



The University of Arizona Cooperative Extension  
**4-H ADULT VOLUNTEER ENROLLMENT FORM**



NAME \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ LEADER ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

GENDER Male Female

HISPANIC ETHNICITY (check one): Hispanic or Latino -OR- Not Hispanic or Latino

RACIAL GROUP(S) (check ALL that apply, must check at least one):

- (A) having origins in any of the original peoples of **Europe, North Africa, or the Middle East**
- (B) having origins in any of the **black racial groups of Africa**
- (C) having origins in any of the original peoples of North, Central, and South America, and who maintain **tribal affiliation** or community attachment
- (D) having origins in any of the original peoples of the **Far East, Southeast Asia, of the Indian Sub-continent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam**
- (E) having origins in any of the original peoples of **Hawaii, Guam, Samoa, Micronesia, the Northern Marianas or other Pacific Islands**

YEARS AS A 4-H VOLUNTEER (include current year) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

RESIDENCE (check one):

- (1) Farm or Ranch
- (2) Town under 10,000 & rural non-farm
- (3) Town & City 10,000 – 50,000
- (4) Suburbs of Cities over 50,000
- (5) Central City of over 50,000

YOUTH VOLUNTEER TYPE

- Direct (Junior or Teen Leader, Camp Counselor, Project Leader)
- Indirect (Member of Council, or Board/Committee beyond club/unit)
- Middle (Serving or Leading Other Volunteers)

OCCUPATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

4-H ALUMNI? Yes No

OK TO CALL WORK? Yes No

CLUB/UNIT NAME: \_\_\_\_\_

PROJECT CODE	PROJECT NAME

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**ARIZONA 4-H VOLUNTEER AGREEMENT**

To be a 4-H volunteer in Arizona, an individual must be certified and enrolled with the local Cooperative Extension Office and the completed documents must be on file in that Cooperative Extension Office.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ By initialing here, I give permission for Cooperative Extension to use photos of myself for promotional purposes.