

# 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

## 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)

- Teaching/ demonstrations
- Photography
- Newsletter
- Displays/exhibits
- Organizing programs/events
- Public Speaking
- Telephone/office work at county Extension office

- Writing/publishing/proofreading
- Web development
- Artworks, graphics
- Marketing
- Research/data collection
- Typing/ Computer entry
- 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
FOR OFFICE USE ONLY: Date application was received: _____	
This applicant: (Pick one) <input type="checkbox"/> Met qualifications for an Extension volunteer position. <input type="checkbox"/> Did not meet qualifications for an Extension volunteer position.	Volunteer Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## SECTION 3 - TENNESSEE EXTENSION VOLUNTEER PROGRAM AREA INFORMATION FORMS

This form is optional; however, any volunteer who wishes to identify his or her interests in a specific program area should complete the form. Volunteers are welcome to complete any or all program area information forms.

### 4-H YOUTH DEVELOPMENT

Why are you interested in a 4-H volunteer position? \_\_\_\_\_

Are you a 4-H Alumnus/alumna?  Yes  No If yes, where? \_\_\_\_\_

City, County, State

What year(s) were you a 4-H'er? \_\_\_\_\_

Have you ever been a 4-H volunteer?  Yes  No If yes, where? \_\_\_\_\_

City, County, State

Have you worked with youth before?  Yes  No If yes, briefly explain: \_\_\_\_\_

#### What type(s) of volunteering opportunities interest you?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> School volunteer          | <input type="checkbox"/> Community Club Leader       | <input type="checkbox"/> 4-H Club/ Project Leader     |
| <input type="checkbox"/> Short-term Project Leader | <input type="checkbox"/> Event Coordinator           | <input type="checkbox"/> 4-H Club Assistant Leader    |
| <input type="checkbox"/> Camp Leader               | <input type="checkbox"/> Event Volunteer             | <input type="checkbox"/> Service Learning Coordinator |
| <input type="checkbox"/> Honor Club Leader         | <input type="checkbox"/> Event Chaperone (overnight) | <input type="checkbox"/> County Portfolio Advisor     |
| <input type="checkbox"/> Judging Team Coach        | <input type="checkbox"/> Committee Member/Chair      | <input type="checkbox"/> Other: Specify _____         |

#### INTEREST AND SKILLS RELATED TO 4-H PROJECTS

Project	Interest in	Experience with	Can teach
Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing and Textiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Education Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering/Safety Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entomology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forestry, Wildlife, and Fisheries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Interest in	Experience with	Can teach
Goat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horticulture/Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/Personal Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line and Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, Health, and Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts/Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EDUCATIONAL BACKGROUND**

Please mark the level of education and/or training you have completed and list the field of study where applicable:

- High school \_\_\_\_\_
- Technical/Trade School (trade) \_\_\_\_\_
- 2-year Community College (major studies) \_\_\_\_\_
- 4-year College (major studies) \_\_\_\_\_
- Other degrees, certification, or training \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Current Occupation	Employer Name	Date Range
Employer Address	Employer Telephone	

**OTHER VOLUNTEER EXPERIENCES**

1.
 

Volunteer Position	Organization Name
Organization Address	Organization Telephone
  
2.
 

Volunteer Position	Organization Name
Organization Address	Organization Telephone

**DRIVING HISTORY**

- Do you have a valid Driver’s License?  Yes  No
- Has your Driver’s License been suspended or revoked in the last 5 year?  Yes  No
- Do you currently have the minimum vehicle insurance coverage required by the State of Tennessee?  Yes  No
- Have you ever been convicted of an alcohol or drug related driving offense?  Yes  No
- Are you willing to transport minors as part of your volunteer duties?  Yes  No

**CONTACT**

What is the best way to contact you? (Please number options in order of preference)

\_\_\_ Phone Call \_\_\_ Text \_\_\_ E-mail \_\_\_ Mail \_\_\_ Other: \_\_\_\_\_

I authorize contacting the volunteer organizations listed on this form. 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, the University of Tennessee, and Tennessee State University to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

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 was: (Pick one)       Met qualifications for Extension volunteer position  
 Did not meet qualifications for Extension volunteer position

# AGRICULTURE, NATURAL RESOURCES, AND COMMUNITY ECONOMIC DEVELOPMENT

**GENERAL VOLUNTEER** - Please select which areas of volunteer opportunities interest you.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Beef                 | <input type="checkbox"/> Fruits & Vegetables     | <input type="checkbox"/> Small Ruminant |
| <input type="checkbox"/> Beekeeping           | <input type="checkbox"/> Leadership              | <input type="checkbox"/> Swine          |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Ornamental Horticulture | <input type="checkbox"/> Tobacco        |
| <input type="checkbox"/> Dairy                | <input type="checkbox"/> Poultry                 | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Equine               | <input type="checkbox"/> Row Crops               | _____                                   |

## **MASTER GARDENER**

Why do you wish to become an Extension Master Gardener Volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience or interests that you feel would be beneficial to the Master Gardener program?

\_\_\_\_\_

\_\_\_\_\_

Years of gardening experience? \_\_\_\_\_

Would you like to work with home gardeners?  Yes  No

Which of these do you consider to be your areas of expertise?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vegetable gardening | <input type="checkbox"/> Lawns & turf grass | <input type="checkbox"/> Flower gardening             |
| <input type="checkbox"/> Community gardens   | <input type="checkbox"/> Herb gardening     | <input type="checkbox"/> Landscape design             |
| <input type="checkbox"/> Trees/shrubs        | <input type="checkbox"/> Native plants      | <input type="checkbox"/> Diseases/insects             |
| <input type="checkbox"/> Wildlife gardening  | <input type="checkbox"/> Houseplants        | <input type="checkbox"/> Water-conservation gardening |
| <input type="checkbox"/> Ornamental ponds    | <input type="checkbox"/> Other: _____       |   |

Other volunteer experiences in your community:

1. \_\_\_\_\_  
Volunteer Position \_\_\_\_\_ Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_ Organization Telephone \_\_\_\_\_
2. \_\_\_\_\_  
Volunteer Position \_\_\_\_\_ Organization Name \_\_\_\_\_  
Organization Address \_\_\_\_\_ Organization Telephone \_\_\_\_\_

I understand the title Extension Master Gardener is conditional upon receiving training, performing 40 service hours and reporting those hours. Tennessee Extension Master Gardeners are expected to use only University of Tennessee-approved recommendation. The Extension Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

\_\_\_\_\_  
Applicant's Signature Date

## FAMILY AND CONSUMER SCIENCES

Family and Consumer Sciences teaches knowledge and skills related to health, food, family, home and money matters to improve the lives of families. Tennessee Association for Family and Community Education (TAFCE) is a grass roots, volunteer organization that deals with family issues through education. You can volunteer in Family and Consumer Sciences as a member of TAFCE or as an individual interested in improving the lives of families through education. To learn more about TAFCE or to become a member, visit the TAFCE website at <https://ag.tennessee.edu/tafce/>.

If you feel you have expertise in Family and Consumer Sciences and would like to share your talents, please let us know in what areas (check all that apply):

- Adult and Family Relationships
- Adult Caregiving
- Child Care
- Community Development
- Emergency Preparedness
- Environmental Stewardship
- Fitness
- Food and Nutrition
- Food Safety
- Health
- Healthy Homes
- Home Energy
- Leadership Development
- Life Skills
- Money (for youth)
- Money for (adults)
- Parenting
- Public Policy Related to Family Issues
- Other (Please describe: \_\_\_\_\_)

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Applicant's Signature

Date

