



New Volunteers Required Screening Form – **REQUIRED**

VIEWING PURPOSES ONLY – UNOFFICIAL APPLICATION – VALID WHEN COMPLETE IN 4-H Online

Registration

Screening

Personal Information

First Name *required*

Lei

Middle Name *required*

Last Name *required*

Skywalker

Other names if none list 'n/a'

Current Street Address

4040 CAMPUS DELIVERY

Current City

FORT COLLINS

Current State

CO

Current Postal Code

80523-4040



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Current Day Phone *required*

Date of Birth

Years at current address

Months at current address

Previous Address

Reason For wanting to be a Volunteer

Volunteer Type

Volunteer Experience 1

Organization

Volunteer Role and Duties

Volunteer Experience 2

Organization

Volunteer Role and Duties

Contact Email

Volunteer Experience 3

Organization

Volunteer Role and Duties



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Employment

Most Recent Employment

Employer

Occupation

City

State

Years at this employment

Contact Name

Contact Phone Number

Contact Email



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References

Reference 1

Name *required*

Phone number

Email *required*

Reference 2

Name *required*

Phone number

Email *required*

Reference 3

Name *required*

Phone number

Email *required*

Volunteer Background Screening

I understand that the information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release from liability any person or organization that provides information concerning me to the representatives of 4-H Youth Development Extension of my County. In signing this application, I affirm that the information I have given herein is true and correct. I understand that Colorado State University conducts a criminal and motor vehicle background check which is required of all potential volunteers. A criminal record will not necessarily bar me as a volunteer, but will be considered as it relates to the specifics of the volunteer position for which I have applied. If selected as a volunteer, I understand I serve at the request of the Colorado State University Extension Program. The request can be withdrawn for any reason, or no reason, at any time. I agree to abide by the 4-H Code of Conduct and to enforce the Code of Conduct with 4-H members I supervise.

Member Name *required*

I agree with all information outlined above

Save

Submit