New Jersey 4-H Volunteer Application

In order for 4-H to be successful, we need to match the most qualified person with the appropriate volunteer position. This application process will help us achieve this goal.

County in which you are applying _____________________________________________________________

First Name ____________________________ Last Name______________________________________
Street _________________________________ Apt. # ___________ City_________________________
State _______________ Zip ___________ Are you 18 years or older? ☐ Yes ☐ No

Home Phone (______) ____________________ e-mail address ___________________________________

Current Employer________________________ Business Phone (______)___________________________
Occupation ______________________________________________  Years at this position________________

1. Are you a 4-H Alumnus? ☐ Yes ☐ No
   If yes, where were you in 4-H? ____________________________________________________________
   County/State

2. Have you ever been a 4-H Volunteer? ☐ Yes ☐ No
   If yes, how many years? __________  Where?_______________________________________________
   County/State

3. Reason(s) for volunteering: _______________________________________________________________
   ______________________________________________________________________________________

4. Experience working with youth in other organizations (if any): _________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. Special training, interest, education, skills, certifications (if any): _______________________________
   ______________________________________________________________________________________

6. Age range you prefer to work with:
   ☐ Grades K-3
   ☐ Grades 4-13 (one year out of high school)
   ☐ Adults

-over-
7. Type of volunteer position you prefer:
   - Leader of new club
   - Leader of existing club (Club name: ____________________________)
   - Conduct or assist with other 4-H programs (Please list: ______________________)

8. References: Please list three people, not related to you, who have definite knowledge of your qualifications. References should have known you for at least two years. (Paid 4-H staff in your county may not serve as references.) We will contact the individuals listed below by phone or letter and ask them to respond to a short questionnaire. All responses will be confidential.

   Name __________________________________ Phone (______)______________________________
   Street/Address __________________________________ Apt. # ______________________________
   City __________________________ State _______________ Zip ________________________

   Nature of relationship to you
   *****************************************************************************
   Name __________________________________ Phone (______)______________________________
   Street/Address __________________________________ Apt. # ______________________________
   City __________________________ State _______________ Zip ________________________

   Nature of relationship to you
   *****************************************************************************
   Name __________________________________ Phone (______)______________________________
   Street/Address __________________________________ Apt. # ______________________________
   City __________________________ State _______________ Zip ________________________

   Nature of relationship to you

9. Additional information: Have you ever been convicted of a misdemeanor or a felony in the past seven years?  
   - Yes  
   - No  
   If yes, please give date, nature and disposition of offense.

   Please note: A criminal record will not necessarily prevent an applicant from being a 4-H Volunteer; a criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.

10. I understand that the above information may be verified by contacting persons or organizations named in the application, and I hereby release from liability any persons or organizations that provide information concerning me to the representatives of the NJ 4-H Youth Development Program. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a 4-H volunteer. Upon satisfactory completion of this application and completion of the screening process, I will be notified of my acceptance/rejection as a 4-H volunteer by the county 4-H agent/program associate.

   Your Signature __________________________ Date: ________________________