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 _______________________

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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 _____________________

List work experience during the past five (5) years, current/most recent experiences first. (Add page if needed.)

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<tr>
<th>Employer</th>
<th>Your Position/Title</th>
<th>Town / State</th>
<th>Years</th>
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List volunteer experience during the past five (5) years. Identify work with youth and community groups. List current/most recent experiences first. (Add page if needed.)

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<tr>
<th>Organization/Group</th>
<th>Your Role/Title</th>
<th>Town / State</th>
<th>Years</th>
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**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?  
___ Yes  ___ No  If yes, explain: ________________________________

Have you ever been accused or convicted of a crime involving a minor (including a deferred imposition of sentence)?  
___ Yes  ___ No  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.