

Oregon State University Extension Service 4-H Volunteer Service Application

Personal Information

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

Address: _____
City State Zip

Length of time at above address: _____ Name of nearest elementary school: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

Do you have special needs for assistance in this application process: _____

Education, Training, Experience

If a student, school attending: _____

Education and/or special training: _____

Languages spoken (other than English): _____

Special skills, interests and/or hobbies: _____

Have you had CPR training? (when): _____ Have you had First Aid training? (when): _____

Background in 4-H and Other Youth Programs

Have you been a 4-H leader before? Yes: ___ No: ___ If yes, where and how long? _____

Are you a 4-H alumni? Yes: ___ No: ___ If yes, which state/county? _____

Experience in other youth programs: _____

Memberships in other organizations: _____

References (employer, minister, etc. - **not family members/relatives**) - **Please include complete mailing address.**

1. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Email _____
City State Zip

2. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Email _____
City State Zip

3. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Email _____
City State Zip

Please complete other side ⇨