



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

Adult Volunteer Application Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in? _____

What is the name of the last club you were in enrolled in? _____

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name _____ *Family email must be used for 4hOnline login and 4-H
 Email* _____ State Newsletter will be sent here also (unless adult
 Phone _____ email is different, then both will receive).

Adult Volunteer Information (legal name provided must match what is used for DOJ fingerprinting)

First Name _____ Email* _____
 Last Name _____ Years in 4-H _____
 Address _____ City, State, _____
 _____ Zip _____
 Birth Date _____ Gender Male Female
 Primary Phone _____ Cell Phone _____
 Work Phone, ext. _____ Fax _____

Emergency Contact Information:

First & Last Name: _____ Home/Work/Other Phone: _____
 Relationship: _____ Cell Phone: _____

Ethnicity *Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.*

Are you of Hispanic ethnicity? Yes No

Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (If No is selected for Ethnicity, at least one option below must be selected.)

What is your race? **Please select all categories that apply.**

American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Prefer Not to State

Residence

Farm (Rural area where agricultural products are sold) Suburb of city more than 50,000

Town under 10,000 and rural non-farm Central city more than 50,000

Town/City 10,000 – 50,000 and its suburbs



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Military

- No one in my family is serving in the military
- I have a parent serving in the military
- Myself, and/or my spouse is currently serving in the military
- I have a sibling serving in the military
- I have a son/daughter serving in the military

Branch

- Air Force
- Army
- Coast Guard
- DoD Civilian
- Marines
- Navy

Component

- Active Duty
- National Guard
- Reserves

Education

- Decline to State
- Less than 9th grade
- 9th to 12th grade, no completion
- High school completion
- Some college (no degree)
- Associate Degree
- Bachelor Degree
- Master Degree
- Professional Degree
- Doctorate Degree

Alumni

Last year you were enrolled in 4-H: _____ County: _____ State: _____

County Newsletter Preference

- Postal
- Email
- Sign-Up for State Electronic Newsletter

Club *Contact the County Office for a list of clubs and projects being offered this year to enroll in.

Club/Unit Name	Leadership Role		
	<input type="checkbox"/> Primary Community Leader	<input type="checkbox"/> Treasurer Advisor	<input type="checkbox"/> Enrollment Coordinator
	<input type="checkbox"/> Assistant Community Leader	<input type="checkbox"/> Online Record Book Coordinator	<input type="checkbox"/> Executive Board/Officer Advisor
	<input type="checkbox"/> Co-Community Leader		

Project

Club/Unit Name	Project Name	Years in Project	Leadership
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:
			<input type="checkbox"/> Project Leader <input type="checkbox"/> Ass't Project Leader <input type="checkbox"/> Project Specialist (Resource Leader) <input type="checkbox"/> Other Volunteer:

By signing and dating this document, I certify that I have read, understand, and agree to the terms of the 4-H Adult Volunteer Code of Conduct and Photograph and Information Release. I am aware that I must re-apply for a 4-H Adult Volunteer appointment annually, and provide an updated Treatment Authorization and Health History, Waiver of Liability and Volunteer Confidential Self-Disclosure Form.

Adult Signature	Date

County Use Only					Club Use Only		
							CASH OR CHECK#
Volunteer ID#	Waiver of Liability	Finger-printing	Self-Disclosure	Orientation	Date Received	Treatment Authorization and Health History	Fees Paid \$