



Volunteer Application

- Directions:** *Type or print
*If you need additional space, attach a separate sheet
*Sign the completed application and return to the address above.

Upon completion of the application process you will be notified of your status.

General Information

| | | | |
|---------------------------------|----------------|-----------------------------------|-----------------------------------|
| Name (Last) | (First) | (Middle) | Date of application |
| Mailing Address – Street | Apt.# | Daytime Phone # () () | Evening Phone # () () |
| City | State | Zip Code | Email address |
| | | | Birthdate if under 18 |

Please add me to the **list serve** announcing Cooperative Extension events and activities

Have you ever volunteered/worked for Cooperative Extension before? YES NO

If yes, give dates, program, position, County/State

| | | |
|--|--|---|
| Availability Day of Week: M T W Th F Sat Sun <input type="checkbox"/> Evening <input type="checkbox"/> Daytime <input type="checkbox"/> Afterschool | Approximately how many hours/week would you like to volunteer _____ | What age group do you prefer to work with? <input type="checkbox"/> Youth <input type="checkbox"/> Adults |
|--|--|---|

Volunteer Position: Please check the volunteer role(s) that interest you most.

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| <p>1. Program Interest Area: (specific descriptions available)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4-H Youth Development <input type="checkbox"/> Agriculture <input type="checkbox"/> Environment <input type="checkbox"/> Gardening <input type="checkbox"/> Consumer/Financial Issues <input type="checkbox"/> Nutrition <input type="checkbox"/> Family / Parenting <input type="checkbox"/> Community Development <input type="checkbox"/> Other: (please specify) _____ | <p>2. General Organizational Roles</p> <ul style="list-style-type: none"> <input type="checkbox"/> Board of Directors <input type="checkbox"/> Program advisory committees <input type="checkbox"/> Marketing the organization and/or programs <input type="checkbox"/> Organizing or supporting events/activities <input type="checkbox"/> Fund raising <input type="checkbox"/> Office Work <input type="checkbox"/> Other: (please specify) _____ |
|---|--|

3. What interests do you wish to pursue or what are your goals by serving as a CCE volunteer?

