

# WHATCOM COUNTY 4-H VOLUNTEER APPLICATION & ENROLLMENT FORM PART A

<b>(Office Use)</b> <input type="checkbox"/> Organization/club leader <input type="checkbox"/> Project Leader <input type="checkbox"/> WSP _____ <input type="checkbox"/> Activity /Resource Leader    Club #: _____		<b>Application Date</b> (mm/dd/yyyy)		
<b>Last Name</b>		<b>First Name</b>		<b>M</b>
<b>Previous last names (maiden, previous married, etc.)</b>		<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Date of Birth (mm/dd/yyyy)</b>
<b>Address</b>		<b>City</b>		<b>State</b> <b>Zip</b>
<b>Drivers License Number</b>			<b>E-mail</b>	
<b>Phone (home)</b>		<b>Phone (cell)</b>		<b>Phone (work)</b>
<b>Residence (check one)</b> <input type="checkbox"/> Farm <input type="checkbox"/> Rural less than 10,000 <input type="checkbox"/> Town of 10,000 to 50,000 <input type="checkbox"/> Suburb of more than 50,000 <input type="checkbox"/> City of more than 50,000				
<b>Education</b> <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> 2-year College Degree <input type="checkbox"/> 4-year College Degree <input type="checkbox"/> Graduate Degree			<b>Military Affiliation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which branch: _____	
<b>Major:</b> _____				
<b>Employment and Volunteer experience</b>				
<u>Current</u> Occupation/Volunteer Position		Employer/Organization		
Employer/Organization Address		Supervisor and Telephone		
City, State, Zip		Supervisors Email		Employed From/To
<u>Previous</u> Occupation/Volunteer Position		Employer/Organization		
Employer/Organization Address		Supervisor and Telephone		
City, State, Zip		Supervisor Email		Employed From/To
<b>Special Need?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Accommodation Needed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		<b>List other languages you communicate in:</b>		
<b>Race (check all that apply)</b>				
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian/Pacific Islander				
<b>Club you are volunteering with (if any)</b>				
<b>If leading Projects please indicate Project Codes:</b> <a href="http://cru.cahe.wsu.edu/CEPublications/c1004e/c1004e.pdf">http://cru.cahe.wsu.edu/CEPublications/c1004e/c1004e.pdf</a>				
<b>Project code</b>		<b>Project name</b>		

**Additional Skills:** *Check any addition skills you have you would be willing to contribute*

<input type="checkbox"/> Photography/Videography	<input type="checkbox"/> Web Page Design	<input type="checkbox"/> Nursing / First Aid
<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Clerical/ office skills	<input type="checkbox"/> Research/ Data Collection
<input type="checkbox"/> Grant writing/fundraising	<input type="checkbox"/> Food Service	<input type="checkbox"/> Computer Skills:
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Accounting/ Bookkeeping	_____
<input type="checkbox"/> Writing, Editing Newsletters	<input type="checkbox"/> Management	_____
<input type="checkbox"/> Public Relations, marking	<input type="checkbox"/> Additional Languages	<b>Other Useful Skills:</b>
_____	_____	_____

## Background Disclosure – Part B

**Please note:** A criminal record will be considered as it relates 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.

Answer **Yes** or **No** to each listed item. If the answer is Yes to any item explain it in the area provided at the bottom, listing the charge or finding, the date, and the court(s) involved.

Have you ever been . . .	Yes	No
1. Convicted of any crime against children or other persons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?	<input type="checkbox"/>	<input type="checkbox"/>
3. Convicted of crimes related to drugs as defined in RCW 43.43.830?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/>	<input type="checkbox"/>
8. If you answered Yes to any of the above questions, please explain:		

### Personal References

References: List non-family members and employers who have knowledge of your skills, abilities, and qualifications. Please provide complete addresses and phone numbers.

Name	Address	Phones	Relationship

***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. I understand I must complete the official training expectations within one year of accepting my position.***

Extension programs and policies are consistent with federal and state laws and regulations on non-discrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental, or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of non-compliance may be reported through your local Extension office.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_