CONFIDENTIAL INFORMATION



Office use Only
Int
Ref
DCFS
Convictions
RSO
Driver
Approve

EXTENSION VOLUNTEER APPLICATION

(To be completed by volunteers in University of Illinois Extension Master Naturalist programs)

Name			E-mail						
	Last Firs	t Middle							
Address	Street	City	State						
Data of blade		,		r					
Date of birth	Month/Day/Year	_							
Phone: Day	Evening:	Best tir	ne to call:						
Why do you want to become a University of Illinois Extension Master Naturalist?									
Have you had	d any previous affiliations with the	University of Illinois and/or Extens	ion? Yes No						
Are you available for classroom training during regular daytime business hours? Yes No									
Are you available to volunteer time during regular daytime business hours? Yes No									
				-					
Have you been in another Master Naturalist program? If yes, where and when									
Describe you	r present and previous work exper	ience:							
EMPLOYER		JOB TITLE		YEARS					

Describe volunteer roles wit	n any other communi	ty groups: (List current or	most recent experience first	:.)	
ORGANIZATION		VOLUNTEER ROLE		YEARS	
List special skills, training ar	d education:				
Have you are been consist	ad af a aminaimal affam	3			
Have you ever been convicted Yes Conviction will be considered	No (If yes, ple	ase attach a sheet to expla	in.) A conviction will not ne which you have applied.	ecessarily disqualify an	applicant. A
I authorize the University of background check, the natio				se and Neglect Tracking	g System (CANTS)
I understand that I must be requested in this application best of my ability if appoints	is cause for rejection	n as an Extension volunteer	. I agree to fulfill the respon	nsibilities of this volunt	eer position to the
Further, I agree to complete University's Protection of M I. Extension employee of the	inors Policy, including	mandated reporting to the	University of Illinois Police		
Signature		D	ate		
Optional Questions: The foll information will NOT be use	•		•	verse population of volu	ınteers. This
Gender: Male Fem	ale				
Residence: Town under	10,000 or rural non-	farmTown/city of	10,000-50,000		
Farm	_ Suburbs of a city o	ver 50,000City w/	oopulation over 50,000		
Ethnicity: (select 1)H	ispanic or Latino	Not Hispanic or L	atino		
Race: (select one or more)	WhiteI	Black/African American	American Indian/Alas	kan Native	
	Asian I	Native Hawaiian/Pacific Isla	nder		
Return the application at you information.	ur earliest convenienc	e to assure prompt process	ing. Please contact us if yo	ou have any questions c	or wish further
Return to:					
Revised 2013					