

WASHINGTON STATE UNIVERSITY  
SPOKANE COUNTY EXTENSION  
**VOLUNTEER APPLICATION FORM**  
(Part A and Part B to be completed by all potential volunteers)  
**PART A**



222 N Havana  
Spokane, WA 99202-4799  
(509) 477-2048  
(509) 477-2087 fax  
4-H@spokanecounty.org  
http://Spokanekids.wsu.edu

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
(Street) (City) (Zip)

Email Address: \_\_\_\_\_ Length of time in Washington. \_\_\_\_\_

Phone: Day: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
Eve: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Air Force  Army  Marine Corps  Navy  \_\_\_\_\_ Reserves  \_\_\_\_\_ Guard  
Active \_\_\_\_\_ Retired \_\_\_\_\_

Do you have a health or medical condition which we need to accommodate for? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

<p><b>Agricultural &amp; Natural Resources Programs</b>  <input type="checkbox"/> Master Gardeners  <input type="checkbox"/> Beach Watchers  <input type="checkbox"/> Livestock Advisors</p>	<p><b>4-H Youth Development Program</b></p> <p><input type="checkbox"/> New 4H Club _____</p> <p><input type="checkbox"/> Club Organizational Leader Club Name _____</p> <p><input type="checkbox"/> Club Project Leader Club Name _____</p> <p><input type="checkbox"/> Club Activity Leader Club Name _____</p> <p><input type="checkbox"/> School Enrichment</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p><b>4-H Project Areas</b></p> <p><input type="checkbox"/> Clothing &amp; Textiles  <input type="checkbox"/> Environment  <input type="checkbox"/> Equine  <input type="checkbox"/> Expressive Arts  <input type="checkbox"/> Foods &amp; Nutrition  <input type="checkbox"/> Large Animals  <input type="checkbox"/> Mechanical Sciences  <input type="checkbox"/> Plant Sciences  <input type="checkbox"/> Small Animals  <input type="checkbox"/> Social Sciences  <input type="checkbox"/> Technology  <input type="checkbox"/> Other (please specify) _____</p>	<p><b>Project Codes</b></p> <p>_____          _____          _____          _____          _____          _____          _____          _____          _____          _____          _____</p>
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What age level(s) do you prefer working with: 5-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ 13-19 \_\_\_\_\_ Adult \_\_\_\_\_

Specific skills and talents are sometimes needed to enhance the quality of our programs. Please check any skills you would be willing to contribute.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Audiovisual operations       | <input type="checkbox"/> Web page design         | <input type="checkbox"/> Nursing / First Aid                        |
| <input type="checkbox"/> Photography/videography      | <input type="checkbox"/> Carpentry/woodworking   | <input type="checkbox"/> Research, data collection, experimentation |
| <input type="checkbox"/> Graphic arts                 | <input type="checkbox"/> Clerical/Office skills  | <input type="checkbox"/> Advocacy                                   |
| <input type="checkbox"/> Grant writing/fundraising    | <input type="checkbox"/> Food service            | <input type="checkbox"/> Computer skills: list software _____       |
| <input type="checkbox"/> Public speaking, teaching    | <input type="checkbox"/> Accounting, bookkeeping |   |
| <input type="checkbox"/> Writing, editing newsletters | <input type="checkbox"/> Leadership/management   |   |
| <input type="checkbox"/> Public relations, marketing  | <input type="checkbox"/> Facilitation            | Other skills _____  |

If you are able to communicate in another language other than English, please list.

Previous Work, Education and Volunteer Experience (please list most current experience first).

Employer/Organization

Position Title/Volunteer Role

Year(s)

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**Media Release**

I understand that photos, video, audio recordings of me may be made during 4-H meetings, events, activities that maybe used in whole or in part by WSU/Spokane County Cooperative Extension to promote the 4-H Youth Development program. If you wish your photo to NOT be used, please sign and date here. \_\_\_\_\_ date \_\_\_\_\_

**Evaluations**

I understand that youth and adult participants at 4-H meetings, events and activities may be asked to complete an evaluation. Completion of the evaluations is always optional.

**Training**

If accepted as a WSU Volunteer in the 4-H Youth Development Program, I agree to fulfill training that is required by the State 4-H office or County Extension office. I understand that the training requirements may vary with each county in Washington State regarding 4-H volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Persons with a disability requiring special accommodation while participating in 4-H may call your local WSU Cooperative Extension office. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

Cooperative Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local Cooperative Extension office.