

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		Prefix	
First Name		Middle Name	
Last Name		Suffix	
Preferred Name		Job Title	
Organization Title		Mailing Address	
Mailing Address 2		City	
State		Zip Code	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Work Phone	
Work Extension		Years in 4-H	

Emergency Contact

Name	Phone
Cell Phone [mEmergencyContactCellPhone]	Email
Relationship	

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

Race

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

Residence

<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	

Military

<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
<input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a son/daughter serving in the military
<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				

Adult Signature	Date
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Volunteer Screening

Background Check Status
Tier One Background Submitted (Submitted)
Tier One Background Approved
Tier Two Background Received
Employment
Current Employer
Occupation
Years at this Position
4-H History
Previous 4-H Volunteer
Please briefly explain why you would like to volunteer with 4-H:
Please list any experience you have had working with youth in other organizations:
Please list any special training, interest, education, skills, certifications (if any) you have had related to the volun...
Preferred Age Range
Type of Volunteer Position
Please list the club you would like to volunteer with:
List Club to Volunteer With
Please list event or program you would assist with:
List Event/Program
References
Reference One
Please list contact information for your first reference:
Name
Street
City
Reference Two
Please list contact information for your second reference.
Name* [R.Name*]
Street* [R.Street*]
City* [R.City*]
Reference Three
Please list contact information for your third reference.
Name** [R.Name**]
Street** [R.Street**]
City** [R.City**]
Volunteer Screening
Volunteer Application Received
Reference 1 received (Received)

4hOnline

Reference 2 received (Received)

Reference 3 received (Received)

Volunteer Appointment
Agreement Signed

Volunteer Training

Volunteer Orientation

Youth Protection Training

Volunteer Abilities

Overnight Chaperone (Eligible
(Tier 2 background ch)

Overnight Chaperone (Not
Eligible)

Residential Camp Counselor
(Eligible (Tier 2 background co)

Residential Camp Counselor
(Not Eligible)

Day Camp Counselor (Eligible)

Day Camp Counselor (Not
Eligible)
