The University of Arizona Cooperative Extension

4-H ADULT VOLUNTEER ENROLLMENT FORM

NAME _____ _____ _____
(LAST) (FIRST) (MI)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____-_____

HOME PHONE _____ **ALTERNATE PHONE** _____

GENDER: Male Female

HISPANIC ETHNICITY (check one): Hispanic or Latino -OR- Not Hispanic or Latino

RACIAL GROUP(S) (check all that apply, must check at least one):
- (A) having origins in any of the original peoples of Europe, North Africa, or the Middle East
- (B) having origins in any of the black racial groups of Africa
- (C) having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment
- (D) having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian Sub-continent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam
- (E) having origins in any of the original peoples of Hawaii, Guam, Samoa, Micronesia, the Northern Marianas or other Pacific Islands

YEARS AS A 4-H VOLUNTEER _____ **E-MAIL ADDRESS** _____

RESIDENCE (check one):
- (1) Farm or ranch
- (2) Town under 10,000 & rural non-farm
- (3) Town & City 10,000 - 50,000
- (4) Suburbs of Cities over 50,000
- (5) Central City of over 50,000

ADULT VOLUNTEER TYPE
- Direct (Teacher, Project or Club Leader)
- Indirect (Member of Council, Board or committee beyond club/unit)
- Middle (Serving or Leading Other Volunteers

OCCUPATION: _____ **WORK PHONE**: _____

4-H ALUMNI? - Yes - No **OK TO CALL WORK**? - Yes - No

CLUB/UNIT NAME _____

PROJECT CODE	PROJECT NAME

PROJECT CODE	PROJECT NAME

ARIZONA 4-H VOLUNTEER AGREEMENT

To be a 4-H volunteer in Arizona, an individual must be certified and enrolled with the local Cooperative Extension Office and the completed documents on file in that Cooperative Extension Office.

____ By Initialing here I give permission for Arizona Cooperative Extension to use photos of myself for promotional purposes

SIGNATURE _____ DATE _____

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