



4-H Volunteer Enrollment/Re-Enrollment Form

Approved by: _____

By: _____

Date entered: _____

By: _____

OFFICE USE ONLY: Date received: _____

VOLUNTEER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____ Year in 4-H: _____

Birth Date: _____ E-mail Address: _____

E-mail Newsletter Send 4-H Mailings Prefer NOT to be contacted by National 4-H Council

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred time to call: _____ a.m./p.m. OK to call at work? YES / NO

Address: _____ City: _____ State: _____ Zip: _____

Disabled? YES / NO If yes, explain: _____

Military Family? YES / NO If yes, branch:

Active Army	Air Guard	Active Marine Corps
Army Guard	Air Force Reserve	Marine Corps Reserve
Army Reserve	Active Navy	Active Coast Guard
Active Air Force	Naval Reserve	Coast Guard Reserve

VOLUNTEER DEMOGRAPHICS:

Ethnicity: Hispanic / Not Hispanic Gender: Male / Female 4-H Age (age as of Jan. 1): _____

Residence: Farm / Rural / Town / Suburb / City Race (circle all that apply): White / Black / American Indian / Asian / Hawaiian & Pacific

4-H INFORMATION:

Status: New / Return Occupation: _____

Education: High School Some College Associate's Bachelor's Masters Doctorate Trade School

- **Media Release:** I authorize MSU Extension to identify, photograph, or videotape me for local media stories about 4-H activities, MSUE and Livingston County publications and reports.

VOLUNTEER QUALIFICATIONS:

Interaction Type: Indirect Volunteer Direct Volunteer

Volunteer Type: Project Leader General Leader Activity Leader Resource Leader

PROJECT/CLUB INFORMATION:

Primary 4-H Club: _____ Other 4-H Clubs/Committees: _____

Project _____ Year in Project _____ Club _____

Project _____ Year in Project _____ Club _____

Project _____ Year in Project _____ Club _____

Project _____ Year in Project _____ Club _____

Project _____ Year in Project _____ Club _____

Volunteers must also sign the 4-H Volunteer Code of Conduct form and complete the Volunteer Selection Process before becoming an approved Volunteer.

Volunteer Signature _____ Date: _____

General/Organization Leader Signature: _____ Date: _____