



REVISED 2004

PUBLICATION 388-004

CHECK ONE OF THE FOLLOWING: [] One time [] Occasional [] Donor

Approximate # Hours/Days Volunteering ____/____

1. Name _____ LAST FIRST MI

2. Address: _____ RFD AND BOX NUMBER AND/OR STREET

3. _____ CITY OR TOWN STATE ZIP

4. Phone: _____ E-mail: _____

Items 5-8 for record keeping purposes:

- 5. Gender: [] Female [] Male
6. Ethnicity: [] Hispanic [] Not Hispanic
7. Race: (check all that apply) [] White [] African American [] American Indian [] Asian [] Native Hawaiian or other Pacific Islander
8. I Live (check one): [] a. On a farm [] b. Rural area or town under 10,000 [] c. Town or city of 10,000 to 50,000 [] d. Suburb or city over 50,000 [] e. City over 50,000
9. ____ years served as volunteer leader

10. Check here if you are a teen volunteer: []

11. 4-H Alumni: [] Yes [] No 12. Work call: [] Yes [] No

13. 4-H All-Star: [] Yes [] No 14. Name of Project (if applicable) _____

15. I am a member of the 4-H Leader Association: [] Yes [] No [] Please send information

16. Name of club (if applicable): _____

17. If driving required, please complete the following:

- Do you have a current and valid driver's license? [] Yes [] No
License issued in the state of _____
Do you have a commercial driver's license (CDL) [] Yes [] No
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? [] Yes [] No
Have you been convicted of any moving traffic violations within the last 5 years? [] Yes [] No
If yes, please describe: _____

18. 4-H Volunteer Agreement:

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension and will abide by the policies and procedures thereof. I will not discriminate on the basis of race, color, creed, religion, gender, national origin, handicap or political affiliation.

Signature _____

*18 USC 707

