

SECTION 3 - TENNESSEE EXTENSION VOLUNTEER PROGRAM AREA INFORMATION FORMS

This form is optional; however, any volunteer who wishes to identify his or her interests in a specific program area should complete the form. Volunteers are welcome to complete any or all program area information forms.

4-H YOUTH DEVELOPMENT

Why are you interested in a 4-H volunteer position? _____

Are you a 4-H Alumnus/alumna? Yes No If yes, where? _____
 City, County, State

What year(s) were you a 4-H'er? _____

Have you ever been a 4-H volunteer? Yes No If yes, where? _____
 City, County, State

Have you worked with youth before? Yes No If yes, briefly explain: _____

What type(s) of volunteering opportunities interest you?

- | | | |
|--|--|---|
| <input type="checkbox"/> School volunteer | <input type="checkbox"/> Community Club Leader | <input type="checkbox"/> 4-H Club/ Project Leader |
| <input type="checkbox"/> Short-term Project Leader | <input type="checkbox"/> Event Coordinator | <input type="checkbox"/> 4-H Club Assistant Leader |
| <input type="checkbox"/> Camp Leader | <input type="checkbox"/> Event Volunteer | <input type="checkbox"/> Service-Learning Coordinator |
| <input type="checkbox"/> Honor Club Leader | <input type="checkbox"/> Event Chaperone (overnight) | <input type="checkbox"/> County Portfolio Advisor |
| <input type="checkbox"/> Judging Team Coach | <input type="checkbox"/> Committee Member/Chair | <input type="checkbox"/> Other: Specify _____ |

INTEREST AND SKILLS RELATED TO 4-H PROJECTS

Project	Interest in	Experience with	Can teach
Beef			
Citizenship			
Clothing & Textiles			
Communications/Public Speaking			
Companion Animals			
Computers and Technology			
Consumer Education/Economics			
Creative Arts and Design			
Dairy			
Electric			
Engineering/Safety Science			
Entomology/Beekeeping			
Entrepreneurship			
Food Science			
Forestry, Wildlife & Fisheries			

Project	Interest in	Experience with	Can teach
Goat			
Horse			
Horticulture/Garden			
Leadership			
Nutrition, Health & Fitness			
Outdoor Rec/Shooting Sports			
Performing Arts/Recreation			
Personal Development			
Photography			
Plant Science			
Poultry			
Sheep			
Swine			
Veterinary Science			

EDUCATIONAL BACKGROUND

Please mark the level of education and/or training you have completed and list the field of study where applicable:

- High school _____
- Technical/Trade School (trade) _____
- 2-year Community College (major studies) _____
- 4-year College (major studies) _____
- Other degrees, certification, or training _____

EMPLOYMENT EXPERIENCE

Current Occupation	Employer Name	Date Range
Employer Address	Employer Telephone	

OTHER VOLUNTEER EXPERIENCES

1.

Volunteer Position	Organization Name
Organization Address	Organization Telephone

2.

Volunteer Position	Organization Name
Organization Address	Organization Telephone

DRIVING HISTORY

- Do you have a valid Driver’s License? Yes No
- Has your Driver’s License been suspended or revoked in the last 5 year? Yes No
- Do you currently have the minimum vehicle insurance coverage required by the State of Tennessee? Yes No
- Have you ever been convicted of an alcohol or drug related driving offense? Yes No
- Are you willing to transport minors as part of your volunteer duties? Yes No

CONTACT

What is the best way to contact you? (Please number options in order of preference)

___ Phone Call ___ Text ___ E-mail ___ Mail ___ Other: _____

I authorize contacting the volunteer organizations listed on this form. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, the University of Tennessee, and Tennessee State University to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant’s Signature	Date
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FOR OFFICE USE ONLY: Date application was received: _____

This applicant was: (Pick one) Met qualifications for Extension volunteer position
 Did not meet qualifications for Extension volunteer position

AGRICULTURE, NATURAL RESOURCES, AND COMMUNITY ECONOMIC DEVELOPMENT

GENERAL VOLUNTEER - Please select which areas of volunteer opportunities interest you.

- | | | |
|---|--|---|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Fruits & Vegetables | <input type="checkbox"/> Small Ruminant |
| <input type="checkbox"/> Beekeeping | <input type="checkbox"/> Leadership | <input type="checkbox"/> Swine |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Ornamental Horticulture | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Poultry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Equine | <input type="checkbox"/> Row Crops | _____ |

MASTER GARDENER

Why do you wish to become an Extension Master Gardener Volunteer? _____

Do you have any experience or interests that you feel would be beneficial to the Master Gardener program? _____

Years of gardening experience? _____

Would you like to work with home gardeners? Yes No

Which of these do you consider to be your areas of expertise?

- | | | |
|--|---|---|
| <input type="checkbox"/> Vegetable gardening | <input type="checkbox"/> Lawns & turf grass | <input type="checkbox"/> Flower gardening |
| <input type="checkbox"/> Community gardens | <input type="checkbox"/> Herb gardening | <input type="checkbox"/> Landscape design |
| <input type="checkbox"/> Trees/shrubs | <input type="checkbox"/> Native plants | <input type="checkbox"/> Diseases/insects |
| <input type="checkbox"/> Wildlife gardening | <input type="checkbox"/> Houseplants | <input type="checkbox"/> Water-conservation gardening |
| <input type="checkbox"/> Ornamental ponds | <input type="checkbox"/> Other: _____ | |

Other volunteer experiences in your community:

- | | |
|----------------------|------------------------|
| _____ | _____ |
| Volunteer Position | Organization Name |
| _____ | _____ |
| Organization Address | Organization Telephone |
- | | |
|----------------------|------------------------|
| _____ | _____ |
| Volunteer Position | Organization Name |
| _____ | _____ |
| Organization Address | Organization Telephone |

I understand the title Extension Master Gardener is conditional upon receiving training, performing 40 service hours and reporting those hours. Tennessee Extension Master Gardeners are expected to use only University of Tennessee-approved recommendation. The Extension Master Gardener name badge and title may not be used for commercial gain or to promote commercial products or businesses.

Applicant's Signature

Date

