

Family and Consumer Sciences

Volunteer Application

Please complete all sections below for consideration as a Family and Consumer Sciences Volunteer.

GENERAL INFORMATION

Name _____

Address _____ City _____

State _____ ZIP _____

Daytime Phone _____ - _____ - _____ Email _____

Emergency contact person and phone _____

Day(s) of week available (please check all that apply). M T W Th F Sat / Sun

Times of day available _____ A.M. _____ P.M.

VOLUNTEER INTEREST

Which volunteer position are you applying for?

Advocate Promoter Teacher

Please tell us why you are interested in this volunteer position and what most appeals to you about the Family and Consumer Sciences Volunteer Program:

Please provide a brief description of your experience related to the volunteer position you are applying for:

Organization *Volunteer or Work Role* *Year*

Have you ever been convicted of a misdemeanor or a felony? Yes No

If yes, give date, nature, and disposition of offense. _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.



The following tasks are not required to volunteer; however, please indicate your experience and interest related to the following tasks:

Task	Well Skilled	Some Experience	No Experience	Interest level Low 1 2 3 High
Public speaking				
Microsoft Office software (Word, PowerPoint)				
Graphic design				
Website maintenance				
Social media (Facebook, Twitter, Pinterest, etc.)				

PERSONAL REFERENCES

Please list non-family members who have knowledge of your skills, abilities, and qualifications. Individuals should have worked with you on projects and activities and/or have direct experience with or knowledge of your qualifications. Please provide complete addresses, phone numbers and Email addresses.

1. Name _____ Relationship _____
 Address _____
 Daytime Phone ____ - ____ - ____ Email _____

2. Name _____ Relationship _____
 Address _____
 Daytime Phone ____ - ____ - ____ Email _____

I authorize the contact of listed references and understand that I may be required to submit a fingerprint criminal background check prior to final consideration of my application to volunteer. I understand that misrepresentation or omission of required information is just cause for non-appointment as a volunteer with Ohio State University Extension. I understand that I serve at the pleasure of Ohio State University Extension and agree to abide by the policies of Ohio State University Extension and individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Date: _____

Applicant Signature: _____

09/30/2016

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Roger Rennekamp, Associate Dean and Director, Ohio State University Extension

For Deaf and Hard of Hearing, please contact Ohio State University Extension using your preferred communication (e-mail, relay services, or video relay services). Phone 800-750-0750 between 8 a.m. and 5 p.m. EST Monday through Friday. Inform the operator to dial 614-292-6181.