



Volunteer Application State 4-H Positions Team and Leadership Trip Coach/Chaperone

SECTION I

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ 4-H County/City: _____

Date of Birth: _____

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

Applications due January 15th

- Dairy Bowl Coach/Chaperone
- Horse Bowl Coach/Chaperone
- Horse Hippology Coach/Chaperone
- Horse Judging Coach/Chaperone
- Horse Communications Coach/Chaperone
- Livestock Skillathon Coach/Chaperone
- Shooting Sports Coach/Chaperone-Archery
- Shooting Sports Coach/Chaperone-Shotgun
- National 4-H Conference Chaperone

Applications due May 15th

- Dairy Judging Coach
- Engineering Coach
- Horticulture Coach
- Livestock Judging Coach
- Poultry Judging Coach
- National 4-H Congress Chaperone

Why do you want to serve as a Coach/Chaperone for the Maryland 4-H Youth Development Program?

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

Describe any personal activity limitations required or accommodations needed to successfully accomplish this position:

Describe your experiences supervising teen youth while traveling and/or at overnight events. Include 4-H and non-4-H events.

List any special certificates/licenses (i.e. CPR, Defensive Driving, First Aid, WSI, teaching, day care, etc.) you have:

Certificate/License	Issued by Whom	Expiration Date
---------------------	----------------	-----------------

Describe your work or other experiences as they relate to the specific subject matter coaching position.

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

Degree, Certificate	Courses/Programs	Date Taken/Received
---------------------	------------------	---------------------

SECTION II

Legal History: A record of prosecution or conviction will not necessarily disqualify you from this position. However, you will be asked to provide a thorough explanation of any legal matters during a screening interview. The circumstances of any legal involvement will be considered as they relate to the responsibilities of the coach/chaperone position.

Have you ever been accused of or charged with a crime, even if you were never prosecuted? _____ No _____ Yes
If yes, please explain details here (including classification, disposition and the circumstances):

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

Driving Record: Team Coaches/Chaperones may be required to transport 4-H Youth in rental vehicles. Coaches/Chaperones must be eligible to rent and operate a rental vehicle according to applicable state laws. A negative driving record will not necessarily disqualify you from this position. However, you will be asked to provide a thorough explanation of any traffic violations and/or incidents during a screening interview. You may also be asked to show a valid state driver's license and proof of current insurance prior to traveling with a Maryland 4-H Team.

If selected, you may be required to show current driver's license and proof of insurance prior to traveling.

Valid Driver's License Number _____ State _____ Expiration Date _____

Auto Insurance Company _____ Expiration Date _____

Are there any restrictions on your Driver's License or Privilege? (*no night driving, etc.*)

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:

Traffic Citations:

Have you ever had any traffic citations (i.e. operating without a license or registration, failure to stop, speeding, etc.): No Yes

Please describe the violations, if any:

Date	Nature of Citation	Location (State)	Penalty
------	--------------------	------------------	---------

Accident Record:

Have you been involved in any motor vehicle accidents (regardless of fault) within the past five years: No Yes
Please describe the accidents, if any:

Date	Nature of Accident	Who Was at Fault	Describe Any Injuries/Fatalities
------	--------------------	------------------	----------------------------------

Have you been charged with Driving While Intoxicated (DWI) or under the influence of a controlled substance (DUI) within the past five years: No Yes

Please describe the violations, if any:

Date	Nature of Violation	Location (State)	Penalty
------	---------------------	------------------	---------

SECTION III

References: List three people (not related to you) who can offer information about: your character and your knowledge and skills as they relate to the position for which you have applied. References may be employers, volunteer coordinators from other organizations, etc. One must be a UME 4-H Employee.

Full Name	Mailing Address (including Zip)	Daytime Phone	E-mail Address
Describe the context in which they know you:			
Describe the context in which they know you:			
Describe the context in which they know you:			

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. I agree to inform the State 4-H Office of the University of Maryland Extension (UME) of any changes. I authorize University of Maryland Extension to request and receive any background information about or concerning me, including, but not limited to my Criminal History. I also authorize University of Maryland Extension to contact the listed references, previous employers and volunteer organizations, and to verify the information provided. I understand that misrepresentation or omission of facts requested is cause for non-appointment in this position and potential for dismissal in my role as a current UME volunteer. If appointed to this position, I agree to abide by the philosophies and policies of the University of Maryland Extension, as well as individual program areas and to fulfill the volunteer responsibilities to the best of my ability.

Applicant's Signature: _____ Date: _____

Send completed application to: **Maryland 4-H Center - 8020 Greenmead Drive, College Park, MD 20740**
 Section IV, "Verification of UME Volunteer" must also be received from the UME county/city in which the Volunteer is enrolled.

SECTION IV (To be completed by City/Area Extension Director or Educator)

The section needs to be completed by a UME employee located at the UME Unit where the applicant's UME volunteer's files are maintained.

VERIFICATION OF UME VOLUNTEER STATUS

I verify that _____ was appointed as a UME Volunteer on _____
Applicant's Name Date

in _____ as a _____ with the term of appointment
UME County/City Unit Position

from _____ to _____. This volunteer was reappointed as a UME Volunteer In Good
Contract Appointment Dates

Standing on _____ by completing the renewal form and a 4-H Volunteer Enrollment Form for the year _____

Printed Name: _____ UME County/City: _____

Signature: _____ Title: _____ Date: _____

Please list any additional comments, recommendations or suggestions from the UME employee supervising, working with or knowing this volunteer regarding the applicant's ability to meet the responsibilities and qualifications described in the applicable position description.

Mail or fax completed Verification State 4-H Office:

Maryland 4-H Center - 8020 Greenmead Drive, College Park, MD 20740

Fax: (301) 314-7146