Club Resource Volunteer

Club Name: _____ 4-H Year: Oct. 1, 20 ___ to Sept. 30, 20 ___

Name of Event: _____ Date of Event: _____ Location of Event: _____

Certified Leaders: _____

Resource Volunteer: A person who either a) works with young people in the presence of a certified volunteer and/or an Extension employee or b) shares time and expertise and provides services working with other volunteers and/or Extension personnel; **i.e. parents, fair judges, volunteer management, persons assisting with events, etc. Please turn in this form to the 4-H Office (4341 E. Broadway Rd, Phoenix, AZ 85040). PLEASE NOTE:** A person serving as a resource volunteer will be covered by the liability insurance provided by The University of Arizona ONLY while participating in *this* sanctioned 4-H Youth Development event/activity.

PRINTED NAME	SIGNATURE	FULL ADDRESS	PHONE or EMAIL	How You'll Assist

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