

**EL PASO COUNTY JUNIOR LIVESTOCK SALE COMMITTEE
(EPCJLSC)
VOLUNTEER APPLICATION FORM**

NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ **PHONE:** _____

Were you ever a 4-H member: _____ Yes _____ No

Do you currently have or previously had children involved in 4-H _____ Yes _____ No

Is so, when, where, and what type of involvement did your children have?

Please check those areas that you have experience working in volunteer capacities:

_____ Fairs	_____ Out of school programs	_____ Chaperone
_____ Summer Programs	_____ Camps	_____ Special Event
_____ Club/Group Leader	_____ Advisory Board Member	_____ Office Support
_____ Committee Member	_____ Donor/Fundraiser	_____ Special Project
_____ Other _____		

Provide information regarding your volunteer experience(s) (including previous 4-H experience):

Describe your skills, abilities, and hobbies related to this volunteer position with EPCJSLC:

Special considerations regarding your availability, length of commitment, etc. are:

Factors that motivate you in a volunteer role are: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Personal satisfaction | <input type="checkbox"/> Recognition by youth |
| <input type="checkbox"/> Public recognition
(e.g. news article, etc.) | <input type="checkbox"/> Organization recognition
(pins, news article, banquet, etc.) |
| <input type="checkbox"/> Resume/skill building | <input type="checkbox"/> Professional opportunities |
| <input type="checkbox"/> Preparing youth for future | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Other _____ | |

Reason for wanting to serve on the EPCJLSC:

Please list two individuals (not relatives) who can be contacted to provide references:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

By signing below, I affirm that I have not at any time, been convicted of, pleaded guilty to, pleaded no contest to, or admitted to any felony, any offense involving a minor, motor vehicle offense, or DWI (driving while intoxicated). I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service to EPCJLSC.

I understand that there are risks inherent in carrying out the duties and responsibilities of a volunteer. I agree to release the EPCJLSC, its agents and volunteers from all claims or causes of action as a result of any personal injury or property damage sustained by me due to my performance as a volunteer, including my operation of a motor vehicle. I further waive any right to review confidential communications conducted by the EPCJLSC regarding my application.

Applicant Signature: _____ **Date:** _____

Date Application Received by EPCJLSC: _____