



BALDWIN COUNTY OFFICE
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BAY MINETTE AL 36507
TELEPHONE: (251)-937-7176
928-0860 ext. 2222 / 943-5611 ext. 2222
FAX: (251)-937-7285



Master Environmental Educator Application

NAME (please print): _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE (DAY): _____ PHONE (EVENING): _____

EMAIL: _____

- List experience in community work that you have done (school, church, hospitals, senior citizens, nursing homes, etc.): _____

- Why would you like to become an Environmental Educator? _____

- How did you learn about the Master Environmental Educator program? _____

- Having an environmental background is not a prerequisite for joining this program. However, if you happen to have environmental experience, please list it below: _____

PLEASE COMPLETE AND RETURN THIS PAGE AND THE 4-H APPLICATION FORMS BY AUGUST 1.

If you have any questions, please call the Baldwin County Extension Office at (251)-937-7176 or your local courthouse (FAIRHOPE AREA): 928-0860 ext. 2222 / (FOLEY AREA): 943-5611 ext. 2222.



Making the Best Better!

Our Alabama 4-H Volunteer Application

Thank you for offering to help young people grow and learn. Your involvement is important to 4-H and our young people. This application is important to you and 4-H for the following reasons:

- It matches you with the right job and responsibilities
- It assures that 4-H provides a safe and nurturing environment
- It protects you and everyone involved in 4-H

The volunteer application has two sections:

General Information—used to match your skills, interests, and abilities with 4-H’s volunteer needs.

Personal Information—confidential information will only be accessible to authorized Extension personnel. This confidential information will be kept in a locked and secured location in your county Extension office and state 4-H office.

Please provide the requested information and return the application to your Extension office. Note that your signature is required. All applicants are subject to criminal background checks. By signing the application you give your permission for appropriate checks to be made.

Name _____
(First) (Middle Initial) (Last)

Mailing Address _____
(Street) (City) (County) (Zip)

Physical Address _____
(If Different) (Street) (City) (County) (Zip)

How long have you been at this present address? _____ Years

If less than 5 years, list your prior addresses and the length of time you lived at each.

(Street) (City) (County) (Zip) (Length of Stay)

(Street) (City) (County) (Zip) (Length of Stay)

Have you ever been denied volunteer status with a youth organization? ____ Yes ____ No

Phone: Day _____ Best time to call: _____ a.m./p.m.

Evening _____ Best time to call: _____ p.m.

E-mail: _____ FAX: _____

This is my _____ year as a 4-H volunteer.

Were you in 4-H? ____ Yes ____ No Where? _____

(State) (County)

Gender: __ Female __ Male

Are you of Hispanic or Latino ethnicity? Check (✓) only one.

____ Yes ____ No

How would you describe yourself? (select one or more)

__ 1. White

__ 2. Black or African American

__ 3. American Indian or Alaskan Native

- 4. Asian
- 5. Native Hawaiian or Pacific Islander

Do you have special needs? If yes, please describe: _____

May we forward your name and address to the Alabama 4-H Volunteer Leader Association? Yes No

Office Use Only

_____/_____/_____ Application Received

_____/_____/_____ All References Checked

_____/_____/_____ Interview Completed

_____/_____/_____ Alabama Sex Offender Site Reviewed
(<http://community.dps.state.al.us>)

_____/_____/_____ Letter of Acceptance Sent

_____/_____/_____ Basic Training (Ch.1 and 2 of DVD)

_____/_____/_____ Overnight Certification

Volunteer Interests

Why are you interested in a 4-H volunteer position? _____

Do you prefer to work directly with: youth adults both

If you prefer to work with youth, what age level(s) do you prefer to work with?

- 7 and younger ages 7-9 ages 10-12
- ages 13-15 15 and older all ages

Are there specific ways that you want to volunteer for 4-H?

- No, I want to serve wherever needed
- Yes, I would like to serve in the following role(s): _____

Describe your skills, abilities, hobbies, and experiences that could benefit youth and 4-H:

Have you ever volunteered before (such as church, youth sports, or PTA)?

Organization Volunteer Role Date(s)

Organization Volunteer Role Date(s)

Organization Volunteer Role Date(s)

Are you currently employed? Yes No

If yes, where: _____

For how long: _____

Please list any other employment you have held during the past 3 years:

PERSONAL INFORMATION

This information is strictly confidential. This information will be securely stored and will be available only to authorized personnel. Extension reserves the right to share information gained during the screening process on a need-to-know basis with relevant coordinating agencies, such as local school boards and law enforcement officials. Extension cannot guarantee that confidential screening information is protected from disclosure under the laws governing public records or that confidential screening information will not be produced in response to a subpoena.

1. 4-H is concerned that volunteers and leaders be appropriate role models for youth.

Have you ever had any problems with:

a. substance abuse? Yes No

b. criminal behavior? Yes No

c. child abuse or neglect? Yes No

d. suspension or revocation of your driving privileges? Yes No

If yes to any of these, please indicate what steps you have taken to remedy this problem:

2. Other than the above, is there any other fact about you that would affect your ability to be entrusted with the supervision, guidance, and care of youth under the age of 19? Yes No

(If yes, please explain):

Date of Birth _____ Social Security Number _____

Driver's License Number: _____ State Issued: _____

Is your driver's license current and valid? Yes No

Do you have the minimum vehicle insurance coverage required by the state of Alabama?

Yes No

Insurer: _____ Policy # _____

Copies of drivers license and insurance card should be retained along with the application.

REFERENCES

List three people who are familiar with your character and your qualifications as they relate to working with youth. (Do not list family members or Extension staff.) Please include complete mailing address. References will be contacted.

1. _____
(Name) (Phone: Day/Night) (How do they know you?)

Address _____
(Street) (City) (State) (Zip)

2. _____
(Name) (Phone: Day/Night) (How do they know you?)

Address _____
(Street) (City) (State) (Zip)

3. _____
(Name) (Phone: Day/Night) (How do they know you?)

Address _____
(Street) (City) (State) (Zip)



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