

4-H Adult Volunteer Enrollment Form

Last Name	First Name
Middle Name	Birth Date
Email	Family Email
Mailing Address	Mailing Address 2
City	State
Zip Code	Primary Phone
Gender Male Female	Cell Phone
Years in 4-H	
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Emergency Contact Name	Emergency Contact Phone

Enrollment Demographics (please indicate both an ethnicity and race)

Ethnicity:	Are you of Hispanic ethnicity?	No	Yes	
Race:	White	Native Hawaiian or Pacific Islander		
	Black	Asian		
	American Indian or Alaskan Native	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 <small>(all that apply)</small>	No one in my family is serving in the military	I have a parent serving in the military
	I have a sibling serving in the military	I have a son/daughter serving in the military
	Myself, and/or my spouse, is currently serving in the military	
Branch	Air Force Army Coast Guard DOD Civilian Marines Navy	
Component	Active Duty National Guard Reserves	

Clubs

This is a newly created club or This is an existing club **Club Name, and Volunteer Title (if known)**

Projects

Check, if you have been a leader for this project before?	Years enrolled in or leading this project, if any.	Project Name	Name of Club offering this project.	Volunteer Title (if known)

Volunteer's Signature _____ Date _____

General Leader's Signature _____ Date _____