

MACOMB COUNTY MSU EXTENSION VOLUNTEER APPLICATION FORM

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities must complete this application.

Please print clearly and completely fill out BOTH sides of the application.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Telephone: (_____) _____ (_____) _____
(Home) (Alternative)

E-Mail Address: _____ 4-H Club or Group Name: _____

Do you have a valid driver's license? Yes No

Do you have a valid automobile insurance policy? Yes No

Why do you want to be an MSU Extension volunteer? _____

Please describe briefly your volunteer experience, work you have done with youth and community groups, and training you've received.

Please list your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

I prefer: Working with youths: aged 5-8 aged 9-12 aged 13-19
Working with adults with disabilities Youth with disabilities

How much time are you willing to spend as an MSU Extension volunteer?

Weekly: _____ hours Monthly: _____ hours

Please complete other side

Please list three references. Include business associates, employers or social friends. Be sure you include persons who can provide information about your qualifications and suitability for working as a volunteer with youth programs. **Make sure that all addresses are complete.**

Do not list relatives. Please inform references that their name is being used.

1. _____
Name Address City Zip
Telephone: (_____) _____ (_____) _____
(Home) (Alternative)

2. _____
Name Address City Zip
Telephone: (_____) _____ (_____) _____
(Home) (Alternative)

3. _____
Name Address City Zip
Telephone: (_____) _____ (_____) _____
(Home) (Alternative)

Have you ever been turned down as a volunteer with a youth-serving organization? Check yes or no.

No Yes – If yes, please explain: _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Michigan State University Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

Signature

Date

Return this form to: Tina Fleming, 21885 Dunham Rd. – Suite 12, Clinton Twp, 48036

Thank you for your willingness to share your talents with young people!



Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

Michigan State University, U.S. Department of Agriculture and the Macomb County Board of Commissioners cooperating. MSU is an affirmative action/equal opportunity institution.

Updated 3/2008

