



County: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name		First Name	
Preferred Name		Volunteer ID	
Date of Birth		M.I.	
Email		Primary Phone	(    )
Cell Phone		Work Phone	
Mailing Address		Mailing Address 2	
City		County (of residence)	
State		Zip	
Call at Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Best Time to Call	
Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity not listed <input type="checkbox"/> Prefer not to respond

"I consent to receiving texts from CCE"  Yes  No My Cell Carrier is: \_\_\_\_\_  
My cell phone number is: \_\_\_\_\_

4-H Info

Volunteer Type	<input type="checkbox"/> Not specified <input type="checkbox"/> Project <input type="checkbox"/> General Activity <input type="checkbox"/> Organizational Leader
Interaction Type	<input type="checkbox"/> Indirect Volunteer <input type="checkbox"/> Direct Volunteer
Enrollment Date	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning

ES 237 Demographics:

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State/combination
Residence	<input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town /City 10,000-50,000 & suburbs
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a spouse serving in the military <input type="checkbox"/> I have a child serving in the military
Branch Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

Emergency Contact Info: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_



**FOR OFFICE USE ONLY**

**Enrollment Fee Paid?**     Yes  No                       Check  Cash                      Check #: \_\_\_\_\_

**MVR Check**                       Yes  No                      Date: \_\_\_\_\_

**Certification cleared?**     Yes  No                      Certification Cleared Date: \_\_\_\_\_

**Sexual Harassment Training**     Yes  No                      Sexual Harassment Training Date: \_\_\_\_\_

**Screened Leader?**               Yes  No                      Screened Leader Date: \_\_\_\_\_

**Forms**

Code of Conduct

Acknowledgment of Risk

Photo Release

**Does the Volunteer have a disability?**     Yes  No                      Disability: \_\_\_\_\_                       Certified for online interaction with youth

**Has the Volunteer been active in other Educational Focus?**    National \_\_\_\_\_                      States: \_\_\_\_\_                      Counties: \_\_\_\_\_

Club(s): \_\_\_\_\_

Project Areas: \_\_\_\_\_

Activities: \_\_\_\_\_

Certifications: \_\_\_\_\_