

NC State Extension Volunteer Application

GENERAL INFORMATION

Last Name	First Name	M.I.	Name You Prefer
Mailing Address			How long at this address?
City	State	Zip	County
If less than a year, previous address			How long have you resided in the county?
City	State	Zip	Email Address
Daytime Phone	Evening Phone		Best Time to Call

EXTENSION EXPERIENCE

Are you a 4-H Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ State _____	If yes, what year(s) were you a 4-Her?
Are you an ECA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Are you a Master Gardener? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? City _____ County _____ State _____	
Have you served as a volunteer in other roles with Cooperative Extension? Please share information about that work.		
What time commitments are you considering? _____ hrs./week _____ hrs./month	What days of the week and/or times of the day are better for your schedule to volunteer?	

TRANSPORTATION

Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number and state DL# _____ State _____	Date of Expiration ____/____/____
Have you ever received a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		

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EMPLOYMENT AND VOLUNTEER EXPERIENCE

(This information is needed for the past 10 years. Please attach extra pages as necessary.)

Current Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To
Previous Occupation/Volunteer Position	Employer/Organization	
Employer/Organization Address	Employer/Organization Telephone	
City, State, Zip	Email Address	Employed From/To

EDUCATIONAL BACKGROUND

Name of Last High School Attended	State	County
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED

Education Beyond High School (Please begin with current or most recent.)				
Institution/City/State	Dates Attended From: To:	Degree	Month/Year	Major
Institution/City/State	Dates Attended From: To:	Degree	Month/Year	Major
Institution/City/State	Dates Attended From: To:	Degree	Month/Year	Major

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REFERENCES

Please list three persons, not related to you, who have knowledge of your qualifications and have known you for at least two years. Please provide complete addresses and phone numbers.		
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship
Name	Address, City, State, Zip	
Telephone Number Day Evening	Email Address	Relationship

I authorize contacting the listed references, previous employers, and volunteer organizations. I understand the omission or misrepresentation of information requested is just cause for non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of North Carolina Cooperative Extension and NC State University, and to fulfill my volunteer responsibilities to the best of my ability.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

<u>For Office Use Only</u>	
The reference check was: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Date of reference check: _____	Name of person conducting the check: _____
If unsatisfactory, please explain _____	

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This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. NC Cooperative Extension policy prohibits unlawful discrimination based on race, sex, color, creed, religion, national origin, age, disability, sexual orientation, or political affiliation.

DEMOGRAPHIC DATA

Last Name	First Name	M.I.
Maiden Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I identify using a different term	Date of Birth _____ / _____ / _____ Month Day Year
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		
I live: <input type="checkbox"/> On a farm <input type="checkbox"/> Rural area or town under 10,000 population <input type="checkbox"/> Town or city of 10,000 to 50,000 population <input type="checkbox"/> Suburb or city over 50,000 population <input type="checkbox"/> City over 50,000 population		

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BACKGROUND SCREENING CONSENT

Last Name	First Name	M.I.	*Social Security Number
Current Address		Since when?	Date of Birth / /
City	State	Zip	County
Phone	Driver's license number and state DL# State	Date of Expiration / /	

List below previous residence(s) (city, state, zip) and any alias, maiden, or other names for the past seven years. (Please begin with the most recent address.)

Previous address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names
Prior Address			How long at this address?
City	State	Zip	Alias, Maiden, or Other Names

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date, nature, disposition of offense. (A criminal record will not necessarily prevent an applicant from becoming a volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.)
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I hereby authorize the Extension agent or authorized representative of the organization bearing this application to obtain and release any information pertaining to my background for the sole use of obtaining a criminal and traffic violation background check. I give my consent to a criminal and traffic violation background check.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant Signature _____ Date _____

*Social security numbers are collected for the sole purpose of conducting background clearances. Providing the information is optional, however, for those positions that require criminal background checks, this information is necessary for program participation.

