

Volunteer Application

UNIVERSITY OF
MARYLAND
 EXTENSION
Solutions in your community

*University of Maryland Extension's
 4-H Youth Development Program*



_____ **County/City**

Name: _____
 Last First Middle

Name(s) previously used, including maiden name: _____

Address: _____
 Street Address City State Zip

Phone: Home _____ Best time to call _____
 Office _____ Best time to call _____
 Mobile _____ Best time to call _____

Email: _____ Preferred method of communication: _____

Valid driver's license number: _____ **Date of Birth:** _____

In case of emergency contact: _____
 Name Phone Number

List the volunteer position(s) for which you are applying: _____

List the tasks or responsibilities you prefer: _____

Check those with whom you prefer to work:
 Youth Young Adults Adults Senior Citizens

Volunteer Experience: (List most recent experience first.)

Organization	Volunteer role(s)	From month/year	To month/year	Contact person address and phone number

