

Application to Volunteer in Youth Programs



NDSU Extension Service

Volunteers who want to work with youth must complete this application. Acceptance as an NDSU Extension Service volunteer is contingent on return of this form to your county Extension office and clearance through the North Dakota Child Abuse Information Index, and checked against the North Dakota Office of Attorney General Convicted Sex Offenders and Offenders Against Children – Public List.

The information in this application will be used solely to determine placement of you as a volunteer. No discrimination is implied. This information will be handled in a confidential manner.

I. GENERAL INFORMATION

Today's Date _____/_____/_____

Name _____
Last First Middle

Male Female Date of Birth _____/_____/_____ County _____

Former or other names _____

Mailing Address _____
St., RR, Box, Apt.# City State Zip

Phone: Day () _____ Evening () _____

How long have you lived at this address? _____ years.

(If less than five years, attach a sheet listing all previous addresses during that time.)

List previous **work** experience during the past six (6) years, current/most recent experience first). Add pages if needed.

Employer	Position Title	City/State	Years
1.			
2.			
3.			
4.			

List previous **volunteer** experience during the past six (6) years. Identify work with youth and community groups, current/most recent experience first. Add pages if needed.

Employer	Volunteer Role	City/State	Years
1.			
2.			
3.			
4.			

II. VOLUNTEER INTEREST

Why are you interested in a volunteer position in Extension youth programs?

III. PERSONAL REFERENCES

List three persons not related to you who know about your qualifications for working as a volunteer in a youth organization. If you have previous experience as a volunteer, one reference should be from that organization. You may include business associates, employers or social friends. Please include complete addresses and phone numbers.

Name _____ Phone: Home _____ Work _____

Mailing Address _____
St., RR, Box, Apt.# _____ City _____ State _____ Zip _____

How do you know this person? _____

Name _____ Phone: Home _____ Work _____

Mailing Address _____
St., RR, Box, Apt.# _____ City _____ State _____ Zip _____

How do you know this person? _____

Name _____ Phone: Home _____ Work _____

Mailing Address _____
St., RR, Box, Apt.# _____ City _____ State _____ Zip _____

How do you know this person? _____

Have you been convicted of a crime involving a minor (including a deferred imposition of sentence)?

YES NO If yes, give date, nature of offense and disposition _____

PLEASE NOTE: A criminal record will not necessarily disqualify an applicant.
A criminal record will be considered as it relates to specifics of the position.

I certify that the above information is correct. I authorize the NDSU Extension Service to contact the North Dakota Department of Human Services to conduct a search of the Child Abuse Information Index and the Department of Human Services to release any information on the Index to NDSU Extension Service. I understand the misrepresentation or omission of facts requested is just cause for non-appointment as an NDSU Extension Service youth program volunteer.

Volunteer Signature

_____/_____/_____
Date

Please return this application at your earliest convenience. Contact us if you need information or have any questions. THANK YOU for your application!

Return application to:



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