NYS 4-H Volunteer/Leader Enrollment Form **4-H Year:**

County: _____ Date:_____

Last Name		**First Name**	
Preferred Name		**Volunteer ID**	
Date of Birth		**M.I**	
Email		**Primary Phone**	( )
Cell Phone		**Work Phone**	
Mailing Address		**Mailing Address 2**	
City		**County (of residence)**	
State		**Zip**	
Call at Work?	☐ Yes ☐ No	**Best Time to Call**	
Receive Email Newsletters	☐ Yes ☐ No	**Gender**	☐Male ☐ Female

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is:_____ ____

4-H Info

Volunteer Type	☐ None ☐ Project ☐ General Activity ☐ Resource
Interaction Type	☐ Indirect Volunteer ☐ Direct Volunteer ☐ Middle Manager
Enrollment Date	Status: ☐ New ☐ Returning ☐ Inactive

ES 237 Demographics:

Ethnicity	**Are you of Hispanic ethnicity?** ☐ Yes ☐ No	
Race	☐ White ☐ Black ☐ American Indian or Alaskan Native	☐ Native Hawaiian or Pacific Islander ☐ Asian ☐ Prefer Not to State
Residence	☐ Farm(Rural area where agricultural products are sold) ☐ Town under 10,000 & rural non-farm ☐ Town /City 10,000-50,000 & suburbs	☐ Suburb of city more than 50,000 ☐ Central city more than 50,000
Military	☐ No one in my family is serving in the military ☐ I have a sibling serving in the military	☐ I have a parent serving in the military
Branch Component	☐ Air force ☐ Army ☐ Coast Guard ☐ DOD Civilian ☐ Marines ☐ Navy ☐ Active Duty ☐ National Guard ☐ Reserves	
Grade **School Type (Youth Only)**	**_____ School Name _____** ☐ Public School ☐ Private School ☐ Special Education	☐ Homeschool/Alternative ☐ Magnet/ Specialized School ☐ Charter School

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System Permissions	☐ Ninguna ☐ National Council ☐ State Staff 2 ☐ County Staff 1 ☐ National Headquarters ☐ State Staff 1 ☐ County Staff 2 ☐ Club Leader
Enrollment Fee Paid?	☐ Yes ☐ No ☐ Cheque ☐ Cash Cheque #:_____
Certified	☐ Yes ☐ No Certification sent?: ☐ Yes ☐ No Sent Date: _____
Certification cleared?	☐ Yes ☐ No Certification Cleared Date: _____
Screened Leader?	☐ Yes ☐ No Screened Leader Date:_____
Forms	☐ Medical Release ☐ Photo Release ☐ Waiver of liability ☐ Certified for online interaction with youth ☐ Volunteer Confidential self-disclosure
Does the Volunteer have a disability?	☐ Yes ☐ No Disability: _____
Has the Volunteer been active in other	Nations _____ States: _____ Counties: _____
Educational Focus	Club(s): _____ Project Areas: _____ Activities: _____ Certifications: _____