



Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name _____
Email* _____
Phone _____

*Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless adult email is different, then both will receive).

Adult Volunteer Information

First Name _____ Email* _____
Last Name _____ Years in 4-H _____
Address _____ City, State, Zip _____

Table with 4 columns: Birth Date, Primary Phone, Work Phone, ext., Gender, Cell Phone, Fax. Includes checkboxes for male and female.

Emergency Contact Information:

First & Last Name: _____ Home/work/other Phone: _____
Relationship: _____ Cell Phone: _____

Ethnicity Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.

Are you of Hispanic ethnicity? [] Yes [] No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (If No is selected for Ethnicity, at least one option below must be selected.)

What is your race? Please select all categories that apply.

[] American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

[] Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

[] Black or African American A person having origins in any of the Black racial groups of Africa

[] Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

[] White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

[] Prefer Not to State

Residence

Table with 2 columns: Farm (Rural area where agricultural products are sold), Town under 10,000 and rural non-farm, Town/City 10,000 - 50,000 and its suburbs, Suburb of city more than 50,000, Central city more than 50,000.



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Military

- No one in my family is serving in the military
I have a parent serving in the military
Myself, and/or my spouse is currently serving in the military
I have a sibling serving in the military
I have a son/daughter serving in the military

Branch

- Air Force
Army
Coast Guard
DoD Civilian
Marines
Navy

Component

- Active Duty
National Guard
Reserves

Education

- Decline to State
Less than 9th grade
9th to 12th grade, no completion
High school completion
Some college (no degree)
Associate Degree
Bachelor Degree
Master Degree
Professional Degree
Doctorate Degree

Alumni

Last year you were enrolled in 4-H: County: State:

County Newsletter Preference

- Postal
Email
Sign-Up for State Electronic Newsletter

Club *Contact the County Office for a list of clubs and projects being offered this year to enroll in.

Table with 4 columns: Club/Unit Name, Leadership Role (Primary Community Leader, Assistant Community Leader, Co-Community Leader, Treasurer Advisor, Online Record Book Coordinator, Enrollment Coordinator, Executive Board/Officer Advisor)

Project

Table with 4 columns: Club/Unit Name, Project Name, Years in Project, Leadership (Project Leader, Ass't Project Leader, Project Specialist, Other Volunteer)

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability and Volunteer Confidential Self-Disclosure Form.

Signature and Date fields

County Use Only and Club Use Only fields including Waiver of Liability, Background Check, Self-Disclosure, Orientation, Date Received, Treatment Authorization, Fees Paid