

# SCREENING APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Information Collected for Reporting Purposes Only:

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birthdate:                                                                                                                                                                                                                                                                                           | Gender:                                                                                                                                                                                                                                                                                                                                                                             |
| Race ( <i>select all that apply</i> ):<br><input type="checkbox"/> White<br><input type="checkbox"/> African American or Black<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Residence ( <i>select one</i> ):<br><input type="checkbox"/> Farm<br><input type="checkbox"/> Rural (Under 10,000)<br><input type="checkbox"/> Town (10,000 – 50,000)<br><input type="checkbox"/> Suburban (50,000+)<br><input type="checkbox"/> City (50,000+)<br>Check all that apply:<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> 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? |           |

|                                 |        |                                         |           |
|---------------------------------|--------|-----------------------------------------|-----------|
| 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.