

## Family and Consumer Sciences

# Volunteer Application

Please complete all sections below for consideration as a Family and Consumer Sciences Volunteer.

### GENERAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person and phone \_\_\_\_\_

Day(s) of week available (please check all that apply).  M  T  W  Th  F  Sat / Sun

Times of day available \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

### VOLUNTEER INTEREST

Which volunteer position are you applying for?

- Advocate       Promoter       Teacher

Please tell us why you are interested in this volunteer position and what most appeals to you about the Family and Consumer Sciences Volunteer Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief description of your experience related to the volunteer position you are applying for:

<i>Organization</i>	<i>Volunteer or Work Role</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a misdemeanor or a felony?  Yes       No

If yes, give date, nature, and disposition of offense. \_\_\_\_\_

\_\_\_\_\_

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.

The following tasks are not required to volunteer; however, please indicate your experience and interest related to the following tasks:

<b>Task</b>	<b>Well Skilled</b>	<b>Some Experience</b>	<b>No Experience</b>	<b>Interest level Low 1 2 3 High</b>
Public speaking				
Microsoft Office software (Word, PowerPoint)				
Graphic design				
Website maintenance				
Social media (Facebook, Twitter, Pinterest, etc.)				

**PERSONAL REFERENCES**

Please list non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and Email addresses.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

I authorize the contact of listed references and understand that I may be required to submit a fingerprint criminal background check 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 Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

09/30/2016

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*Roger Rennkamp, Associate Dean and Director, Ohio State University Extension*

For Deaf and Hard of Hearing, please contact Ohio State University Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 614-292-6181.