



4-H 343

# MCE 4H Volunteer Annual Information Update

MCE is collecting information in order to update our MCE and short-term volunteer database. If you do not provide the requested information you cannot be a 4-H volunteer. Some of the information you provide may be shared with county/state fair associations, National 4-H Council and USDA. Information provided to MCE may also be shared among offices within the University and with the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the "Public Records Act" and/or other applicable law or University policy.

**Personal data:**

Completed by 4-H Volunteers who have current MCE Appointments or short term volunteer appointments

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Check if OK to call at work

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + Four: \_\_\_\_\_

Occupation/Interests/Hobbies/Special Skills: \_\_\_\_\_ Gender (M/F):  M  F Ethnicity:  Hispanic  Asian  Black  Native American  Pacific Islander  White

Occupation: \_\_\_\_\_ Race (may choose more than one): \_\_\_\_\_

Interests etc: \_\_\_\_\_

Special Needs? Explain: \_\_\_\_\_

**Family:**

Family Last Name to appear on mailing label: \_\_\_\_\_ List other appointed MCE 4-H volunteers and 4-H members in your household: \_\_\_\_\_

Residence (choose letter): (A) On a farm (B) Rural area/town of 10,000 or less (C) Town/city of 10,000-50,000 (D) Suburb of city over 50,000 (E) City over 50,000 (F) Military Base

**Army only:** Check one:  Military  Non Military Check one:  On Post  Off Post

**Program data:**

Years as a 4-H Volunteer: \_\_\_\_\_ Check the boxes that apply to you:  Former 4-Her  All Star  Member of Fair Board

Avg number of hours you volunteer for 4-H per wk: \_\_\_\_\_

Type of Volunteer appointment:  Organization  Project  Clover  Activity  County wide  Short term volunteer  Middle Manager  Paid Staff  Other: \_\_\_\_\_  State

Check this box if you have returned a signed Volunteer Expectations form:

Clubs	
Number	Name

Projects		
Number	Name	Need
		Manual?

Projects		
Number	Name	Need
		Manual?

By signing this form, I acknowledge that it is the policy of the Maryland Cooperative Extension that 4-H clubs and its activities are equal opportunity programs. I have a signed, current MCE or Short Term Volunteer Appointment Agreement.

**Volunteer Signature** \_\_\_\_\_ Date \_\_\_\_\_

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my photograph for educational and promotional purposes without compensation

**Volunteer Signature** \_\_\_\_\_ Date \_\_\_\_\_

Date received by leader: \_\_\_\_\_ Date received by 4-H Office: \_\_\_\_\_ Date reviewed/approved at 4-H Office: \_\_\_\_\_ by whom: \_\_\_\_\_ Date logged in computer: \_\_\_\_\_

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