



## South Dakota Cooperative Extension Service Volunteer Application Form

The South Dakota Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in youth activities. Answers given by the applicant are to be verified in those instances where a legitimate question arises about the applicant's qualifications.

### I. General Information

Name \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
(Street, Box, Route, Apt. No.) (City) (State) (Zip)

Residential Address \_\_\_\_\_  
(If different from mailing address) (Street, Box, Route, Apt. No.) (City) (State) (Zip)

How long have you lived at your present address? \_\_\_\_ Years \_\_\_\_ Months

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

\_\_\_\_\_ \_\_\_\_ Years \_\_\_\_ Months  
\_\_\_\_\_ \_\_\_\_ Years \_\_\_\_ Months

Phone:

Day \_\_\_\_\_

Best time to call: \_\_\_\_\_ a.m./p.m.

Evening \_\_\_\_\_

Best time to call: \_\_\_\_\_ a.m./p.m.

Cell \_\_\_\_\_

Best time to call: \_\_\_\_\_ a.m./p.m.

E-mail: \_\_\_\_\_

FAX: \_\_\_\_\_

Sex: \_\_\_\_ Female \_\_\_\_ Male

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If you have worked as a volunteer with youth, how long did you do so? \_\_\_\_\_  
Where? \_\_\_\_\_

(Over)

## II. Personal References

List two persons not related to you who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_

## III. Personal Information

(This information will be kept in a confidential file and will be accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered volunteer. If there are any changes in answers to these questions, the volunteer should immediately contact the local Extension office.)

1. The South Dakota Cooperative Extension Service is very concerned that volunteers and leaders be appropriate role models for youth participants.

Have you ever been convicted of, pled nolo contendere to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory or country?      \_\_\_No \_\_\_Yes

If so, please provide details of the circumstances leading to your conviction, plea, or nolo contendere or deferred or suspended sentence. Attach additional sheets as necessary.

Commission of a crime is not an automatic disqualification from serving as a volunteer. However, failure to disclose such actions, or attempts to mislead concerning the facts or circumstances of the underlying conduct, could result in termination of volunteer duties or opportunities.

2. Do you currently have the minimum vehicle insurance coverage as required by the state of South Dakota?      \_\_\_No \_\_\_Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the USDA. Latif Lighari, Director of Extension, Associate Dean, College of Agriculture & Biological Sciences, South Dakota State University, Brookings. Educational programs and materials offered without regard for race, color, creed, religion, national origin, ancestry, citizenship, age, gender, sexual orientation, disability, or Vietnam Era veteran status.

# South Dakota Cooperative Extension Service

## Volunteer Work Agreement

I, \_\_\_\_\_, agree to perform the duties and responsibilities of the volunteer position mutually agreed to by the South Dakota Cooperative Extension Service and myself.

I understand that my services are voluntary, that I will not be compensated, and that volunteer workers are not provided worker's compensation coverage.

I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be canceled at any time by notification to either party.

As a volunteer, I affirm my commitment to the civil rights practices and policies of South Dakota State University, and will not discriminate on the basis of race, color, creed, religion, national origin, ancestry, gender, marital status, pregnancy, sexual orientation, age, disability, Vietnam Era veteran status, or any other protected class.

I have read the above agreement, understand it, and agree to serve as a volunteer.

\_\_\_\_\_ at \_\_\_\_\_  
(duty/title)

\_\_\_\_\_ through \_\_\_\_\_  
(date) (date)

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date