

**Hansen Volunteer**  
**New Adult Volunteer Application Form**  
 University of California Cooperative Extension

|  |                 |   |  |   |
|--|-----------------|---|--|---|
| Volunteer Position _____                                 |                 | Interview Date _____                            | <input type="checkbox"/> I am a Ventura County Master Gardener |   |
| First Name _____   | Last Name _____ | Gender: _____                                   | <input type="checkbox"/> Female <input type="checkbox"/> Male  |   |
|  |                 |   | <input type="checkbox"/> I am a 4-H Volunteer                  |   |
| Mailing Address _____                                    |                 | City _____                                      | State _____  | Zip _____                                       |
| (_____) _____<br>Home Phone (with area code)             |                 | (_____) _____<br>Work Phone (with area code)    |  |   |
| (_____) _____<br>Cell Phone (with area code)             |                 | Email Address _____                             |  |   |
| <b>Ethnicity</b> ( <i>check one that applies best</i> ): |                 |   |  |   |
| <input type="checkbox"/> American Indian/Alaskan Native  |                 | <input type="checkbox"/> Asian/Pacific Islander |  | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino                 |                 | <input type="checkbox"/> White                  |  |   |
|  |                 |   |  |   |
|  |                 |   |  |   |

| <b>Volunteer Experience</b> |                          |              |              |
|-----------------------------|--------------------------|--------------|--------------|
| Organization name           | Volunteer positions held | Contact Name | Phone Number |
|                             |                          |              |              |
|                             |                          |              |              |
|                             |                          |              |              |
|                             |                          |              |              |

| <b>References</b> |              |
|-------------------|--------------|
| Name              | Phone Number |
|                   |              |
|                   |              |
|                   |              |

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the Hansen Agricultural Center Volunteer Code of Conduct/Responsibilities and Rights and Photograph and Information Release. I am aware that I must re-apply for a Hansen Volunteer appointment annually, and provide an updated Medical Release, Waiver of Liability, and Volunteer Confidential Self-Disclosure Form.

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

| <b>UCCE &amp; HAC Use Only (receipt &amp; completion dates)</b> |                 |                     |                  |                       |                      |
|---|-----------------|---------------------|------------------|-----------------------|----------------------|
|   |                 |                     |                  |                       |                      |
| Interview Date  | Self-Disclosure | Waiver of Liability | Background Check | General Training Date | Volunteer Assignment |