



The University of Arizona Cooperative Extension
4-H ADULT VOLUNTEER ENROLLMENT FORM



NAME _____
 (LAST) (FIRST) (MI)

ADDRESS _____

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

HOME PHONE _____ **PRIMARY CELL 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

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

YEARS AS A 4-H VOLUNTEER _____

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)

4-H ALUMNI? - Yes - No

OCCUPATION: _____

WORK PHONE: _____ **OK TO CALL WORK?** - Yes - No

PRIMARY E-MAIL ADDRESS _____

Reminder! Pinal County 4-H Newsletter Online Only at <http://cals.arizona.edu/pinal/4-h/>

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CLUB/UNIT NAME _____

IS THIS YOUR PRIMARY CLUB? YES NO

PROJECT CODE	PROJECT NAME	PROJECT CODE	PROJECT NAME

ADDITIONAL COMMUNICATIONS INFORMATION

ALLOW NEWSLETTER NOTIFICATION VIA E-MAIL? YES NO

ALLOW TEXT MESSAGES ? YES NO IF YES, PROVIDE PRIMARY CELL PHONE CARRIER _____
(Carrier required to send text message)

SECONDARY CELL PHONE _____

ALTERNATE E-MAIL ADDRESSES

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	@	

MEDIA RELEASE

From time to time photographs, videos, and/or audio clips may be taken of youth and adults engaging in Cooperative Extension programs and activities.

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SIGNATURE OF VOLUNTEER _____ DATE _____