2013-2014 (New York / Herkimer County)  
Volunteer Enrollment Form

Personal Information  
* INDICATES A REQUIRED FIELD

First Name*: _________________________ Middle Initial: _______ Last Name*: _________________________
Alternate Name: ______________________ County of 4-H Participation*: __Herkimer__________________

Birth Date* (MM/DD/YYYY): ____ /____ /________
Primary Phone*: (_____) ______ - _______ Work Phone: (_____) ______ - _______
Mobile: (_____) ______-_______ Best Time To Call? ___________________________

Primary Email: ________________________________ Secondary Email: ____________________________
Occupation: _________________________________________ Level of Education: ____________________
Military Family (Circle One) Yes No If Yes, please select the branch of Military below:

[ ] Active Army [ ] Army Guard [ ] Army Reserve [ ] Active Air Force
[ ] Air Guard [ ] Air Force Reserve [ ] Active Navy [ ] Naval Reserve
[ ] Active Marine Corps [ ] Marine Corps Reserve [ ] Active Coast Guard [ ] Coast Guard Reserve

Have Health Considerations (If yes, please describe below): [ ] Yes [ ] No

Address Information*  
Street Address: ___________________________________________ Street Line 2: _____________________

City: ___________________________ State: ________ Zip Code: _________ Township: ________________

Demographic Information:

Ethnicity (Please choose one): [ ] Not Hispanic [ ] Hispanic

Gender: [ ] Female [ ] Male

Residence (Select One): [ ] Farm [ ] Town Less than 10,000 [ ] Town 10,000-50,000
[ ] Suburb more than 50,000 [ ] City more than 50,000

Race (Select All That Apply): [ ] White [ ] Black [ ] Asian [ ] American Indian
[ ] Hawaiian or Pacific Islander

Children Information (required for children in 4-H programs only)

First Name ________________________ Middle Initial _______ Last Name ________________________
First Name ________________________ Middle Initial _______ Last Name ________________________
First Name ________________________ Middle Initial _______ Last Name ________________________
Program Information
Volunteer Club Membership Info for Program Year 2013

Club Name __________________________________________________________

Primary Club [ ]  Club Leader [ ]

Years as volunteer in club ________________________________

Project Participation Information for Program Year 2013

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Photo/Media Release: 4-H event participants may be photographed and videotaped for use in 4-H promotional and educational materials. I authorize 4-H to record my image and/or voice for use by the Land Grant University running my state's 4-H program or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

All 4-H programs offered by or through USDA’s Cooperative Extension Service are available to all eligible persons without regard to race, color, national origin, sex, disability, age, political beliefs, religion, marital status, or familial status. No eligible person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any such program or activity.

Volunteer Applicant Signature: __________________________ Date: ______________

Volunteer Qualifications (Office-Use Only)

| Volunteer interaction type: [ ] Indirect [ ] Direct [ ] Middle Manager |
|-----------------------------------------|-----------------------------------------|

| Volunteer certification cleared? [ ] Yes [ ] No Volunteer certification cleared date |
|-----------------------------------------|-----------------------------------------|

Indicates that a Volunteer has completed the orientation and training requirements to become a 4-H Leader in your county.

| Volunteer is screened leader? [ ] Yes [ ] No Volunteer screened leader date |
|-----------------------------------------|-----------------------------------------|

Indicates that the Volunteer has passed whatever background check requirements in place for your 4-H program.

| Approved online leader? [ ] Yes [ ] No |
|-----------------------------------------|-----------------------------------------|

Indicates that this leader is trusted to interact with youth in online environments.

| Volunteer confidential self disclosure - Some 4-H programs require that Volunteers submit additional information regarding their driving and criminal history (if any) as part of the screening process. |
|-----------------------------------------|-----------------------------------------|

| Volunteer type: [ ] Project Leader [ ] Organizational Club Leader [ ] Clover Leader |
|-----------------------------------------|-----------------------------------------|
| [ ] General Leader [ ] Activity Leader [ ] Resource Leader |

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