the information stated on this application.

Signature of County Extension Agent

Date

* 18 U.S.C. 707

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