



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" My Cell Carrier is: _____ My cell phone number is: _____	

4-H Info

Volunteer Type	<input type="checkbox"/> None <input type="checkbox"/> Project <input type="checkbox"/> General Activity <input type="checkbox"/> Resource
Interaction Type	<input type="checkbox"/> Indirect Volunteer <input type="checkbox"/> Direct Volunteer <input type="checkbox"/> Middle Manager
Enrollment Date	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> Inactive

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
Residence	<input type="checkbox"/> Farm(Rural area where agricultural products are sold) <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 parent serving in the military <input type="checkbox"/> I have a sibling 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
Grade	School Name _____
School Type (Youth Only)	<input type="checkbox"/> Public School <input type="checkbox"/> Homeschool/Alternative <input type="checkbox"/> Private School <input type="checkbox"/> Magnet/ Specialized School <input type="checkbox"/> Special Education <input type="checkbox"/> Charter School

**FOR OFFICE USE ONLY****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: _____