

Volunteer Enrollment Form

Club Name _____ County Chautauqua Postal Mail Email
 _____ Correspondence Pref.

First Name	Last Name
Preferred Name	Email
Mailing Address	Mailing Address 2
City	State
Zip Code	Birth Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone
Cell Phone	Work Phone
Work Extension	Fax
Years in 4-H	

Emergency Contact

Name	Phone
Cell Phone	Relationship

Enrollment

Ethnicity Are you of Hispanic ethnicity? No Yes (please indicate both an ethnicity and race)

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 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 - 50,000 and its 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	<input type="checkbox"/> I have a son/daughter serving in the military
<input type="checkbox"/> 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

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
(Enroll)				
(Enroll)				

Adult Signature _____ Date _____

