



University of Florida IFAS 4-H Volunteer Application

Section 1 – Completed by Volunteer

UF/IFAS County or Unit _____

Name _____				
Address _____				
	Street _____	City _____	State _____	Zip _____
Years at this address _____	Date of Birth _____ / _____ / _____	Phone #: (_____) _____ - _____		
Email _____			Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residence (select one) <input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city <input type="checkbox"/> Town < 10,000 <input type="checkbox"/> City <input type="checkbox"/> Town >10,000 and < 50,000			Race (select all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian\Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian	

Have you ever pleaded “nolo contendere” to or been convicted or found guilty (even if adjudication withheld) of a misdemeanor or felony? ① Yes* ② No **If yes, attach a separate sheet fully explaining the offense and disposition.**

Volunteer References			
①	Name _____	Relationship to Volunteer _____	Address _____ Phone# _____
②	Name _____	Relationship to Volunteer _____	Address _____ Phone# _____

As a University of Florida IFAS 4-H volunteer, I agree to abide by all applicable rules and regulations of the University of Florida and guidelines of the UF\IFAS Florida 4-H Youth Development program and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University of Florida may terminate this agreement at any time without prior notice.

Volunteer Signature _____ Date _____ / _____ / _____

As the parent/legal guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for the University of Florida.

Name of Parent/Guardian _____	Signature _____	Date _____
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Section 2 – Completed by UF\IFAS Supervising faculty/staff

Volunteer Role _____

Volunteer Service: From _____ / _____ / _____ To _____ / _____ / _____

Faculty / Staff Signature _____ Date _____