



# 4-H Volunteer Enrollment/Re-Enrollment Form

Washtenaw County

## VOLUNTEER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Year in 4-H: \_\_\_\_

Birth Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_ E-mail Newsletter \_\_\_\_\_ 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 Years at current residence: \_\_\_\_\_

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/Club Change Occupation: \_\_\_\_\_

- **Media Release:** I authorize MSU Extension to identify, photograph, or videotape me for local media stories about 4-H activities, MSUE and Washtenaw County publications and reports. Circle one: YES / NO

## VOLUNTEER QUALIFICATIONS:

Interaction Type: \_\_\_\_ Indirect Volunteer \_\_\_\_ Direct Volunteer

Volunteer Type: \_\_\_\_ General Leader \_\_\_\_ Project Leader \_\_\_\_ Activity Leader \_\_\_\_ Resource Leader

Do you have Children enrolled in 4-H? Yes/No If yes, provide name(s): \_\_\_\_\_

## PROJECT/CLUB INFORMATION:

Primary 4-H Club: \_\_\_\_\_ Other 4-H Clubs/Committees: \_\_\_\_\_

Project _____	Year in Project _____	Project _____	Year in Project _____
Project _____	Year in Project _____	Project _____	Year in Project _____
Project _____	Year in Project _____	Project _____	Year in Project _____
Project _____	Year in Project _____	Project _____	Year in Project _____
Project _____	Year in Project _____	Project _____	Year in Project _____

Adults must complete the 4-H Volunteer Screening Process before submitting this form, including application, references, background check and interview.

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

General/Organization Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

By: \_\_\_\_\_

Date entered: \_\_\_\_\_

By: \_\_\_\_\_

Date received: \_\_\_\_\_

OFFICE USE ONLY: