SCREENING APPLICATION



Last Name: First Name:		Middle:		
Address:				
City:		State:		Zip:
Information Collected for R	eporting Purposes Only:			
Birthdate:		Gender:		
Race (select all that apply): White African American or Black American Indian or Alaskan Native		Residence (select one):FarmSuburban (50,000+)Rural (Under 10,000)City (50,000+)Town (10,000 – 50,000)		
Asian Native Hawaiian or Other Pacific Islander		Check all that apply: Hispanic or Latino Military Family		
Contact Information:				
Phone:		Work Phone:		
Cell Phone:		Email:		
References: Provide 3 references who are not immediate family members and who reside outside of your home address. They should be familiar with your skills and abilities related to potential duties associated with volunteering. Local CAES or Extension staff should not serve as references.				
Name of Reference:	Title:	Company:		Phone No:
Address:				Email:
How do you know this reference?			How long have you known this reference?	
Name of Reference:	Title:	Company:		Phone No:
Address:				Email:
How do you know this reference?			How long have you known this reference?	
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Name of Reference:	Title:	Company:		Phone No:
Address:				Email:
How do you know this reference?			How long have you known this reference?	

Thank you for your interest in serving with UGA CAES and Extension! Please look over your application prior to submitting it to your local office to ensure you are leaving no required boxes or blanks empty.