



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best Time to Call
Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

"I consent to receiving texts from CCE" Yes No My Cell Carrier is: _____
My cell phone number is: _____

4-H Info

Volunteer Type	<input type="checkbox"/> Not specified <input type="checkbox"/> Project <input type="checkbox"/> General Activity <input type="checkbox"/> Organizational Leader
Interaction Type	<input type="checkbox"/> Indirect Volunteer <input type="checkbox"/> Direct Volunteer
Enrollment Date	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning

ES 237 Demographics:

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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/combination
Residence	<input type="checkbox"/> Farm <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town /City 10,000-50,000 & suburbs
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a spouse serving in the military <input type="checkbox"/> I have a child serving in the military
Branch Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

Emergency Contact Info: Name _____ Cell Phone _____ Other Phone _____

Volunteer Signature _____ Date: _____



FOR OFFICE USE ONLY

Enrollment Fee Paid? Yes No Check Cash Check #: _____
MVR Check Yes No Date: _____
Certification cleared? Yes No Certification Cleared Date: _____
Sexual Harassment Training Yes No Sexual Harassment Training Date: _____
Screened Leader? Yes No Screened Leader Date: _____

Forms Code of Conduct
 Acknowledgment of Risk
 Photo Release

Does the Volunteer have a disability? Yes No Disability: _____ Certified for online interaction with youth
Has the Volunteer been active in other Educational Focus? National _____ States: _____ Counties: _____

Club(s): _____
 Project Areas: _____
 Activities: _____
 Certifications: _____