



Virginia Cooperative Extension

Virginia Tech • Virginia State University

4-H One Time/Occasional Volunteer
Application/Enrollment

Short Form VA-114S



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CHECK ONE OF THE FOLLOWING: One time Occasional Donor

Approximate # Hours/Days Volunteering ____/____

1. **Name:** _____
LAST FIRST MI

2. **Address:** _____
RFD AND BOX NUMBER AND/OR STREET

3. _____
CITY OR TOWN STATE ZIP

4. **Phone:** _____ **E-mail:** _____

Items 5-9 for record keeping purposes:

5. **Gender:** _____ 8. **Race:** _____ 9. **I Live** (check one):

- 6. **Age** (check one):
 - <18
 - 18-64
 - 65+
- 8. **Race:**
 - American Indian/Alaskan Native
 - Asian
 - Black/African American
 - Native Hawaiian or other Pacific Islander
 - White
 - More than one race
- 9. **I Live** (check one):
 - a. On a farm
 - b. Rural area or town under 10,000
 - c. Town or city of 10,000 to 50,000
 - d. Suburb or city over 50,000
 - e. City over 50,000

7. **Ethnicity** (check one):
 Hispanic/Latino
 Not Hispanic/Latino

10. ____ **years served as volunteer leader** 11. **Check here if you are a teen volunteer:**

12. **4-H Alumni:** Yes No 13. **Work call:** Yes No

14. **4-H All-Star:** Yes No 15. **Name of Project** (if applicable) _____

16. **I am a member of the 4-H Leader Association:** Yes No Please send information

17. **Name of club** (if applicable): _____

18. **Media Release Statement:** The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: _____ Yes _____ No

19. **4-H Volunteer Agreement:** I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature _____

Produced by Communications and Marketing, College of Agriculture and Life Sciences, Virginia Tech, 2016
Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Administrator, 1890 Extension Program, Virginia State University, Petersburg.
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