

# SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

## A. GENERAL INFORMATION

\*Must present your Driver's License or a government issued photo ID with your application\*

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Last First Middle Name  
Street, Route, Apt # Length of time at this address? \_\_\_\_\_  
City, State Zip code County

Mailing Address (if different from above) \_\_\_\_\_

Email address: \_\_\_\_\_ How long have you resided in this county? \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Have you previously volunteered with TN Extension?  Yes  No

If yes, county and last year volunteered? \_\_\_\_\_

## B. DEMOGRAPHIC INFORMATION

Gender:  Female  Male Ethnicity: (check one)  Not Hispanic/Latino  Hispanic/Latino

Race: (check one)  White  Black /African American  Native American Indian/ Alaskan Native  
 Asian  Native Hawaiian / Other Pacific Islander

Are you able to speak or write in a language other than English?  Yes  No

(Please list, including American Sign Language.) \_\_\_\_\_

## C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

\_\_\_\_\_ Hrs. /week \_\_\_\_\_ Hrs. /month  1-3 months  3-6 months  6-12 months  Ongoing

When are you available to volunteer? (Check all that apply)

Day  Evening  Weekends  I'm flexible Specific times: \_\_\_\_\_

## D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

Youth  Adults  Senior Citizens  Clientele with disabilities  Other \_\_\_\_\_

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

Pre-school  K-3  Explorer (4<sup>th</sup> grade)  Junior (5<sup>th</sup> - 6<sup>th</sup>)  Jr. High (7<sup>th</sup>- 8<sup>th</sup>)  
Senior:  Level I (9<sup>th</sup>-10<sup>th</sup>)  Level II (11<sup>th</sup> - 12<sup>th</sup>)

**E. ACTIVITY INTERESTS** - What are your volunteer activity interests? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Teaching/ demonstrations                         | <input type="checkbox"/> Writing/publishing/proofreading |
| <input type="checkbox"/> Photography                                      | <input type="checkbox"/> Web development                 |
| <input type="checkbox"/> Newsletter                                       | <input type="checkbox"/> Artworks, graphics              |
| <input type="checkbox"/> Displays/exhibits                                | <input type="checkbox"/> Marketing                       |
| <input type="checkbox"/> Organizing programs/events                       | <input type="checkbox"/> Research/data collection        |
| <input type="checkbox"/> Public Speaking                                  | <input type="checkbox"/> Typing/ Computer entry          |
| <input type="checkbox"/> Telephone/office work at county Extension office | <input type="checkbox"/> Fundraising                     |

\*If you are interested in a specific program or topic area such as 4-H Youth Development, Agriculture, Natural Resources, and Community Economic Development, Master Gardener, or Family and Consumer Sciences, please see Section 3 - Program Area Information Forms.

*\*The following two sections should be completed by Level 2 and Level 3 volunteers only\**

**F. REFERENCES** - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1.	_____		
	Name	Street Address	City/State/Zip
	_____		
	Day Phone Number	Evening Phone Number	Email Address Relationship
	_____		
2.	_____		
	Name	Street Address	City/State/Zip
	_____		
	Day Phone Number	Evening Phone Number	Email Address Relationship
	_____		
3.	_____		
	Name	Street Address	City/State/Zip
	_____		
	Day Phone Number	Evening Phone Number	Email Address Relationship
	_____		

**G. BACKGROUND DISCLOSURE** - A “yes” answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:
  - a. A crime of violence?  Yes  No
  - b. Child abuse or neglect?  Yes  No
  - c. Sexual related offenses?  Yes  No
2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

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’s Signature	_____ Date
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FOR OFFICE USE ONLY:	Date application was received: _____	
This applicant: (Pick one)	<input type="checkbox"/> Met qualifications for an Extension volunteer position.	Volunteer Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	<input type="checkbox"/> Did not meet qualifications for an Extension volunteer position.	