

## SECTION 1 - TENNESSEE EXTENSION VOLUNTEER APPLICATION FORM

Level 1 volunteers should only complete Sections A - E. Level 2 and Level 3 volunteers should complete the entire form.

Tennessee Extension aims to provide a safe environment for all persons involved in Extension activities and events. This application is designed to be an information-gathering aid in order to successfully match the applicant's skills and interest with the appropriate service and needs of the organization. Answers given by the applicant may be verified. All applications will be filed in a secure location.

### A. GENERAL INFORMATION

\*Must present your Driver's License or a government issued photo ID with your application\*

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Last First Middle Name  
Street, Route, Apt #  
City, State Zip code County

Mailing Address (if different from above) \_\_\_\_\_

Email address: \_\_\_\_\_ How long have you resided in this county? \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Have you previously volunteered with TN Extension? ☐ Yes ☐ No

If yes, county and last year volunteered? \_\_\_\_\_

B. DEMOGRAPHIC INFORMATION Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_\_

Ethnicity: (check one) ☐ Not Hispanic/Latino ☐ Hispanic/Latino (d/m/yyyy)

Race: (check one) ☐ White ☐ Black /African American ☐ American Indian/ Alaskan Native ☐ Unidentified/Other  
☐ Asian ☐ Native Hawaiian / Other Pacific Islander ☐ More Than One Race

Are you able to speak or write in a language other than English? ☐ Yes ☐ No

(Please list, including American Sign Language.) \_\_\_\_\_

### C. AVAILABILITY

What length of time are you willing to volunteer? Over what time period? (Check all that apply)

\_\_\_\_\_ Hrs. /week \_\_\_\_\_ Hrs. /month ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ Ongoing

When are you available to volunteer? (Check all that apply)

☐ Day ☐ Evening ☐ Weekends ☐ I'm flexible Specific times: \_\_\_\_\_

### D. AUDIENCE INTERESTS

I prefer to work directly with: (Check all that apply)

☐ Youth ☐ Adults ☐ Senior Citizens ☐ Clientele with disabilities ☐ Other \_\_\_\_\_

If you work directly with youth, what age level(s) do you prefer? (Check all that apply)

☐ Pre-school ☐ K-3 ☐ Explorer (4<sup>th</sup> grade) ☐ Junior (5<sup>th</sup> - 6<sup>th</sup>) ☐ Jr. High (7<sup>th</sup> - 8<sup>th</sup>)

Senior: ☐ Level I (9<sup>th</sup> - 10<sup>th</sup>) ☐ Level II (11<sup>th</sup> - 12<sup>th</sup>)

**E. ACTIVITY INTERESTS** - What are your volunteer activity interests? (Check all that apply)

- ☐ Teaching/ demonstrations
- ☐ Photography
- ☐ Newsletter
- ☐ Displays/exhibits
- ☐ Organizing programs/events
- ☐ Public Speaking
- ☐ Telephone/office work at county Extension office

- ☐ Writing/publishing/proofreading
- ☐ Web development
- ☐ Artworks, graphics
- ☐ Marketing
- ☐ Research/data collection
- ☐ Typing/ Computer entry
- ☐ Fundraising

\*If you are interested in a specific program or topic area such as 4-H Youth Development, Agriculture, Natural Resources, and Community Economic Development, Master Gardener, or Family and Consumer Sciences, please see Section 3 - Program Area Information Forms.

*\*The following two sections should be completed by Level 2 and Level 3 volunteers only\**

**F. REFERENCES** - List three people, not related to you, who have knowledge of your qualifications and have known you for at least two years. Provide complete addresses and phone numbers.

1.	Name	Street Address	City/State/Zip
	Day Phone Number	Evening Phone Number	Email Address Relationship
2.	Name	Street Address	City/State/Zip
	Day Phone Number	Evening Phone Number	Email Address Relationship
3.	Name	Street Address	City/State/Zip
	Day Phone Number	Evening Phone Number	Email Address Relationship

**G. BACKGROUND DISCLOSURE** - A "yes" answer does not automatically exclude an applicant from becoming a registered Extension Volunteer. If there are any changes in answers to the following questions, the volunteer should immediately contact the local Extension office and notify the change.

