CFAES OHIO STATE UNIVERSITY EXTENSION

4-H EDUCATIONAL BOARD MEMBER APPLICATION

I. GENERAL INFORMATION:

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

Mailing Address: Street _____

City _____ **State** _____ **Zip** _____

Length of time at this address (years): _____ **Date of Birth**: _____
(MM/DD/YY)

Phone: Home: ( )_____ Best Time to Call: _____
Work: ( )_____ Best Time to Call: _____
Cellular: ( ) _____

E-mail: _____

Are you a 4-H Alumnus? _____ **Where Were You in 4-H?** _____
(County/State)

Have You Ever Been a 4-H Volunteer? Yes_____No _____

If yes, how many years? _____ **Where?** _____
(City) (County) (State)

II. 4-H VOLUNTEER INTEREST/EXPERIENCE:

Why are you interested in a 4-H Educational Board member position? _____

_____

_____

_____

What would you like to accomplish as an Educational Board member? _____

_____

_____

_____

Past 4-H Volunteer Experience (Check all that are applicable)

_____ Organizational advisor for a 4-H Club (name of club) _____
_____ Co-Advisor for a 4-H club (name of club) _____
_____ Organizational advisor starting a new 4-H club
_____ Co-Advisor starting a new 4-H club (name of organizational advisor) _____
_____ School classroom/group volunteer
_____ Special Interest group volunteer
_____ County Key Leader Volunteer (write in volunteer role) _____
_____ Volunteer for a county committee or council (write in committee) _____
_____ Other 4-H volunteer role (write in) _____

Previous Work Experience: (List current or most recent experience first)

Employer	Position Title	Year

Previous Volunteer Experience: (List current or most recent experience first)

Organization	Volunteer Role	Year

III. PERSONAL REFERENCES

References: List three persons not related to you who have knowledge of your qualification. Please provide complete addresses and phone numbers.

Name: _____ _____ _____ _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

Name: _____ _____ _____ _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

Name: _____ _____ _____ _____
Relationship Home Phone Work Phone

Address: _____
(Street) (City) (State) (Zip)

I authorize the contact of listed references above. I also understand that I am required to submit a fingerprint criminal background check prior to final consideration of my application if I am not a current 4-H volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a 4-H volunteer. I understand that I serve at the pleasure ofthe Ohio State University Extension and agree to abide by the policies of Ohio State University Extension, the Ohio 4-H Program and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature: _____ *Date:* _____

Return to:

Ohio State University Extension, Lorain County

42110 Russia Rd. | Elyria, OH 44035

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

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