Application For a Teen to Volunteer
With Extension Youth Programs

Teens (14-18) will complete an application to directly with work with youth, on an ongoing basis, or for overnight activities. A parent or guardian is required to sign this application.

Print Name ___________________________________________________________________

Present Address _______________________________________________________________
    Street and/or P.O Box    City  State / Zip

Home Phone _______________________________  Cell Phone ________________________

E-Mail _______________________________________________________________________

How long have you lived at this address? _____years  _____ months
(If less than 5 years, attach a sheet listing all previous addresses for the past 5 years.)

Day Phone _________________________  Evening Phone _____________________________
E-Mail Address ________________________________________________________________

List work experience during the past three (3) years, current/most recent experiences first. (Add page if needed.)

Employer   Your Position/Title   Town / State  Years
1.  
2.  
3.  
4.  

List volunteer experience during the past three (3) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

Organization/Group   Your Role/Title   Town / State  Years
1.  
2.  
3.  
4.  

Volunteer Interest
Why are you interested in being a volunteer with University of Florida Extension programs?
Personal References
List three (3) references, who have knowledge of your qualifications, but are not related to you, and represent various activities in your life.

1. Print Name____________________________________ Phone _____________________
   Mailing Address
   _____________________________________________________________
   Box / Street / Apartment
   _____________________________________________________________
   Town      State     Zip
   _____________________________________________________________

2. Print Name___________________________________  Phone ________________________
   Mailing Address
   _____________________________________________________________
   Box / Street / Apartment
   _____________________________________________________________
   Town      State     Zip
   _____________________________________________________________

3. Print Name____________________________________ Phone _____________________
   Mailing Address
   _____________________________________________________________
   Box / Street / Apartment
   _____________________________________________________________
   Town      State     Zip
   _____________________________________________________________

Have you been accused or convicted of a criminal offense in the past seven (7) years?
   ___ No   ___ Yes
   If yes, explain: ________________________________________________

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?
   ___ No   ___ Yes
   If yes, explain: ________________________________________________

Note: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

I understand that serving as a volunteer and working directly with youth in University of Florida IFAS Extension programs, is a big responsibility. I will accept guidance from adults and experienced volunteers to focus on safety.

Signature _______________________________________________________ Date ________
Signature of Teen Volunteer
Signature _______________________________________________________ Date ________
Signature of Parent / Guardian

Return this application to the address below at your earliest convenience, to assure prompt processing. Please contact us if you have questions or need more information.

THANK YOU for your application.

Return to: