



New Mexico State University
4-H Youth Development
Volunteer Application Form
(To be completed by all potential volunteers)

For County Extension Office Use Only

Date entered
Fee Paid \_\_\_ Check \_\_\_ Money Order \_\_\_ Cash
Date \_\_\_ Accepted \_\_\_ Declined \_\_\_ More info needed
Date of Notification Letter

Name: (First) (Middle) (Last)

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

Length of time at current address: (If less than 2 years, please provide previous address below)

(Address) (Length of time)

Phone: Day: Best time to call:
Eve: Best time to call:
Cell: Best time to call:

Email:

Work, Education and Volunteer Experience (please list most current experience first)

Employer/Organization Position Title/Volunteer Role Year(s)

Background Disclosure

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

1. Convicted of a felony. Yes No IF YES, EXPLAIN BELOW

2. Convicted of crimes relating to financial exploitation. Yes No IF YES, EXPLAIN BELOW

3. Convicted of crimes related to drugs and/or alcohol, including driving under the influence. Yes No IF YES, EXPLAIN BELOW

4. Convicted of any crime against children or other persons. Yes No IF YES, EXPLAIN BELOW

I understand a background check will be completed prior to final consideration of my application to volunteer and that volunteering is a privilege and not a right. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with New Mexico State University Cooperative Extension Service and that failure to communicate any change in status related to the above questions to the County Extension Office will result in immediate removal as a 4-H volunteer leader. I understand that I serve at the pleasure of New Mexico State University Cooperative Extension Service and agree to abide by the policies of the New Mexico State University Cooperative Extension Service 4-H Youth Development Program and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: Date:

Please return this application and the Disclosure and Consent Form at your earliest convenience to your local County Extension Office. Contact us if you have any questions or wish further information. Thank you!