For Office Use Only

The criminal background check was: Satisfactory Unsatisfactory

Date of background check: _____ Name of person conducting the check: _____

If unsatisfactory, please explain _____

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NC State Extension Volunteer Agreement and Standards of Behavior

NC Cooperative Extension Volunteer Standards Of Behavior

North Carolina Cooperative Extension is trusted to provide quality educational opportunities for participants in programs. The opportunity to volunteer to assist in achieving this mission is a privileged position of trust that should only be held by those who are willing to commit to upholding behavior that fulfills this trust. For these reasons, the following behavior guidelines are provided for volunteers working in the North Carolina Cooperative Extension program.

1. Treat others in a courteous, respectful, professional manner demonstrating behaviors appropriate for a positive role model.
2. Obey the laws of the locality, state and nation.
3. Make all reasonable efforts to assure that programs are accessible to all citizens without regard to race, color, national origin, religion, sex, age, disability, sexual orientation, or political affiliation.
4. Recognize that verbal and/or physical abuse and/or neglect of any program participant is unacceptable, and report suspected abuse to Extension officials or the proper authorities.
5. Do not participate in or condone neglect or abuse that happens outside the program to youth participants or other vulnerable program participants, and report suspected abuse to the proper authorities.
6. Operate motor vehicles (including machines or equipment) in a safe and reliable manner and only with a valid operator's license and the legally required insurance coverage.
7. Submit written materials prepared on behalf of Extension for review and approval by the Extension agent or appropriate Extension subject matter specialist prior to printing.
8. Inform county Extension staff of any arrests or charges of criminal activity. (Suspension pending resolution may be required.)
9. Notify Extension staff promptly of any incident that may violate Extension or University policies or personal rights.
10. Do not require participants to purchase materials, supplies, equipment, animals or services from any specific vendor.
11. Teach program participants to provide appropriate animal care and treat animals humanely.
12. Do not use tobacco products or use or be in possession or under the influence of substances, legal or illegal, while responsible for youth or representing Cooperative Extension. Do not allow youth participants under your supervision to do so.
13. Dress, groom and use language appropriate for the professional work environment.
14. Accept supervision, direction, and support from county, district, and/or state Extension staff while involved in the program.

NC Cooperative Extension Volunteer Agreement

Volunteers are asked to carefully consider the following expectations and confirm a willingness to observe these by signing where indicated. In addition, adults serving as volunteers can expect the following from the NC Cooperative Extension (NCCE).

NCCE AGREES TO:

- Provide orientation training for the position.
- Set educational tone and directions.
- Provide job descriptions.
- Provide assistance, support and encouragement.
- Give recognition for time and energy devoted to the job.
- Inform of coming events and activities.
- Make annual evaluations.
- Provide training opportunities and material to develop understanding and management of the volunteer assignments.
- Provide educational materials to be used for project and club organizations.
- Provide timely information on events, programs and

opportunities.

VOLUNTEER AGREES TO:

- Complete required Orientation & Training.
- Be supportive of Extension programs and staff members.
- Participate in county meetings and training as appropriate.
- Inform enrolled participants of Extension program opportunities.
- Supply County Extension Office with application updates annually.
- Abide by the NC State Extension Volunteer Standards of Behavior.
- Participate in available training as appropriate to fulfill duties.

I have read and understand the NC State Extension Volunteer Standards of Behavior and Volunteer Agreement. I agree to perform my duties as explained by Extension staff and to abide by the Code of Conduct, Standards of Behavior, and any other rules specific to individual events at which I may be serving as a volunteer. I understand that volunteering with North Carolina Cooperative Extension is a privilege, not a right. I further understand that I may terminate this appointment without prior notice. I understand and agree that failure to comply with this agreement is grounds for immediate suspension and/or termination of my volunteer status with the NC State Extension program.

Volunteer Signature

Date

NCCE Representative's Signature

Date

Published by
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NC State University is committed to positive action to secure equal opportunity and prohibit discrimination and harassment regardless of race, color, national origin, religion, political beliefs, family and marital status, sex, age, veteran status, sexual identity, sexual orientation, genetic information, or disability.