Application to Volunteer in Youth Programs  
NDSU Extension Service

Volunteers who want to work with youth must complete this application. Acceptance as an NDSU Extension Service volunteer is contingent on the return of this form to your county Extension office, clearance through the North Dakota Child Abuse Information Index, and you being checked against the North Dakota Office of Attorney General Convicted Sex Offenders and Offenders Against Children – Public List.

The information in this application will be used solely to determine your placement as a volunteer. No discrimination is implied. This information will be handled in a confidential manner.

I. GENERAL INFORMATION

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<th>Name</th>
<th>Last</th>
<th>First</th>
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☐ Male  ☐ Female  Date of birth ________/________/________  County ________________________________

Former or other names ____________________________________________________________

Mailing address _________________________________________________________________

St., RR, Box, Apt.#

City  State  ZIP

Phone: Day ( ) ___________________________  Evening ( ) ___________________________

How long have you lived at this address? __________ years

(If less than five years, attach a sheet listing all previous addresses during that time.

List previous work experience during the past six years, with current/most recent experience first. Add pages if needed.

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<tr>
<th>Employer</th>
<th>Position Title</th>
<th>City/State</th>
<th>Years</th>
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List previous volunteer experience during the past six years. Identify work with youth and community groups, with current/most recent experience first. Add pages if needed.

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<tr>
<th>Employer</th>
<th>Volunteer Role</th>
<th>City/State</th>
<th>Years</th>
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II. VOLUNTEER INTEREST
Why are you interested in a volunteer position in Extension youth programs?

III. PERSONAL REFERENCES
List three people not related to you who know about your qualifications for working as a volunteer in a youth organization. If you have previous experience as a volunteer, one reference should be from that organization. You may include business associates, employers or social friends. Please include complete addresses and phone numbers.

Name_________________________________________________ Phone: Home _______________________ Work _______________________
Mailing address __________________________________________ City __________________________ State __________ ZIP
How do you know this person? ______________________________________________________________________________________________

Name_________________________________________________ Phone: Home _______________________ Work _______________________
Mailing address __________________________________________ City __________________________ State __________ ZIP
How do you know this person? ______________________________________________________________________________________________

Name_________________________________________________ Phone: Home _______________________ Work _______________________
Mailing address __________________________________________ City __________________________ State __________ ZIP
How do you know this person? ______________________________________________________________________________________________

Have you been convicted of a crime involving a minor (including a deferred imposition of sentence)?
❑ YES    ❑ NO    If yes, give date, nature of offense and disposition ______________________________________________________
________________________________________________________________________________________________________

PLEASE NOTE: A criminal record will not necessarily disqualify an applicant.
A criminal record will be considered as it relates to the specifics of the position.

I certify that the above information is correct. I understand the misrepresentation or omission of facts requested is just cause for non-appointment as an NDSU Extension Service youth program volunteer.

___________________________________________________________________________________________ ________/________/________
Volunteer Signature                                                        Date

Please return this application at your earliest convenience. Contact us if you need information or have any questions.
Thank you for your application!

Return application to: