

**WASHINGTON STATE UNIVERSITY
EXTENSION
VOLUNTEER APPLICATION FORM
(To be completed by all *potential* volunteers)
PART A**

GENERAL INFORMATION

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

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

Length of time at current address: _____

Phone: Day: () _____ Best Time to Call: _____
Eve: () _____ Best Time to Call: _____

Email: _____

VOLUNTEER INTEREST

Why are you interested in volunteering for WSU Extension?

Which WSU Extension program area do you want to volunteer with:

- | | | |
|---|--------------------------------------|---|
| Agricultural & Natural Resources | 4-H Youth Development | Family & Community Development |
| ____ Master Gardeners | ____ Club Leader | ____ Food \$ense |
| ____ Beach Watchers | ____ Project Leader | ____ Clothing and Textile Advisors |
| ____ Livestock Advisors | ____ Out of School Time Program | ____ Food Safety Advisors |
| ____ Other (please specify)
_____ | ____ Challenge | ____ Other (please specify)
_____ |
| | ____ School Enrichment | |
| | ____ Other (please specify)
_____ | |

Do you prefer to work directly with youth or adults: ____ Youth ____ Adults ____ Both

If you prefer to work directly with youth, what age level(s) do you prefer?
Ages 5-8 ____ Ages 9-12 ____ Ages 13-19 ____ No Preference ____

When are you generally available to volunteer?
____ am ____ pm ____ weekend ____ flexible

Previous Work, Education, and Volunteer Experience: (List current or most recent experience first)

<u>Employer/Organization</u>	<u>Position Title/Volunteer Role</u>	<u>Year (s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Skills, Interests or Experiences: We sometimes need special skills or talents to enhance the quality of our volunteer programs. Please check the items below, which will add to your effectiveness as a WSU Extension volunteer.

- | | | |
|--|--|---|
| <input type="checkbox"/> Audiovisual Operations | <input type="checkbox"/> Web page design | <input type="checkbox"/> Nursing / First Aid |
| <input type="checkbox"/> Photography/videography | <input type="checkbox"/> Carpentry/ woodworking | <input type="checkbox"/> Research, data collection, experimentation |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Clerical/Office skills | <input type="checkbox"/> Other skills |
| <input type="checkbox"/> Grant Writing/fundraising | <input type="checkbox"/> Food service | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Public Speaking, teaching | <input type="checkbox"/> Accounting, bookkeeping | <input type="checkbox"/> Computer skills: list software _____ |
| <input type="checkbox"/> Writing, editing, newsletters | <input type="checkbox"/> Leadership/management | _____ |
| <input type="checkbox"/> Public relations, marketing | <input type="checkbox"/> Facilitation | _____ |

Do you have a health or medical condition, which we need to accommodate for training? Yes ___ No ___

Please explain if you answered yes. _____

If you are able to speak, read, or write a language other than English, please list (including American Sign Language).

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PART B**

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

(Former Name (s)) (Legal or Preferred Name (s))

Date of Birth (MM/DD/YY) Social Security Number Driver's License Number

BACKGROUND DISCLOSURE

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court (s) involved.

1. Convicted of nay crime against children or other persons.
ANSWER _____ IF YES, EXPLAIN BELOW:

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
ANSWER _____ IF YES, EXPLAIN BELOW:

3. Convicted of crimes related to drugs as defined in RCW 43.43.830.
ANSWER _____ IF YES, EXPLAIN BELOW:

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
ANSWER _____ IF YES, EXPLAIN BELOW:

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
ANSWER _____ IF YES, EXPLAIN BELOW:

continued on next page

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

ANSWER _____ IF YES, EXPLAIN BELOW:

Please note: A criminal record will be considered as it related to specifics of the volunteer position for which you are applying. A Criminal record may prevent an individual from volunteering, depending on the nature of the offense.

PERSONAL REFERENCES

References: List non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses and phone numbers.

Name: _____
Relationship Home Phone Work Phone Email

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

Name: _____
Relationship Home Phone Work Phone Email

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

Name: _____
Relationship Home Phone Work Phone Email

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

I authorize the contact of listed references and understand a criminal background check will be completed prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Washington State University Extension. I understand that I serve at the pleasure of the Washington State University Extension and agree to abide by the policies of Washington State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ Date: _____

Please return the application at your earliest convenience and contact us if you have any questions or wish further information. Thank you!

If anything in this application changes, let the local WSU Extension office know.