2017-2018 MICHIGAN 4-H Volunteer Enrollment Form

This form is used only for volunteers who have completed the Volunteer Selection Process.

*Required information

PERSONAL INFORMATION

*First Name __________________________ Ml ___ *Last Name ________________________________

Alternate Name (nick name) __________________________ *County of 4-H Participation CLINTON

*Birth Date (MM/DD/YYYY) ____/____/_______

*Primary Phone (_____) ___-______ Mobile Phone (_____) _____-______

Work Phone (_____) ___-______ OK to call you at work? □ Yes □ No

Do you want to receive text message? □ Yes □ No Mobile Carrier: __________________________

*Primary Email ____________________________________________________________

Secondary Email __________________________________________________________

Military Family □ Yes □ No

Families are those that have an immediate family member (parent/guardian; step-parent; sibling) regardless of branch.

Status: □ Active □ Reserve □ Retired Branch: __________________________

Has health considerations □ Yes □ No

If yes, please describe:

____________________________________________________________________________________

____________________________________________________________________________________

ADDRESS INFORMATION

*Street __________________________________________________________

*City ________________________________ *State MI *Zip _______________

Township ________________________________________________

Demographic Information

*Gender: □ Female □ Male

Ethnicity (Optional; Select One):

□ Not Hispanic □ Hispanic

Race (Optional: Select All That Apply):

□ Asian □ White □ Black

□ American Indian □ Hawaiian & Pacific Islander

*Residence (Select One):

□ Farm □ Town or Town < 10,000

□ Suburb > 50,000 □ City > 50,000

OFFICE USE ONLY

□ Organizational Leader □ Project Leader □ Resource Leader □ Mentor □ Chaperone/Activity

Volunteer interaction type: □ None □ Indirect □ Direct □ Middle Manager
CHILDREN INFORMATION  (for your children enrolled in 4-H Programs ONLY)

*First Name __________________________  MI _______  *Last Name __________________________

*First Name __________________________  MI _______  *Last Name __________________________

*First Name __________________________  MI _______  *Last Name __________________________

*First Name __________________________  MI _______  *Last Name __________________________

*First Name __________________________  MI _______  *Last Name __________________________

*First Name __________________________  MI _______  *Last Name __________________________

*PROGRAM INFORMATION

Primary 4-H Club: _____________________________________________________________

Check appropriate one: □ Organizational Leader   □ Project Leader   □ Resource Person   □ Chaperone

*Projects Leading in Primary Club for Program Year 2014/2015:

Project Name ______________________________________________________________________

Project Name ______________________________________________________________________

Project Name ______________________________________________________________________

Project Name ______________________________________________________________________

Secondary 4-H Club: _____________________________________________________________

□ Project Leader   □ Resource Person

*Projects Leading in Secondary Club for Program Year 2014/2015:

Project Name ______________________________________________________________________

Project Name ______________________________________________________________________

Total years as an Organizational/Project Leader in a club: ________

~ VOLUNTEERS MUST COMPLETE THE MSU VOLUNTEER SELECTION PROCESS (VSP) BEFORE TAKING A LEADERSHIP ROLE IN ANY 4-H CLUB, GROUP OR ACTIVITY. ~

*Signature:

Volunteer Applicant: ___________________________ Date: ________________

★ To be accepted, the Code of Conduct/Media Medical Release page must be completed and accompany this registration form.

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