

# Volunteer Application

UNIVERSITY OF  
**MARYLAND**  
EXTENSION  
*Solutions in your community*

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



Frederick County/City

**Name:** \_\_\_\_\_  
Last First Middle (Goes by-Nickname)

**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

