



## Application for an Adult to Volunteer With Extension Youth Programs

Volunteers who want to work with youth in University of Florida Extension programs must complete this application. Acceptance as an Extension volunteer is contingent on return of this form to your county Extension office (or district/state Extension program contact) for submission and clearance through appropriate screening processes. These processes are in place to help ensure the safety and well-being of all Extension program participants.

**General Information**

Date \_\_\_\_\_

Name \_\_\_\_\_ County \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Former or Other Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Box / Street / Apartment

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months  
(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

List **work** experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

Employer	Your Position/Title	Town / State	Years
----------	---------------------	--------------	-------

- 1.
- 2.
- 3.
- 4.
- 5.

List **volunteer** experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

Organization/Group	Your Role/Title	Town / State	Years
--------------------	-----------------	--------------	-------

- 1.
- 2.
- 3.
- 4.
- 5.

MORE

**Volunteer Interest**

Why are you interested in being a volunteer with University of Florida Extension programs?

**Personal References**

List three (3) references, who have knowledge of your qualifications, but are not related to you.

1. Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address

\_\_\_\_\_ Box / Street / Apartment

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip

2. Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address

\_\_\_\_\_ Box / Street / Apartment

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip

3. Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address

\_\_\_\_\_ Box / Street /

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip

Have you been accused or convicted of a criminal offense in the past seven (7) years?

No  Yes

If yes, explain: \_\_\_\_\_

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

No  Yes

If yes, explain: \_\_\_\_\_

*Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.*

***I certify that the above information is correct. I authorize the University of Florida Extension Service, to request information for conducting a background check and to contact references. I authorized a check of my driver's license record as needed. I understand that misrepresentation or omission of the facts requested is just cause for non-appointment as an Extension program volunteer. My signature and information below are necessary to process this application.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

THANK YOU for your application. Return application to the address below at your earliest convenience, to assure prompt processing. Contact us for questions or information.

RETURN TO:



**Adult Agreement  
University of Florida - Extension  
Youth Development Programs**

**The purpose of Adult Agreement is to promote the safety and well being of all program participants in Extension youth programs. All adult and teen volunteers who work directly with youth in University of Florida IFAS Extension programs are expected to function within the following guidelines. In my role, I \_\_\_\_\_ will:**

- 1 Be courteous, and respect the individual rights of all participants.
- 2 Be a positive role model at all times, and exhibit good sportsmanship.
- 3 Represent the educational mission of the University of Florida Extension Service.
- 4 Accept support and supervision from Extension program representatives.
- 5 Comply with equal opportunity and anti-discrimination laws.
- 6 Treat animals in a humane and ethical manner, and guide youth to do the same.
- 7 Operate machinery and equipment in a safe and responsible manner.
- 8 Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
- 9 Obey local, state and federal laws. Follow policies set for county, district, state and national youth programs.
- 10 Act wisely and responsibly to report threats toward the safety and wellbeing of participants.
- 11 Establish and maintain safe environments for youth and adult participants.
- 12 Only use the 4-H name/emblem and 4-H group funds when a 4-H group is chartered and as defined through the Florida 4-H Handbook.
- 13 Not leave youth under my supervision, without notifying an adult in charge of the event or delegation.
- 14 Not use or be under the influence of, alcohol or illegal drugs, while present at youth programs or while having responsibilities at Extension programs.
- 15 Not commit any criminal act involving youth or activities with Extension youth programs.
- 16 Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it as outlined by the UF IFAS Extension Youth Protection Policy.

*I have read and understand the Adult Agreement outlined above. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with University of Florida IFAS Extension youth program or my removal from the program activity. I understand that being involved with youth participants in Extension programs, is a privilege, not a right. (Appointments are renewed on an annual basis.)*

<b>Signature of Adult</b>	<b>Date</b>

<b>Signature of authorized University of Florida IFAS Extension Representative</b>	<b>Date</b>

**Effective January 1, 2005 a signed copy of the Adult Agreement will be kept on file (with the adult's immediate supervisor) for each adult working with Extension youth programs.**