



BONE BUILDERS VOLUNTEER EDUCATOR APPLICATION

THE UNIVERSITY OF ARIZONA COOPERATIVE EXTENSION



Position Description: Bone Builders Volunteer Educators are community members who share osteoporosis prevention information with women or individuals in their worksite, church, synagogue, organizations, neighborhood, or health clubs.

Qualifications: Life-long learners interested in making a difference in the lives of women in their community. Interested in health issues especially women's health. An interest in teaching or helping others is helpful. Optional - background in health, nutrition, or exercise physiology.

- Training:**
- Twelve - thirteen hours initial training presented by the U of A faculty and Bone Builders Partners
 - Update training: 2-3 hours on Saturday, morning or evening sessions (2-3 times per year)
 - Quarterly Bone Builders volunteer newsletter

- Responsibilities:**
- Plan and implement Bone Builders activities to increase awareness of osteoporosis and prevention regularly for at least one year (i.e., church, organization, worksite or community activities such as a display at a woman's health fair, posters or displays at worksite or church, presentations or classes to brown bag class, church group or others).
 - Use recommended Bone Builders materials for displays and handouts.
 - Attend Bone Builders training and updates.
 - Make Bone Builders materials available to ALL people in your site or group but specifically women ages 25 and older.
 - Keep record of what was done and who participated and submit quarterly reports.
 - Have FUN!

Home #: _____ Work/Cell #: _____		Date: _____		
Fax #: _____ Email: _____				
Name: _____		Best time to call: (give day & time) Example: Wed., 9 am - 12 pm		
Organization: _____		Give Day & Time:		
Address: _____		Give Night & Time:		
City/State/Zip: _____				
List employed experience: (Most recent employer first)		Positions Held (Most recent first)		Dates
Volunteer Experience List Organizations(s)	Address	Dates	Your Assignments	

Other Talents: (for example, public speaking, teaching, computer knowledge, graphics, etc.)		
References: (other than a relative) (Please fill in complete address and phone number).		
1.		
2.		
When are you available for volunteer work: Place an "X" in any of the boxes that pertain to you.		
<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Ethnic Group: (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian	Education: Place an "X" on the highest level completed. <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 College/Vocation Training: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Do you speak any languages other than English? If so, which? _____ _____ Which do you read/write? _____ _____
Site where you plan to use the Bone Builders program.	How did you learn about the volunteer program?	
Name of Site: _____ <input type="checkbox"/> Worksite <input type="checkbox"/> Organization <input type="checkbox"/> Church <input type="checkbox"/> Community <input type="checkbox"/> Health Fairs <input type="checkbox"/> Uncertain	<input type="checkbox"/> Television <input type="checkbox"/> Dial Extension <input type="checkbox"/> Newspaper <input type="checkbox"/> Cooperative Extension Office <input type="checkbox"/> Radio <input type="checkbox"/> Other _____ <input type="checkbox"/> Friend	
In what area would you like to volunteer? <input type="checkbox"/> Give Presentations <input type="checkbox"/> Health Fairs <input type="checkbox"/> Office Support <input type="checkbox"/> Phone or Computer <input type="checkbox"/> Other _____		

I authorize contact of listed references and understand that information from references is confidential. If appointed as a volunteer educator, I agree to abide by the educational philosophies of the University of Arizona Cooperative Extension and to fulfill the volunteer responsibilities to the best of my ability. (For further information please call (602) 827-8200, x316).

Signature: _____ Date: _____

Mail to: The University of Arizona Cooperative Extension, Maricopa County, Attn: Bone Builders (include registration fee) • 4341 E. Broadway Rd., Phoenix, AZ 85040-8807 • Fax to: (602) 827-8292 • Email: shday@ag.arizona.edu

If you have questions concerning access, wish to request a sign language interpreter or accommodations for a disability, please contact Mary Conner at (602) 827-8200, x353 or email mconner@cals.arizona.edu.

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BACKGROUND CHECK/AUTHORIZATION CONSENT

During the application process and at any time during the tenure of my volunteer service with the University of Arizona Cooperative Extension, I hereby authorize ChoicePoint Services Inc., on behalf of The University of Arizona Cooperative Extension to procure a criminal background report. This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that additional criminal background reports may be required from other state or county law enforcement agencies if ChoicePoint Services Inc. does not provide the required information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Volunteer Applicant's Signature

Date

Social Security Number *

Date of Birth*

*For identification purposes only, all information will be kept in a secure place.

Printed Name

Driver License #

Expiration Date

Street Address

City, State, Zip

Extension Agent Responsible

Revised 8/07