Employee Application  
State 4-H Positions

SECTION I

Name:  
Last First Middle

Mailing Address:  
Street  City  State  Zip

Home Phone:  Work Phone:  Cell Phone:  

E-mail:  4-H County/City: 

I am applying for the following Maryland 4-H State Position(s) - Check all boxes that apply:

<table>
<thead>
<tr>
<th>Applications due December 30th</th>
<th>Applications due April 1st</th>
<th>Applications due May 1st</th>
<th>Applications due July 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Shooting Sports Coach/archery</td>
<td>☐ Forestry Judging Coach</td>
<td>☐ Dairymons Coach</td>
<td>☐ National 4-H Congress Chaperon</td>
</tr>
<tr>
<td>☐ Horse Hippology Coach</td>
<td>☐ Dairy Bowl Coach</td>
<td>☐ Horse Bowl Coach</td>
<td>☐ Livestock Judging Coach</td>
</tr>
<tr>
<td>☐ Livestock Skillathon Coach</td>
<td>☐ Horse Bowl Coach</td>
<td>☐ Horse Communications Coach</td>
<td>☐ Poultry Judging Coach</td>
</tr>
<tr>
<td>☐ National 4-H Conference Group Coordinator/Chaperon</td>
<td>☐ Applications due May 1st</td>
<td>☐ Applications due May 1st</td>
<td>☐ Applications due July 1st</td>
</tr>
</tbody>
</table>

Are you 21 years or older at the time of completing this application?  Yes  No

Are you 25 years or older at the time of completing this application?  Yes  No

Describe any personal activity limitations required or accommodations needed to successfully accomplish this position. Please refer to the Position Description for this position for a complete listing of responsibilities and qualifications.
List any special certificates/licenses (i.e. CPR, Defensive Driving, First Aid, WSI, teaching, day care, etc.) you have:

<table>
<thead>
<tr>
<th>Certificate/License</th>
<th>Issued by Whom</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

List any educational certificates, degrees, courses or programs that provide a knowledge base for the subject areas in which you have applied to coach:

<table>
<thead>
<tr>
<th>Degree, Certificate</th>
<th>Courses/Programs</th>
<th>Date Taken/Received</th>
</tr>
</thead>
</table>

**SECTION II**

Have you ever been exposed to an incident of child abuse or neglect?   
_____ No   _____ Yes  
*If yes, please explain details here:*

**Criminal Record:** A criminal record will not necessarily prevent and applicant from being selected; however, it will be considered as it relates to specifics of the position for which you are applying.

Have you ever been convicted of, pled nolo contender to, or received a deferred or suspended sentence for crime more serious than a parking offence in this or any other state, territory, or county?   
_____ No   _____ Yes  
*If yes, please explain details here (including date, nature and disposition of the offense):*

**Driving Record:** A negative driving record will not necessarily prevent an applicant from being selected, however, it will be considered as it relates to specifics of the position for which you are applying.

*Please send a clear copy of your driver's license (front and back) & proof of insurance with this application.*

<table>
<thead>
<tr>
<th>Valid Driver's License Number</th>
<th>State</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Auto Insurance Company</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>
Have you ever been denied a license, permit or privilege to operate a motor vehicle?  _____ No  _____ Yes
If yes, please explain details here:

Have you ever had any license, permit or privilege suspended/revoked for a motor vehicle?  _____ No  _____ Yes
If yes, please explain details here:

**Accident Record:**
How many motor vehicle accidents you have been involved in (regardless of fault) within the past five years:_____
Please describe the accidents, if any:

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Accident</th>
<th>Who Was at Fault</th>
<th>Describe Any Injuries/Fatalities</th>
</tr>
</thead>
</table>

**Traffic Violations Record:**
How many traffic violations (i.e. DWI, speeding, failure to stop, etc.) have you had within the past five years:
Please describe the violations, if any:

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Violation</th>
<th>Location (State)</th>
<th>Penalty</th>
</tr>
</thead>
</table>
SECTION III
Describe your experiences in caring for and traveling with groups of teen youth in an overnight situation:

Describe your experiences and involvement in the Maryland 4-H program as a UME Employee:

Why do you want to serve in this leadership role for the Maryland 4-H Youth Development Program?

SECTION IV
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: __________

SECTION V (To be completed by County/City/Area Extension Director or other appropriate individual)
Please list any comments, recommendations or suggestions regarding this employee’s capacity to meet the responsibilities described in the position description for the position they are applying:

I give my approval and support for this individual to participate in this youth development activity as well as participation in any preparation and or follow-up that may be associated with this event.

County/City/Area Extension Director’s Signature: ____________________________ Date: __________

Send completed application along with a copy (front and back) of current driver’s license and proof of insurance to the State 4-H Office.
Maryland 4-H Center - 8020 Greenmead Drive, College Park, MD 20740
Ph: (301) 314-9070, Fax: (301) 314-7146

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