

RHODE ISLAND 4-H VOLUNTEER APPLICATION

(To be submitted with a signed CANTS Clearance Form)

Name (Last, First, MI): _____ Home phone _____

Mailing Address _____ Email address _____

Town or City _____ State _____ Zip _____ 4-H Club/Unit Name _____

Employer _____ Work Telephone _____ Call in emergency only _____

For reporting purposes

(PLEASE CHECK ONE)

White _____	Black/African American _____	Asian _____	American Indian /Alaska Native _____
Native Hawaiian or other Pacific Island _____	White & Black _____	White & Asian _____	
White & American Indian or Alaska Native _____	Black & American Indian or Alaska Native _____		
All other Combinations _____			

Gender: Male _____ Female _____ Do you live on a farm? Yes _____ No _____ Are you Hispanic: Yes _____ No _____

List experience that you have had with any other youth organization: _____

References. Please list at least 4 names of **non-family members, over the age of 18**, who are familiar with your character as it relates to working with youth. Responses from 3 must be received before application can be processed. **COMPLETE ADDRESSES REQUIRED.**

Name	Street Address	Town or City	State	Zip
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please respond to the following questions:

- Do you use illegal drugs? Yes _____ No _____
- Has your driver's license ever been suspended or revoked? Yes _____ No _____
- Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____
- 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, or care of young people? Yes _____ No _____

If you answered "yes" to any of the above questions, please explain on the back of this Application.

I understand that:

- The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application or others who may have information concerning me. I hereby release and hold harmless from liability any person or organization that provides information.
- I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cooperative Extension 4-H Volunteer. I also agree to hold harmless URI, Cooperative Extension, 4-H and the employees and volunteers thereof. If appointed as Volunteer, I agree to abide by the expectations of Cooperative Extension, and to fulfill the volunteer responsibilities to the best of my ability.

Signature: _____ Date: _____

4-H provides equal opportunities in programs and employment without regard to race, color, national origin, sex, religion, age, disability, political beliefs, and marital or familial status.

6/2000