



Maryland 4-H Episodic Volunteer Application

An Episodic Volunteer is one that serves the Maryland 4-H program on a non-continuous basis, has limited direct contact with youth and low risk for the organization. They cannot be left alone with youth and cannot assume the care, custody and control of youth on behalf of the Maryland 4-H Program. They are considered direct/short term volunteers in 4-H Online. They **MUST** be vetted and screened to ensure they meet Maryland 4-H expectations to work with youth, even in an indirect capacity. Episodic Volunteers **MUST** participate in a group situation under the supervision of a UME faculty/staff or Certified UME 4-H Volunteer.

Name _____

Name(s) previously used, including maiden name: _____

Address _____

Street address

City

State

ZIP

Home phone _____ Work phone _____ Cell phone _____

Validate Driver's License Number: _____ E-mail Address: _____

Gender: _____ Date of Birth: _____

Program or activity to assist with: _____

List three people who have definite knowledge of your character and skills who may be contacted as a reference. Do not list family members or Extension staff.

Name _____ Phone: _____

Email Address: _____ Relationship: _____

Name _____ Phone: _____

Email Address: _____ Relationship: _____

Name _____ Phone: _____

Email Address: _____ Relationship: _____

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-utilization or dismissal as a volunteer. If appointed as a volunteer, 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.

Signed _____

Episodic Volunteer

Date