1. Have you ever had any criminal conviction related to:
  - a. A crime of violence? ☐ Yes ☐ No
  - b. Child abuse or neglect? ☐ Yes ☐ No
  - c. Sexual related offenses? ☐ Yes ☐ No
2. If yes, to any of the above questions, provide date(s), location(s), and complete name at the time(s).

I authorize contacting the references listed on this application. I understand the omission or misrepresentation of information requested may result in non-appointment or dismissal as an Extension volunteer. If appointed as a volunteer, I agree to abide by the policies of UT Extension, and the University of Tennessee, and Tennessee State University and to fulfill my volunteer responsibilities to the best of my abilities. I also understand that UT Extension, the University of Tennessee and/or Tennessee State University may contact other individuals as needed to verify my skills, background, and experience in working with Extension clientele.

I acknowledge that I have received and read the Tennessee Extension Volunteer Statement of Principles (all volunteers). I acknowledge that I have received and read the University of Tennessee Programs for Minors Safety Policy and Standards of Conduct for Covered Adults (Levels 2 & 3 volunteers).

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant's Signature		Date
FOR OFFICE USE ONLY:	Date application was received: _____	
This applicant: (Pick one)	<input type="checkbox"/> Met qualifications for an Extension volunteer position. <input type="checkbox"/> Did not meet qualifications for an Extension volunteer position.	Volunteer Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## **TENNESSEE LAW ON MANDATORY REPORTING OF CHILD ABUSE AND CHILD SEXUAL ABUSE**

All members of the University community are responsible for compliance with Tennessee laws on mandatory reporting of child abuse and child sexual abuse. Please go to the following website to find detailed information from the Tennessee Department of Children's Services on how to identify and report child abuse and child sexual abuse:  
<http://www.tn.gov/youth/childsafety.htm>.

The following is a summary of key provisions of Tennessee law on mandatory reporting of child abuse and child sexual abuse.

### **Who Must Report**

Tennessee law mandates reporting by **any person** who has knowledge of physical or mental harm to a child if: (1) the nature of the harm reasonably indicates it was caused by brutality, abuse, or neglect; or (2) on the basis of available information, the harm reasonably appears to have been caused by brutality, abuse, or neglect.

Tennessee also mandates reporting by **any person** who knows or has reasonable cause to suspect that a child has been **sexually abused**, regardless of whether it appears the child has sustained an injury as a result of the abuse.

The Tennessee mandatory reporting laws define a child as a person under 18 years of age.

### **How to Report**

**Call 911 if the situation is a life threatening emergency.** In other cases, a report of child abuse or child sexual abuse must be made **immediately** to one of the following four authorities:

- The Tennessee Department of Children's Services (reports can be made by calling the Central Intake Child Abuse Hotline at 1-877-237-0004);
- The sheriff of the county where the child resides;
- The chief law enforcement official of the city where the child resides; or
- A judge having juvenile jurisdiction over the child.

**Please note that University police departments are not included in the list of authorities. Reporting to University police, a supervisor, or any other University official or employee does not satisfy an individual's duty to report child abuse or child sexual abuse to one of the authorities listed above.**

### **Criminal Penalties for Failure to Report**

Any person who knowingly fails to make a report of child abuse as required by Tennessee law commits a Class A misdemeanor.

Any person who knowingly and willfully fails to report known or suspected child sexual abuse, or who knowingly and willfully prevents another person from doing so, commits a Class A misdemeanor.

**I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY  
WITH THE REQUIREMENTS OF TENNESSEE LAW DESCRIBED IN THIS DOCUMENT.**

PRINTED NAME: \_\_\_\_\_ PERSONNEL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_