



# 4-H Volunteer Profile

(To be filled out with 4-H Staff)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

A. Are you familiar with 4-H? Yes \_\_\_\_ No \_\_\_\_

B. What are your interests?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

C. Age/Interest Group - Check your preference(s)

\_\_\_\_ Age 9-12 \_\_\_\_ Teenagers \_\_\_\_ Adults \_\_\_\_ Senior Citizens \_\_\_\_ Other (Specify)

D. Volunteer/Employment Experience: (Begin with most recent position)

| Organization/Agency | Name | Position(s) | Description |
|---------------------|------|-------------|-------------|
| _____               | /    | _____       | /           |
| _____               | /    | _____       | /           |
| _____               | /    | _____       | /           |
| _____               | /    | _____       | /           |

E. Volunteer Opportunities: (Check Choice(s))

- |   |   |
|---|---|
| <input type="checkbox"/> Community Club Leader          | <input type="checkbox"/> 4-H Club Organizer-Recruiter   |
| <input type="checkbox"/> Project Leader                 | <input type="checkbox"/> Judging Team Coach             |
| <input type="checkbox"/> Organizational Leader          | <input type="checkbox"/> Chaperon                       |
| <input type="checkbox"/> Teen Leader                    | <input type="checkbox"/> Donors (Financial or Services) |
| <input type="checkbox"/> Resource Person/Trainer        | <input type="checkbox"/> Advisory Committee             |
| <input type="checkbox"/> Special Interest Project Coor. | <input type="checkbox"/> Fundraising Coordinator        |
| <input type="checkbox"/> Event Coordinator              | <input type="checkbox"/> Other                          |

F. Do You Want:

1. Long-term Assignment? (Hours per month\_\_\_\_) (No. of years\_\_\_\_)
2. Short-term Assignment? (Months\_\_\_\_), (Weeks\_\_\_\_), or (Days\_\_\_\_)

G. When are you available to volunteer?

1. Weekdays\_\_\_\_; Weekends\_\_\_\_; Morning\_\_\_\_; Afternoon\_\_\_\_; Evening\_\_\_\_
2. Starting Date: \_\_\_\_\_

H. Preferred Geographic Volunteer Assignment Area(s):

- \_\_\_\_ 1. My neighborhood \_\_\_\_ 2. Anywhere in my city/county

I. Physical or Medical Conditions That May Limit Volunteer Work?

Yes (If Yes, Please Specify) \_\_\_\_\_  
 No

J. References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Learning Opportunities: (Share current local, state, and national list).

Future Learning Opportunity Needs:

- Youth Development
- Program Planning
- Program Management
- Public Relations
- Recognition
- Leadership Development
- Subject Matter

L. 4-H Materials Given Interviewee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES \_\_\_\_\_  
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