

**4-H OVERNIGHT
CHAPERONE APPLICATION**

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ YEARS AT CURRENT ADDRESS _____

AGE _____ SEX _____ RACE _____ (OPTIONAL - FOR REPORTING PURPOSES ONLY)

CAN YOU PROVIDE TRANSPORTATION? _____

OCCUPATION _____ EMPLOYER _____

ADDRESS OF EMPLOYER _____

NUMBER OF YEARS WITH EMPLOYER _____

ARE YOU A FORMER 4-H'ER? _____ IF SO, WHERE? _____

LIST ANY PREVIOUS 4-H VOLUNTEER EXPERIENCES _____

LIST ANY OTHER EXPERIENCES WORKING WITH YOUTH _____

LIST ANY SPECIAL SKILLS OR TRAINING _____

LIST REFERENCES WHO ARE FAMILIAR WITH YOUR CHARACTER AS IT RELATES TO WORKING WITH YOUTH:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? _____

IF YES, PLEASE GIVE DATE, NATURE OF OFFENSE, AND DISPOSITION _____

A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to specifics of the position for which you have applied.

I authorize contacting the listed references. I understand that omission or misrepresentation of information requested is just cause for non-appointment as a volunteer. If appointed, I agree to complete the Certified Chaperone Training and fulfill my responsibilities to the best of my ability.
