



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 **Automobile Liability Insurance** ' - No ' - Yes _____
Company Name

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) **White** - having origins in any of the original peoples of Europe, North Africa, or the Middle East
- ' - (B) **Black or African American** - having origins in any of the black racial groups of Africa
- ' - (C) **American Indian or Alaskan Native** - having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment
- ' - (D) **Asian** - 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) **Hawaiian or Pacific Islander** - 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

I give permission for Arizona Cooperative Extension to use photos of myself for promotional purposes.

I withdraw permission by initialing here ____.

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.

SIGNATURE _____ **DATE** _____

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